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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

**2017**

**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018**

**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 $ 365,152,559

**F** Name and address of principal officer
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** | 17 |
| **5** | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | **5** | 2,610 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 321 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 3,479,730 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | 0 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **8** | Contributions and grants (Part VIII, line 1h) | 3,658,503 | 3,485,565 |
| **9** | Program service revenue (Part VIII, line 2g) | 310,667,971 | 321,182,759 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 2,309,005 | 10,649,716 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 8,719,375 | 9,493,199 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 325,354,854 | 344,811,239 |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 561,733 | 709,719 |
| **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) | 180,765,028 | 172,900,945 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 19,428 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶982,229 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 147,380,488 | 151,466,958 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 328,707,249 | 325,097,050 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | -3,352,395 | 19,714,189 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 454,327,339 | 444,209,728 |
| **21** | Total liabilities (Part X, line 26) | 202,457,060 | 192,436,063 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 251,870,279 | 251,773,665 |

## 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: 2019-08-14

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 | 2019-08-12 | | 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 $ 108,772,461 including grants of $ ) (Revenue $ 119,628,638 )

See Additional Data

**4b** (Code ) (Expenses $ 25,128,615 including grants of $ ) (Revenue $ 33,117,685 )

See Additional Data

**4c** (Code ) (Expenses $ 31,085,048 including grants of $ ) (Revenue $ 31,481,322 )

See Additional Data

(Code ) (Expenses $ 114,529,460 including grants of $ ) (Revenue $ 136,955,114 )

OTHER PROGRAM SERVICE ACCOMPLISHMENTSMOUNT 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 2018, MOUNT AUBURN HOSPITAL HAD 15 LICENSED INPATIENT PSYCHIATRY BEDS, AND PROVIDED INPATIENT PSYCHIATRY SERVICES TO 250 PATIENTS THE HOSPITAL HAS A 24 HOUR EMERGENCY DEPARTMENT THAT SERVICED 36,623 VISITS IN ADDITION, THE HOSPITAL PROVIDED A VARIETY OF OUTPATIENT SERVICES TO MORE THAN 85,000 PATIENTS IN VARIOUS SPECIALTIES LISTED ABOVE, AND CONDUCTED MORE THAN 111,000 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

**4d** Other program services (Describe in Schedule O )

(Expenses $ 114,529,460 including grants of $ ) (Revenue $ 136,955,114 )

**4e** **Total program service expenses ▶** 279,515,584

**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 | Yes | |
| 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** | 181 | | |
| **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** | 2,610 | | |
| **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 | 17 | | |
| 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 ▶ CT , MA , ME , NH , NY , PA , RI , TN , WI

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 | | | | | | | | | | |
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**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 | | | | | | | | | | |
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| | | | | | | | | | | |
| **1b Sub-Total** ▶ | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** ▶ | | | | | | | | 6,100,170 | 1,416,795 | 1,052,951 |

**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 ▶ 395

| | | | 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<br>1979 MILKY WAY<br>VERONA, WI 53593 | SOFTWARE MAINTENANCE | 12,680,211 |
| CUMBERLAND CONSULT GROUPLLC 720 COOL<br>SPRINGS BLVD STE 550<br>FRANKLIN, TN 37067 | CONSULTING | 7,881,368 |
| WALSH BROTHERS INC<br>210 COMMERCIAL STREET<br>BOSTON, MA 02109 | CONTRACTOR | 4,275,488 |
| QUEST DIAGNOSTICS<br>PO BOX 912512<br>PASADENA, CA 91105 | LAB TESTING | 2,765,400 |
| CAREGROUP INC<br>109 BROOKLINE AVENUE<br>BOSTON, MA 02215 | MANAGEMENT SERVICES | 2,465,893 |

**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 ▶ 67

**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 | 690,402 | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 2,795,163 | | | |
| | g Noncash contributions included in lines 1a-1f $ 150,920 | | | | | |
| | h **Total.** Add lines 1a-1f . . . . . ▶ | | 3,485,565 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a INPATIENT MEDICAL/SURG | 621990 | 119,628,638 | 119,628,638 | | |
| | b OUTPATIENT RADIOLOGY | 621990 | 33,117,685 | 33,117,685 | | |
| | c IP OBS / NEWBORN | 621990 | 31,481,322 | 31,481,322 | | |
| | d OUTPATIENT SURGERY | 621990 | 30,029,294 | 30,029,294 | | |
| | e EMERGENCY DEPARTMENT | 621990 | 22,735,156 | 22,735,156 | | |
| | f All other program service revenue | | 84,190,664 | 84,190,664 | | |
| | g **Total.** Add lines 2a–2f . . . . ▶ | | 321,182,759 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶ | | 6,396,453 | | -13,816 | 6,410,269 |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | |
| | 5 Royalties . . . . . ▶ | | | | | |
| | | (i) Real | (ii) Personal | | | |
| | 6a Gross rents | 2,221,842 | | | | |
| | b Less rental expenses | 1,040,747 | | | | |
| | c Rental income or (loss) | 1,181,095 | | | | |
| | d Net rental income or (loss) . . . . . ▶ | | 1,181,095 | | | 1,181,095 |
| | | (i) Securities | (ii) Other | | | |
| | 7a Gross amount from sales of assets other than inventory | 23,219,945 | | | | |
| | b Less cost or other basis and sales expenses | 18,966,682 | | | | |
| | c Gain or (loss) | 4,253,263 | | | | |
| | d Net gain or (loss) . . . . . ▶ | | 4,253,263 | | 147,386 | 4,105,877 |
| | 8a Gross income from fundraising events (not including $ 690,402 of contributions reported on line 1c) See Part IV, line 18 . . . . a | | 153,662 | | | |
| | b Less direct expenses . . . b | | 333,891 | | | |
| | c Net income or (loss) from fundraising events . . ▶ | | -180,229 | | | -180,229 |
| | 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 LAB TESTING | 541380 | 3,252,194 | | 3,252,194 | |
| | b PARKING & GARAGES | 812930 | 2,516,667 | | | 2,516,667 |
| | c CAFETERIA | 722310 | 1,867,285 | | | 1,867,285 |
| | d All other revenue . . . . | | 856,187 | | 93,966 | 762,221 |
| | e **Total.** Add lines 11a–11d . . . . . ▶ | | 8,492,333 | | | |
| | **12 Total revenue.** See Instructions . . . . . ▶ | | 344,811,239 | 321,182,759 | 3,479,730 | 16,663,185 |

**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 | 709,719 | 709,719 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 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 | 5,205,641 | 1,583,379 | 3,622,262 | |
| 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 | 133,935,478 | 123,131,745 | 10,461,940 | 341,793 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 5,964,945 | 5,368,451 | 536,845 | 59,649 |
| 9 Other employee benefits | 18,140,617 | 16,326,555 | 1,632,656 | 181,406 |
| 10 Payroll taxes | 9,654,264 | 8,688,837 | 868,884 | 96,543 |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 160,138 | | 160,138 | |
| c Accounting | 267,688 | | 267,688 | |
| d Lobbying | 105,281 | | 105,281 | |
| e Professional fundraising services See Part IV, line 17 | 19,428 | | | 19,428 |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 15,811,031 | 12,333,390 | 3,439,097 | 38,544 |
| 12 Advertising and promotion | 141,714 | 13,670 | 128,044 | |
| 13 Office expenses | 56,087,230 | 54,885,003 | 1,152,737 | 49,490 |
| 14 Information technology | 14,770,595 | 12,180,548 | 2,562,922 | 27,125 |
| 15 Royalties | | | | |
| 16 Occupancy | 7,770,717 | 5,719,897 | 1,994,452 | 56,368 |
| 17 Travel | 210,137 | 178,803 | 30,184 | 1,150 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 2,107,099 | 2,019,123 | | 87,976 |
| 20 Interest | 4,515,808 | 3,341,698 | 1,174,110 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 24,068,712 | 13,468,931 | 10,599,781 | |
| 23 Insurance | 2,523,662 | 2,378,055 | 145,607 | |
| 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 MANAGEMENT FEE & SUPPOR | 11,486,060 | 6,209,415 | 5,254,228 | 22,417 |
| b PATIENT SERVICES | 5,262,636 | 5,254,770 | 7,866 | |
| c UNCOMPENSATED CARE | 4,504,695 | 4,504,695 | | |
| d DUES | 1,673,755 | 1,218,900 | 454,515 | 340 |
| e All other expenses | | | | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 325,097,050 | 279,515,584 | 44,599,237 | 982,229 |
| 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 | 2,015,916 | 1 | 5,796,955 |
| | 2 | Savings and temporary cash investments | 31,137,961 | 2 | 35,861,101 |
| | 3 | Pledges and grants receivable, net | 130,615 | 3 | 29,157 |
| | 4 | Accounts receivable, net | 40,969,649 | 4 | 39,798,727 |
| | 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 | 4,491,296 | 8 | 4,574,488 |
| | 9 | Prepaid expenses and deferred charges | 6,563,782 | 9 | 6,917,423 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 558,057,009 | | | |
| | b | Less accumulated depreciation — 10b: 339,719,583 | 225,858,373 | 10c | 218,337,426 |
| | 11 | Investments—publicly traded securities | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | 131,518,646 | 12 | 117,895,393 |
| | 13 | Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | 11,641,101 | 15 | 14,999,058 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 454,327,339 | 16 | 444,209,728 |
| Liabilities | 17 | Accounts payable and accrued expenses | 42,583,069 | 17 | 37,247,791 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | 143,984,133 | 20 | 135,093,919 |
| | 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 | 15,889,858 | 25 | 20,094,353 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 202,457,060 | 26 | 192,436,063 |
| 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 | 239,472,841 | 27 | 238,240,980 |
| | 28 | Temporarily restricted net assets | 7,821,468 | 28 | 8,706,715 |
| | 29 | Permanently restricted net assets | 4,575,970 | 29 | 4,825,970 |
| | | **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 | 251,870,279 | 33 | 251,773,665 |
| | 34 | Total liabilities and net assets/fund balances | 454,327,339 | 34 | 444,209,728 |

## 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 | 344,811,239 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 325,097,050 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 19,714,189 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 251,870,279 |
| 5 | Net unrealized gains (losses) on investments | 5 | -526,701 |
| 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 | -19,284,102 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 251,773,665 |

## 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 (2017)

**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 | | | |
| BARRON KENNETH S<br>TRUSTEE | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| CALANO DANIEL V<br>TRUSTEE | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| CANEPA JOHN J<br>TRUSTEE, CO-CHAIR | 5 00<br>3 00 | X | | | | | | 0 | 0 | 0 |
| CLOUGH JEANETTE G<br>TRUSTEE, PRESIDENT & CEO | 55 00<br>10 00 | X | | X | | | | 1,282,456 | 262,672 | 61,981 |
| CUTLER MD ANDREW<br>TRUSTEE | 3 00<br>57 00 | X | | | | | | 14,140 | 268,674 | 45,426 |
| GORDON LISA<br>TRUSTEE | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| HUANG MD EDWIN<br>TRUSTEE AND CHAIR-OB/GYN | 36 00<br>24 00 | X | | | | | | 323,131 | 215,420 | 56,843 |
| KETTYLE MD WILLIAM<br>TRUSTEE | 1 00<br>1 00 | X | | | | | | 0 | 0 | 0 |
| KIM KIJA<br>TRUSTEE | 1 00<br>1 00 | X | | | | | | 0 | 0 | 0 |
| LUCCHINO DAVID L<br>TRUSTEE | 1 00<br>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 | | | |
| MAMBRINO MD LAWRENCE<br>TTEE/INTRM CHAIR, CRDNTLS CMTE | 8 00<br>0 00 | X | | | | | | 30,000 | 0 | 0 |
| MASSARO GEORGE<br>TRUSTEE | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| PALANDJIAN LEON<br>TRUSTEE & TREASURER | 2 00<br>0 00 | X | | X | | | | 0 | 0 | 0 |
| RAFFERTY JAMES J<br>TTEE & CO-CHAIR | 5 00<br>0 00 | X | | X | | | | 0 | 0 | 0 |
| REARDON GERALD<br>TRUSTEE | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| ROLLER JOSEPH<br>TRUSTEE, CO-CHAIR | 5 00<br>1 00 | X | | | | | | 0 | 0 | 0 |
| SHACHOY CHRISTOPHER<br>TTEE (EXO)/PRES BRD OVERSEERS | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| SHAPIRO MD DEBRA<br>TRUSTEE | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| SHORTSLEEVE MD MICHAEL<br>TTEE, CHAIR, RADIOLOGY DEPT | 5 00<br>0 00 | X | | | | | | 21,700 | 0 | 0 |
| SMERLAS DONNA<br>TTEE & PRES OF THE AUXILLIARY | 2 00<br>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 | | | |
| STEVENSON HOWARD H<br>TRUSTEE & VICE - CHAIR | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| SWANN ERIC<br>TRUSTEE | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| WILSON WILLIAM<br>TRUSTEE, CLERK | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| DIIESO NICHOLAS<br>COO | 60 00<br>0 00 | | | X | | | | 543,579 | 0 | -10,288 |
| SULLIVAN WILLIAM J<br>VP & CFO | 50 00<br>10 00 | | | X | | | | 357,814 | 100,922 | 175,170 |
| BAKER RN DEBORAH<br>VP, PATIENT CARE SERVICES | 60 00<br>0 00 | | | | X | | | 316,912 | 0 | 77,445 |
| BRIDGEMAN JOHN<br>VP, CLINICAL SERVICES | 60 00<br>0 00 | | | | X | | | 267,836 | 0 | 72,803 |
| BURKE KATHRYN<br>VP, CONTRACTING & BUS DEV | 59 00<br>1 00 | | | | X | | | 373,632 | 0 | 84,357 |
| CHEUNG MD YVONNE Y<br>CHAIR QUALITY & SAFETY | 60 00<br>0 00 | | | | X | | | 355,244 | 0 | 84,202 |
| O'CONNELL MICHAEL L<br>VP, PLANNING & MARKETING | 60 00<br>0 00 | | | | X | | | 324,940 | 0 | 77,940 |

**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 | | | |
| WHITE KENDALL<br>CIO | 60 00<br>0 00 | | | | X | | | 322,088 | 0 | 61,256 |
| MCQUAIDE DENISE<br>VP, POST-ACUTE CARE/PRES CPHCH | 24 00<br>36 00 | | | | | X | | 152,488 | 228,731 | 74,658 |
| NAUTA RUSSELL<br>FRMR TTEE, CHAIR SURGERY DEPT | 48 00<br>12 00 | | | | | X | | 348,363 | 87,091 | 50,341 |
| SETNIK MD GARY S<br>CHAIR, EMER MED | 36 00<br>24 00 | | | | | X | | 246,469 | 164,313 | 59,783 |
| STONE MD VALERIE<br>CHAIR DEPT OF MEDICINE | 50 00<br>10 00 | | | | | X | | 434,397 | 88,972 | 8,191 |
| WU MD PHILIP<br>MD, CHIEF MED INFO OFFICER | 60 00<br>0 00 | | | | | X | | 384,981 | 0 | 72,843 |

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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

**2017**

**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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

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), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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)2013 | (b)2014 | (c)2015 | (d)2016 | (e)2017 | (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 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support.** (Subtract line 7c from line 6 ) | | | | | | |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | |

**Section D. Computation of Investment Income Percentage**

| | | |
|---|---|---|
| 17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from **2016** Schedule A, Part III, line 17 | 18 | |

19a **33 1/3% support tests—2017.** 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—2016.** 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 (explain in Part VI) **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 2017 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-2017** | **(iii) Distributable Amount for 2017** |
|---|---|---|---|
| **1** Distributable amount for 2017 from Section C, line 6 | | | |
| **2** Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions | | | |
| **3** Excess distributions carryover, if any, to 2017 | | | |
| **a** | | | |
| **b** From 2013. . . . . | | | |
| **c** From 2014. . . . . | | | |
| **d** From 2015. . . . . | | | |
| **e** From 2016. . . . . | | | |
| **f** **Total** of lines 3a through e | | | |
| **g** Applied to underdistributions of prior years | | | |
| **h** Applied to 2017 distributable amount | | | |
| **i** Carryover from 2012 not applied (see instructions) | | | |
| **j** Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| **4** Distributions for 2017 from Section D, line 7 $ | | | |
| **a** Applied to underdistributions of prior years | | | |
| **b** Applied to 2017 distributable amount | | | |
| **c** Remainder Subtract lines 4a and 4b from 4 | | | |
| **5** Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| **6** Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| **7** **Excess distributions carryover to 2018.** Add lines 3j and 4c | | | |
| **8** Breakdown of line 7 | | | |
| **a** Excess from 2013. . . . . | | | |
| **b** Excess from 2014. . . . . | | | |
| **c** Excess from 2015. . . . . | | | |
| **d** Excess from 2016. . . . . | | | |
| **e** Excess from 2017. . . . . | | | |

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-2103606

**Name:** MOUNT AUBURN HOSPITAL



**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

**2017**

**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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

## 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- |
|---|---|---|---|---|---|
| 1 | | | | | |
| 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (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 | | 252,664 |
| j | Total Add lines 1c through 1i | | | 252,664 |
| 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, 2018 MAH IS REPORTING TOTAL COMBINED INDIRECT LOBBYING EXPENSES THROUGH MEMBERSHIP ORGANIZATIONS AND DIRECT LOBBYING EXPENSES OF $252,664 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

**2017**

**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 | 12,397,438 | 11,250,648 | 11,062,691 | 10,041,820 | 10,269,240 |
| b Contributions | 2,598,164 | 2,415,389 | 3,035,792 | 4,217,655 | 5,361,641 |
| c Net investment earnings, gains, and losses | 420,167 | 749,417 | 469,901 | -177,969 | 535,470 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 1,883,084 | 2,018,016 | 3,317,736 | 3,018,815 | 6,124,531 |
| f Administrative expenses | | | | | |
| g End of year balance | 13,532,685 | 12,397,438 | 11,250,648 | 11,062,691 | 10,041,820 |

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 ▶ 36 000 %
- c Temporarily restricted endowment ▶ 64 000 %

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 | | 228,761,784 | 121,127,989 | 107,633,795 |
| c Leasehold improvements | | 4,820,669 | 4,179,908 | 640,761 |
| d Equipment | | 322,437,406 | 214,411,686 | 108,025,720 |
| e Other | | 1,868,150 | | 1,868,150 |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c) )* ▶ | | | | 218,337,426 |

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) INVEST HELD THRU CGCIE EIN 04-3278109 | 117,895,393 | F |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 12 )* ▶ | 117,895,393 | |

**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 | |
| See Additional Data Table | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | 20,094,353 |

**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 | 436,326,000 |
| 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 | 93,024,848 | | |
| e | Add lines **2a** through **2d** | | | 2e | 93,024,848 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 343,301,152 |
| 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 | 2,884,725 | | |
| b | Other (Describe in Part XIII ) | 4b | -1,374,638 | | |
| c | Add lines **4a** and **4b** | | | 4c | 1,510,087 |
| 5 | Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12 ) | | | 5 | 344,811,239 |

## 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 | 440,933,000 |
| 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 | 115,835,950 | | |
| e | Add lines **2a** through **2d** | | | 2e | 115,835,950 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 325,097,050 |
| 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 | 325,097,050 |

## 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 | |
| | |
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**Part XIII Supplemental Information *(continued)***

| Return Reference | Explanation |
|---|---|
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# 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 | 4,810,092 |
| SERP | 322,431 |
| SCHATZKY ANNUITY | 33,187 |
| DEFERRED REVENUE-LT | 340,681 |
| GIFT ANNUITIES | 47,813 |
| ASSET RETIREMENT OBLIGATION | 878,083 |
| ACCRUED POST RETIREMENT BENEFITS | 411,712 |
| PROFESSIONAL LIABILITY CLAIMS RESERVE | 7,936,659 |
| DUE TO AFFILIATES | 249,332 |
| AMOUNT DUE TO THIRD PARTIES | 5,064,363 |

**Supplemental Information**

| Return Reference | Explanation |
|---|---|
| PART V, LINE 4 | INTENDED USES OF ENDOWMENT FUND ENDOWMENT/SPECIAL FUND MONIES ARE HELD TO SUPPORT THE OPER<br>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, 2018, THESE SOURCES INCREASED FREE CARE PROVIDED TO PATIENTS BY $270,000 |

**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 2018 OR 2017 ON DECEMBER 2 2, 2017, THE PRESIDENT OF THE UNITED STATES SIGNED INTO LAW H R 1, ORIGINALLY KNOWN AS TH E TAX CUTS AND JOBS ACTS THE NEW LAW (PUBLIC LAW NO 115-97) INCLUDES SUBSTANTIAL CHANGES TO THE TAXATION OF INDIVIDUALS, BUSINESSES, MULTINATIONAL ENTERPRISES AND OTHERS IN ADDI TION TO THE MANY GENERALLY APPLICABLE PROVISIONS, THE LAW CONTAINS SEVERAL SPECIFIC PROVIS IONS THAT RESULT IN CHANGES TO THE TAX TREATMENT OF TAX-EXEMPT ORGANIZATIONS AND THEIR DON ORS THE CORPORATION HAS REVIEWED ITS PROVISIONS AND THE POTENTIAL IMPACT OF THE LAW AND C ONCLUDED THAT THE ENACTMENT OF H R 1 WILL NOT HAVE A MATERIAL EFFECT ON THE OPERATIONS OF THE ORGANIZATION |

**Supplemental Information**

| Return Reference | Explanation |
| --- | --- |
| PART XI, LINE 2D - OTHER ADJUSTMENTS | CONSOLIDATED AFFILIATES NET ELIMINATIONS 88,858,626 NET ASSETS RELEASED FROM RESTRICTION USED FOR OPERATIONS 1,738,015 UNREALIZED CHANGE IN VALUE OF LP'S 2,428,207 |

**Supplemental Information**

| Return Reference | Explanation |
| --- | --- |
| PART XI, LINE 4B - OTHER ADJUSTMENTS | SPECIAL EVENT EXPENSE RECLASS -333,891 RENTAL EXPENSE RECLASS -1,040,747 |

**Supplemental Information**

| Return Reference | Explanation |
| --- | --- |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | SPECIAL EVENT EXPENSE RECLASS 1,040,747 RENTAL EXPENSE RECLASS 333,891 CONSOLIDATED AFFILIATES NET ELIMINIATIONS 114,461,312 |

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

# Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

**2017**

**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 | | | 21,007,741 |
| **b** Total from continuation sheets to Part I | | | | | 0 |
| **c Totals** (add lines 3a and 3b) | 0 | 0 | | | 21,007,741 |

**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) |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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## 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, do not file with Form 990)* | ☐ Yes | ☑ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* | ☑ Yes | ☐ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* | ☑ Yes | ☐ No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* | ☑ Yes | ☐ No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* | ☐ Yes | ☑ No |

**Part V Supplemental Information**

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

| 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<br>PART IV<br>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 | | 17,701,902 |
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | INVESTMENTS | | 2,715,310 |

**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 | | 590,529 |

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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

**2017**

**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 | (iii) 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 |
|---|---|---|---|---|---|---|
| DEVELOPMENT GUILD DDI<br>233 HARVARD ST - SUITE 107<br><br>BROOKLINE, MA 02446 | PLANNING FOR CAPITAL CAMPAIGN | | No | 0 | 19,428 | 0 |
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| **Total** ▶ | | | | | 19,428 | |

**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

CT, MA, ME, NH, NY, PA, RI, TN, WI

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

| | | (a) Event #1 GALA (event type) | (b) Event #2 GOLF (event type) | (c) Other events (total number) | (d) Total events (add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 583,315 | 171,000 | 89,749 | 844,064 |
| | 2 Less Contributions | 490,445 | 118,850 | 81,107 | 690,402 |
| | 3 Gross income (line 1 minus line 2) | 92,870 | 52,150 | 8,642 | 153,662 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | 4,441 | | 4,441 |
| | 6 Rent/facility costs | 182,528 | 75,000 | 11,203 | 268,731 |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | 48,900 | | | 48,900 |
| | 9 Other direct expenses | 10,480 | 400 | 939 | 11,819 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 333,891 |
| | 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | -180,229 |

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

**11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

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

**13** Indicate the percentage of gaming activity conducted in

| | | |
|---|---|---|
| **a** The organization's facility | **13a** | % |
| **b** An outside facility | **13b** | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

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

Name ▶ ----------

Address ▶

----------

**16** Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

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

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

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

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

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# SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

## Hospitals

▶ Complete if the organization answered "Yes" 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

**2017**

**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 13800 0000000000 % | | | |
| 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) | | | 2,435,627 | | 2,435,627 | 0 750 % |
| b Medicaid (from Worksheet 3, column a) | | | 29,126,863 | 22,659,332 | 6,467,531 | 1 990 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d **Total** Financial Assistance and Means-Tested Government Programs | | | 31,562,490 | 22,659,332 | 8,903,158 | 2 740 % |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 528,597 | | 528,597 | 0 160 % |
| f Health professions education (from Worksheet 5) | | | 12,602,136 | 4,111,651 | 8,490,485 | 2 610 % |
| g Subsidized health services (from Worksheet 6) | | | 18,687,474 | 7,054,342 | 11,633,132 | 3 580 % |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 547,259 | | 547,259 | 0 170 % |
| j **Total.** Other Benefits | | | 32,365,466 | 11,165,993 | 21,199,473 | 6 520 % |
| k **Total.** Add lines 7d and 7j | | | 63,927,956 | 33,825,325 | 30,102,631 | 9 260 % |

## 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 | | | 3,932 | | 3,932 | 0 % |
| 3 Community support | | | 3,438 | | 3,438 | 0 % |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | | | 7,370 | | 7,370 | 0 % |

## 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 6,871,233 | | |
| 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 | 119,791,892 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 122,115,638 |
| 7 | Subtract line 6 from line 5 This is the surplus (or shortfall) | 7 | -2,323,746 |
| 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 | | | | | |
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**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 | | | | | | | | | | |
| | | | | | | | | | | | |
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**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 17 | | | |
| 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 | | No |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C | 6b | | No |
| 7 | Did the hospital facility make its CHNA report widely available to the public? | 7 | Yes | |
| | If "Yes," indicate how the CHNA report was made widely available (check all that apply) | | | |
| a | ☑ Hospital facility's website (list url) SEE 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 17 | | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? | 10 | Yes | |
| a | If "Yes" (list url) SEE PART VI | | | |
| 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 138 000000000000 % and FPG family income limit for eligibility for discounted care of 300 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 nonpayment? | 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 | |
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**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<br>22 MILL STREET SUITE 106<br>ARLINGTON, MA 02476 | OUTPATIENT |
| **2** | 2 - MOUNT AUBURN HOSPITAL MRI CENTER<br>725 CONCORD AVENUE GROUND FLOOR<br>CAMBRIDGE, MA 02138 | OUTPATIENT |
| **3** | 3 - MAH REHAB SVS-OUTPATIENT PHYS & OCC<br>625 MOUNT AUBURN STREET 1ST STREET<br>CAMBRIDGE, MA 02138 | OUTPATIENT |
| **4** | 4 - MOUNT AUBURN HOSPITAL MOBILE PET UNIT<br>799 CONCORD AVENUE 1ST FLOOR<br>CAMBRIDGE, MA 02138 | OUTPATIENT |
| **5** | 5 - MAH OCCUPATIONAL HEALTH & REHAB SVS<br>725 CONCORD AVENUE SUITE 511<br>CAMBRIDGE, MA 02238 | OUTPATIENT |
| **6** | 6 - MAH IMAGING & SPECIMEN COLLECTION<br>355 WAVERLY OAKS ROAD<br>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 COMMUNITY BENEFITS SUMMARY MAH CONCENTRATES ITS EFFORTS WITH MEMBERS FROM THE LOCAL COMMUNITY HEALTH NETWORK AREA 17 A C OMMUNITY HEALTH NETWORK AREA IS A LOCAL COALITION OF PUBLIC, NON-PROFIT, AND PRIVATE SECTO R ORGANIZATIONS WORKING TOGETHER TO BUILD HEALTHIER COMMUNITIES IN MASSACHUSETTS THROUGH C OMMUNITY-BASED PREVENTION PLANNING AND HEALTH PROMOTION RECOMMENDATIONS FROM THE MASSACHUS ETTS DEPARTMENT OF PUBLIC HEALTH DURING THE FISCAL YEAR COVERED BY THIS FILING, MAH PROVID ED COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY BENEFIT OPERATIONS AND CASH AND IN-KIN D CONTRIBUTIONS TO COMMUNITY GROUPS OF $1,075,856 AS REPORTED ON THIS SCHEDULE H, PART I, LINES 7E AND 7I, COLUMN C COMMUNITY BENEFITS LEADERSHIP/TEAMTHE COMMUNITY BENEFIT TEAM AT MOUNT AUBURN HOSPITAL (MAH) CONSISTS OF THE COMMUNITY HEALTH STAFF, THE DIRECTOR OF SOCIA L WORK AND THE CHIEF OPERATING OFFICER MAH COMMUNITY HEALTH DEPARTMENT STAFF MET WITH COM MUNITY MEMBERS INCLUDING THOSE WHO WORK IN PUBLIC HEALTH, TO REACH COMMUNITY MEMBERS IN MA H'S TARGET AREA THIS TEAM MET PERIODICALLY DURING THE FISCAL PERIOD COVERED BY THIS FILIN G IN ADDITION, ANNUALLY THE BOARD OF TRUSTEES APPROVES THE COMMUNITY BENEFIT'S MISSION ST ATEMENT AND PLAN COMMUNITY HEALTH NEEDS ASSESSMENTMOST RECENT COMMUNITY HEALTH NEEDS ASSES SMENT - INTERNAL REVENUE CODE SECTION 501(R)INTERNAL REVENUE CODE (IRC) SECTION 501(R), EN ACTED AS PART OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, REQUIRES EACH HOSPITAL TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND TO FORMALLY ADOPT AN IMPLEMENTATI ON STRATEGY IN ACCORDANCE WITH FEDERAL REGULATIONS, IN ORDER MAINTAIN ITS TAX EXEMPT STATU S AS A HOSPITAL UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED M AH COMPLETED ITS MOST RECENT NEEDS ASSESSMENT DURING THE FISCAL PERIOD ENDED SEPTEMBER 30, 2018 AND THE CHNA WAS VOTED BY THE MAH BOARD OF TRUSTEES ON SEPTEMBER 30, 2018 THE MAH B OARD OF TRUSTEES ALSO APPROVED THE MOST RECENT IMPLEMENTATION STRATEGY ON SEPTEMBER 30, 20 18 MAH'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND THE ASSOCIATED COMMUNIT Y HEALTH IMPROVEMENT PLAN (CHIP OR IMPLEMENTATION STRATEGY) WERE THE CULMINATION OF A YEA R OF PLANNING AND WORKING WITH JOHN SNOW INC AND WAS BORN LARGELY OUT OF MAH'S COMMITMENT TO BETTER UNDERSTAND AND ADDRESS THE HEALTH-RELATED NEEDS OF THOSE LIVING IN ITS COMMUNIT Y BENEFITS SERVICE AREA WITH AN EMPHASIS ON THOSE WHO ARE MOST VULNERABLE OR DISADVANTAGED THE PROJECT WAS ALSO DESIGNED TO FULFILL THE COMMONWEALTH ATTORNEY GENERAL'S OFFICE AND FEDERAL INTERNAL REVENUE SERVICE (IRS) REGULATIONS THAT REQUIRE THAT MAH ASSESS COMMUNITY HEALTH NEEDS, ENGAGE THE COMMUNITY, IDENTIFY PRIORITY HEALTH ISSUES, AND CREATE A COMMUNIT Y HEALTH STRATEGY THAT DESCRIBES HOW MAH, IN COLLABORATION WITH THE COMMUNITY AND LOCAL HE ALTH DEPARTMENTS, WILL ADDRESS THE NEEDS AND THE PRIORITIES IDENTIFIED BY THE ASSESSMENT 2 018 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY2018 COMMUNITY HEALTH NEE DS ASSESSMENT - TARGETED GEOGRAPHY AND POPULATIONMAH COMMUNITY BENEFITS ARE AIMED AT SERVI NG ALL COMMUNITY MEMBERS WHO LIVE ARLINGTON, BELMONT, CAMBRIDGE, SOMERVILLE, WALTHAM, AND WATERTOWN SPECIAL POPULATIONS INCLUDE COMMUNITY MEMBERS SERVED BY CHARLES RIVER COMMUNITY HEALTH CENTER (CRCHC), THE GEOGRAPHICALLY CLOSEST FEDERALLY QUALIFIED COMMUNITY HEALTH CE NTER TO MAH AND FOR PURPOSES OF THE MHA CHNA, REFERED TO AS MAH SERVICE AREA 2018 COMMUNI TY HEALTH NEEDS ASSESSMENT - SUMMARY OF APPROACH AND METHODSAS NOTED PREVIOUSLY, MAH HIRED JOHN SNOW, INC AN OUTSIDE FIRM TO CONDUCT AND MANAGE THE CHNA PROCESS UNDERTAKEN DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2018 (TAX YEAR 2017) THE MAH COMMUNITY HEALTH DEPARTM ENT STAFF WORKED CLOSELY THROUGHOUT THE ENTIRE PROCESS WITH STAFF MEMBERS FROM JOHN SNOW I NC IN ORDER TO COMPLETE THE PROJECT A COMMUNITY BENEFIT ADVISORY COMMITTEE WAS CREATED A T THE BEGINNING OF THE PROCESS WHICH CONSISTED OF OVER 20 COMMUNITY MEMBERS AND/OR COMMUNI TY ORGANIZATION REPRESENTATIVES INCLUDING CITY/TOWN PUBLIC HEALTH OFFICIALS THE MOST RECEN T CHNA WAS CONDUCTED THROUGH A THREE-PHASED PROCESS THE GOAL OF PHASE I AND PHASE II WAS TO GAIN AN UNDERSTANDING OF HEALTH-RELATED CHARACTERISTICS OF THE REGION'S POPULATION, INC LUDING DEMOGRAPHIC, SOCIO-ECONOMIC, GEOGRAPHIC, HEALTH STATUS, CARE SEEKING, AND ACCESS TO CARE CHARACTERISTICS THIS INVOLVED QUANTITATIVE AND QUALITATIVE DATA ANALYSIS, INCLUDING , TO THE EXTENT POSSIBLE, AN ANALYSIS OF CHANGES OVER TIME PHASE I, CATEGORIZED AS PRELIM INARY ASSESSMENT, INVOLVED A RIGOROUS AND COMPREHE |

| Form and Line Reference | Explanation |
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| FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS | NSIVE REVIEW OF EXISTING QUANTITATIVE INCLUDING A REVIEW OF US CENSUS DATA AND DATA ON SOC IAL DETERMINANTS OF HEALTH, VITAL STATISTICS INCLUDING DETAIL FROM THE CANCER REGISTRY, CO MMUNICABLE DISEASE REGISTRY AND DATA FROM THE BEHAVIORAL RISK FACTOR SURVEY SYSTEM PHASE I ALSO INCLUDED A SERIES OF INTERVIEWS WITH COMMUNITY STAKEHOLDERS PHASE II INVOLVED A MO RE TARGETED ASSESSMENT OF NEED AND BROADER COMMUNITY ENGAGEMENT ACTIVITIES THAT INCLUDED F OCUS GROUPS WITH HEALTH, SOCIAL SERVICE, AND PUBLIC HEALTH SERVICE PROVIDERS AND CLIENTS, COMMUNITY FORUMS THAT INCLUDED THE COMMUNITY AT-LARGE, AS WELL AS A COMMUNITY HEALTH SURVE Y THAT CAPTURED INFORMATION FROM RESIDENTS, SERVICE PROVIDERS, AND OTHER STAKEHOLDERS REGA RDING LEADING HEALTH-RELATED PRIORITIES PHASE III INVOLVED A SERIES OF STRATEGIC PLANNING AND REPORTING ACTIVITIES THAT INVOLVED A BROAD RANGE OF INTERNAL AND EXTERNAL STAKEHOLDER S, THE DEVELOPMENT OF THE CHNA AND IMPLEMENTATION STRATEGY AND CULMINATED IN PRESENTING TH E CHNA AND IMPLEMENTATION STRATEGY FOR A VOTE BY THE MAH BOARD OF TRUSTEES 2018 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS - DETAIL OF APPROACH AND METHODSJSI CHARACTERIZED HEALTH S TATUS AND NEED AT THE TOWN LEVEL JSI COLLECTED DATA FROM A NUMBER OF SOURCES TO ENSURE A COMPREHENSIVE UNDERSTANDING OF THE ISSUES AND PRODUCED A SERIES OF GEOGRAPHIC INFORMATION SYSTEM (GIS) MAPS WHICH ARE INCLUDED IN THIS REPORT THE PRIMARY SOURCE OF SECONDARY DATA WAS THROUGH THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH TESTS OF SIGNIFICANCE WERE PERF ORMED, AND STATISTICALLY SIGNIFICANT DIFFERENCES BETWEEN MAH'S SERVICE AREA AND THE COMMON WEALTH OVERALL ARE NOTED WHEN APPLICABLE THE LIST OF SECONDARY DATA SOURCES INCLUDED - U S CENSUS BUREAU, AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES (2009-2013)- BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), (2013-2014 AGGREGATE)- CHIA INPATIENT DISCHARGES (2011 -2013) - MA HOSPITAL INPATIENT DISCHARGES (2008-2012)- MA HOSPITAL ED DISCHARGES (2008-2012 )- MA CANCER REGISTRY (2007-2011)- MA COMMUNICABLE DISEASE PROGRAM (2011, 2012, 2013)- MAS SACHUSETTS VITAL RECORDS (2014)- MASSACHUSETTS BUREAU OF SUBSTANCE ABUSE SERVICES (BSAS) ( 2013)2018 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS - KEY INFORMANT INTERVIEWS WITH INTERN AL AND EXTERNAL STAKEHOLDERS SCHEDULE H, PART V, SECTION B, LINE 5JSI CONDUCTED KEY STAKEH OLDER INTERVIEWS WITH 25 COMMUNITY LEADERS AND STAFF MEMBERS AT MAH A LIST OF KEY INFORMA NTS IS INCLUDED IN APPENDIX B TO THE CHNA WHICH IS POSTED ON THE MAH WEBSITE (SEE LINK WI THIN THIS SUPPORT TO THE FORM 990 SCHEDULE H) THESE INDIVIDUALS WERE CHOSEN TO AMASS A RE PRESENTATIVE GROUP OF PEOPLE WHO HAD THE EXPERIENCE NECESSARY TO PROVIDE INSIGHT ON THE HE ALTH OF COMMUNITIES IN MAH'S SERVICE AREA INTERVIEWS WERE CONDUCTED ON THE PHONE OR IN PE RSON USING A STANDARD INTERVIEW GUIDE INTERVIEWS FOCUSED ON IDENTIFYING MAJOR HEALTH ISSU ES, INCLUDING POSSIBLE STRATEGIES TO ADDRESS THOSE CONCERNS, AND TARGET POPULATIONS |

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| 2018 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS | FOCUS GROUPS AND COMMUNITY FORUMS SCHEDULE H, PART V, SECTION B, LINE 5JSI CONDUCTED A SER IES OF EIGHT COMMUNITY AND PROVIDER FOCUS GROUPS IN MAH'S SERVICE AREA TO GATHER CRITICAL COMMUNITY INPUT FROM SERVICE PROVIDERS, COMMUNITY LEADERS AND RESIDENTS STAFF FROM MAH'S COMMUNITY HEALTH DEPARTMENT CONDUCTED AN ADDITIONAL TWO FOCUS GROUPS ON THEIR OWN THESE F OCUS GROUPS WERE ORGANIZED IN COLLABORATION WITH MAH'S EXISTING COMMUNITY HEALTH PARTNERS TO LEVERAGE THEIR COMMUNITY CONNECTIONS AND TO HELP ENSURE COMMUNITY PARTICIPATION IN ADD ITION, MAH COORDINATED FOUR COMMUNITY FORUMS WHILE JSI LEAD THE DISCUSSIONS WHICH WERE OPE N AND MARKETED TO THE PUBLIC AT-LARGE THESE FORUMS TOOK PLACE IN ARLINGTON, CAMBRIDGE, WA LTHAM, AND SOMERVILLE MOUNT AUBURN MADE EVERY EFFORT TO PROMOTE THESE EVENTS TO THE COMMU NITY AT LARGE IN ORDER TO RECRUIT PARTICIPANTS DURING THE COMMUNITY FORUMS, JSI DISCUSSED FINDINGS FROM QUANTITATIVE DATA AND POSED A RANGE OF QUESTIONS TO SOLICIT INPUT ON COMMUN ITY IDEAS, PERCEPTIONS AND ATTITUDES, INCLUDING 1 WHAT ARE THE LEADING SOCIAL DETERMINAN TS OF HEALTH (E G , HOUSING, POVERTY, FOOD ACCESS, TRANSPORTATION, ETC )?,2 WHAT ARE THE LEADING HEALTH CONDITIONS (E G , DIABETES, HYPERTENSION, ASTHMA, RESPIRATORY DISEASE, ETC )?,3 WHICH SEGMENTS OF THE POPULATION ARE MOST VULNERABLE (E G , IMMIGRANTS, LGBTQ, OLDER ADULTS, ETC )?, AND4 WHAT STRATEGIES WOULD BE MOST EFFECTIVE TO IMPROVING HEALTH STATUS AND OUTCOMES IN THESE AREAS?THE MAH ADVISORY COMMITTEE WAS ALSO INTEGRALLY INVOLVED IN PRO VIDING INPUT ON COMMUNITY NEED AND PRIORITIZING THE LEADING HEALTH ISSUES THE ADVISORY CO MMITTEE MET THREE TIMES DURING THE COURSE OF THE ASSESSMENT TO REFINE THE APPROACH, PROVID E INPUT REGARDING THE ASSESSMENT, AND TO GUIDE THE PRIORITIZATION AND PLANNING PHASE A FU LL LISTING OF ALL COMMUNITY ENGAGEMENT ACTIVITIES IS INCLUDED IN THE CHNA ON THE MAH WEBSI TE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS - REVIEWING RESULTS AND COMPILING THE CO MMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY DOCUMENTSAS NOTED ABOVE, THE C HNA PROCESS WAS DIVIDED INTO THREE PHASES THE FINAL PHASE, PHASE III, INCLUDED THE FOLLOW ING STEPS - TO REVIEW THE ASSESSMENT PROCESSES MAJOR FINDINGS,- TO IDENTIFY MAH'S COMMUNI TY BENEFITS PRIORITY POPULATIONS AND COMMUNITY HEALTH PRIORITIES,- REVIEW MAH'S EXISTING C OMMUNITY BENEFITS ACTIVITIES WHICH WERE DERIVED FROM THE PREVIOUS CHNA AND IMPLEMENTATION STRATEGY WHICH WAS COMPLETED BY MAH DURING THE FISCAL PERIOD ENDED SEPTEMBER 30, 2015 (TAX YEAR 2014), AND,- TO DETERMINE IF THE RANGE OF COMMUNITY BENEFITS ACTIVITIES ESTABLISHED DURING THE PREVIOUS CHNA AND IMPLEMENTATION STRATEGY PROCESS NEEDED TO BE AUGMENTED OR CHA NGED TO RESPOND TO THE ASSESSMENT COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 201 8 (TAX YEAR 2017) 2018 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS - KEY FINDINGSTHE KEY PRI ORITY POPULATIONS IDENTIFIED THROUGH THE CHNA CONDUCTED DURING THE PERIOD ENDED SEPTEMBER 30, 2018 WERE - RACIAL AND ETHNIC MINORITIES- IMMIGRANTS- LOW INCOME POPULATIONS- OLDER AD ULTS- NON-ENGLISH SPEAKERS- LGBTQ THE KEY COMMUNITY HEALTH PRIORITIES IDENTIFIED THROUGH C HNA FY2018 WERE - MENTAL HEALTH- SUBSTANCE USE-CHRONIC/COMPLEX CONDITIONS AND THEIR RISK FACTORS- HEALTHY AGING- TWO CROSS-CUTTING PRIORITIES INCLUDE - SOCIAL DETERMINANTS OF HEAL TH- HEALTH SYSTEM ISSUES (HEALTH CARE ACCESS)THE CHNA WHICH WAS COMPLETED DURING THE FISCA L YEAR ENDED SEPTEMBER 30, 2018 WILL INFORM MAH'S COMMUNITY BENEFIT INITIATIVES DURING THE FISCAL YEARS ENDED SEPTEMBER 30, 2019, SEPTEMBER 30, 2020 AND SEPTEMBER 30, 2021 COMMUNIT Y HEALTH NEEDS ASSESSMENT AND ACTIVITIES REPORTED IN THIS FILINGTHE PREVIOUS NEEDS ASSESSM ENT AND ACCOMPANYING IMPLEMENTATION PLAN WERE APPROVED BY THE MAH BOARD OF TRUSTEES BEFORE SEPTEMBER 30, 2015 AND INFORMED THE MAH'S COMMUNITY BENEFIT PROCESS FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2016, SEPTEMBER 30, 2017 AND SEPTEMBER 30, 2018 AS SUCH, THE ACCOMPLI SHMENTS AND ACTIVITIES INCLUDED IN THIS FILING AND REPORTED BELOW RELATE TO THE DOCUMENTS APPROVED AS OF SEPTEMBER 30, 2015 2015 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATI ON STRATEGYTHE MAH COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND THE ASSOCIATED COMMUNITY H EALTH IMPROVEMENT PLAN (CHIP OR IMPLEMENTATION STRATEGY) WHICH WERE APPROVED BY THE MAH BO ARD OF TRUSTEES DURING MAH'S FISCAL YEAR ENDED SEPTEMBER 30, 2015 WERE THE CULMINATION OF SEVERAL MONTHS OF WORK AND WERE BORNE LARGELY OUT OF MAH'S COMMITMENT TO BETTER UNDERSTAND AND ADDRESS THE HEALTH-RELATED NEEDS OF THOSE LIVING IN ITS COMMUNITY BENEFITS SERVICE AR EA WITH AN EMPHASIS ON THOSE WHO ARE MOST DISADVANTAGED THAT PROJECT, SIMILAR TO THE MOST RECENT CHNA AND IMPLEMENTATION STRATEGY NOTED ABOVE, WERE DESIGNED TO FULFILL THE COMMONW EALTH ATTORNEY GENERAL'S OFFICE AND FEDERAL INTERNAL REVENUE SERVICE (IRS) REGULATIONS THA T REQUIRE THAT MAH ASSESS COMMUNITY HEALTH NEEDS, ENGAGE THE COMMUNITY, IDENTIFY PRIORITY HEALTH ISSUES, AND CREATE A COMMUNITY HEALTH STRAT |

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| 2018 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS | EGY THAT DESCRIBES HOW MAH, IN COLLABORATION WITH THE COMMUNITY AND LOCAL HEALTH DEPARTMEN T, WILL ADDRESS THE NEEDS AND THE PRIORITIES IDENTIFIED BY THE ASSESSMENT 2015 COMMUNITY H EALTH NEEDS ASSESSMENT - TARGETED GEOGRAPHY AND POPULATIONMAH COMMUNITY BENEFITS ARE AIMED AT SERVING ALL COMMUNITY MEMBERS WHO LIVE ARLINGTON, BELMONT, CAMBRIDGE, SOMERVILLE, WALT HAM, AND WATERTOWN SPECIAL POPULATIONS INCLUDE COMMUNITY MEMBERS SERVED BY CHARLES RIVER (FORMERLY JOSEPH M SMITH) COMMUNITY HEALTH CENTER (CRCHC) THE CLOSEST FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER AND THE STUDENTS AT CRISTO REY (FORMERLY NORTH CAMBRIDGE CATHOLIC ) HIGH SCHOOL FOR THE PURPOSE OF THIS REPORT THESE COMMUNITIES WILL BE REFERED TO AS MAH COMMUNITIES THE DECISION OF WHICH CITIES AND TOWNS TO INCLUDE WAS MADE BY REVIEWING MAH PR IMARY DISCHARGE DATA TOWNS THAT REPRESENTED MORE THAN 5% OF MAH DISCHARGES WERE INCLUDED |

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| 2015 COMMUNITY HEALTH NEEDS ASSESSMENT - APPROACH AND METHODS | THE 2015 CHNA PROCESS WAS CARRIED OUT BY MAH STAFF THIS DECISION NOT TO HIRE AN OUTSIDE O RGANIZATION WAS MADE AFTER THOUGHTFUL INTERNAL REVIEW AND BASED ON TWO MAIN CRITERIA FIRS T, MAH'S COMMUNITY HEALTH STAFF, IN PARTICULAR THE REGIONAL CENTER FOR HEALTHY COMMUNITIES DEPARTMENT, HAD THE SKILLS REQUIRED TO CONDUCT AN ASSESSMENT OF THIS MAGNITUDE SECOND, M AH RECOGNIZED THE ADDED VALUE OF HAVING MAH STAFF CONDUCT INTERVIEWS AND LEAD GROUP DISCUS SIONS THE PERSONAL CONNECTIONS THAT WERE MADE THROUGHOUT THE PROCESS INCREASED UNDERSTAND ING BETWEEN COMMUNITY ORGANIZATIONS AND HOSPITAL STAFF ONCE THIS DECISION WAS MADE APPROV AL FROM MOUNT AUBURN 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 CONSIDER 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, SOCI AL, PHYSICAL AND EMOTIONAL WELL-BEING OF COMMUNITY MEMBERS AND THE COMMUNITY AS A WHOLE I MPLICIT IN THIS APPROACH IS AN UNDERSTANDING THAT HEALTH IS NOT DETERMINED SOLELY BY HEALT HCARE BUT ALSO BY THE SOCIAL DETERMINANTS OF HEALTH WHICH INCLUDE SOCIAL SUPPORTS, ENVIRON MENTAL OPPORTUNITIES, POLICIES AND NORMS OF THE COMMUNITY AND BY THE UNDERLYING ECONOMIC F ACTORS AND WELL-BEING OF WHERE PEOPLE LIVE THE PROCESS BEGAN BY BUILDING AN ADVISORY GROU P TO PROVIDE INPUT INTO THE ASSESSMENT PROCESS OVER 500 COMMUNITY MEMBERS WHO WORK OR LIV E IN MAH COMMUNITIES WERE INVITED TO BE PART OF THIS GROUP ALTHOUGH IT WAS STRESSED THAT ALL LEVELS OF KNOWLEDGE BOTH LIVED AND LEARNED WERE VALUED SPECIAL EFFORTS WERE MADE TO EN GAGE REPRESENTATIVES FROM LOCAL DEPARTMENTS OF PUBLIC HEALTH AND COMMUNITY HEALTH NETWORK AREA 17 COMMUNITY HEALTH NETWORK AREA 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 R ESOURCES MOUNT AUBURN HOSPITAL SHARES THE SAME PRIORITY TOWNS OF ARLINGTON, BELMONT, CAMB RIDGE, SOMERVILLE, WALTHAM AND WATERTOWN AS COMMUNITY HEALTH NETWORK AREA 17 ADVISORY GRO UP MEMBERS WERE GIVEN INFORMATION ABOUT THEIR ROLE, A TIMELINE FOR MEETINGS AND A DESCRIPT ION OF THE WORK THAT MEMBERS WOULD HAVE TO DO DURING AND BETWEEN MEETINGS THE FINAL ADVIS ORY GROUP CONSISTED OF 22 MEMBERS REPRESENTING ALL SIX CITIES AND TOWNS THE ROLES AND RES PONSIBILITIES OF THE ADVISORY GROUP WERE TO - LEARN ABOUT COMMUNITY ASSESSMENT AND HELP DE SIGN THE MAH'S ASSESSMENT PROCESS - PARTICIPATE IN THE ASSESSMENT AS APPROPRIATE-ANSWER SU RVEYS, BE PART OF INTERVIEWS AND ATTEND MEETINGS- HELP INVOLVE A BROAD AND DIVERSE GROUP O F RESIDENTS AND OTHER STAKEHOLDERS IN THIS PROCESSTHE ASSESSMENT WAS CONDUCTED IN THREE PH ASES PHASE 1 INCLUDED A REVIEW OF OTHER ASSESSMENTS, A BROAD COMMUNITY SURVEY AND A PILOT OF ASSESSMENT INTERVIEW AND GROUP DISCUSSION INSTRUMENTS PRELIMINARY DATA GARNERED DURIN G THIS PHASE WERE PRESENTED TO THE ADVISORY COMMITTEE WHO FINALIZED THE ASSESSMENT INSTRUM ENTS AND PROVIDED INPUT FOR PHASE 2 DURING PHASE 2 A COMMUNITY WIDE SURVEY, MORE INTERVIE WS AND A REVIEW OF SECONDARY DATA WERE CONDUCTED THE ADVISORY GROUP REVIEWED DATA AND PRO VIDED INPUT TO THE THIRD PHASE THE THIRD PHASE BEGAN BY AGAIN INVITING A BROAD BASE OF TH E COMMUNITY TO PARTICIPATE IN A COLLABORATIVE GROUP SHARING PROCESS UTILIZING THE WORLD CA F METHODOLOGY DURING THIS MEETING COMMUNITY MEMBERS ARTICULATED A DEEPER UNDERSTAND ABOUT THE TOP HEALTH ISSUES OVER 700 INVITATIONS WERE SENT OUT TO ATTEND THIS HALF DAY MEETING INFORMATION FROM THIS MEETING INFORMED THIS ASSESSMENT AND WILL HELP GUIDE THE CORRESPON DING IMPLEMENTATION PLAN THE DIRECTOR OF COMMUNITY HEALTH ORGANIZED MEETINGS OF THE ASSES SMENT TEAM, FACILITATED THE DISCUSSIONS, CAPTURED DECISIONS, SHARED THE PROCESS WITH THE L ARGER MEMBERSHIP, AND CONNECTED THE HOSPITAL ADMINISTRATION TO THE PROCESS THE GOAL WAS T O COLLECT QUANTITATIVE AND QUALITATIVE INFORMATION FROM EACH OF THE SIX COMMUNITIES IN ORD ER TO CREATE A PROFILE OF HEALTH CONCERNS IN THE MAH COMMUNITIES THE FOLLOWING PRINCIPLES GUIDED THE DATA COLLECTION 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 RE LEVANT TO THEIR COMMUNITY MEMBERS AND THEIR LIVES A WIDE SAMPLE OF COMMUNITY MEMBERS IN A LL SIX COMMUNITIES WAS ASKED TWO QUESTIONS WHAT CONCERNS YOU MOST ABOUT YOUR COMMUNITY TO DAY?WHAT WOULD MAKE YOUR COMMUNITY A BETTER PLACE TO LIVE?THE WAY THESE QUESTIONS WERE PRE SENTED AND ASKED WAS CRAFTED SPECIFICALLY TO ALLOW THE ANSWERS TO BE BROAD AND INCLUSIVE O F THE SOCIAL DETERMINANTS OF HEALTH THE GOAL WAS NOT TO BIAS PEOPLE'S THINKING TOWARD MED ICAL CARE OR ILLNESS A THIRD QUESTION, "WHAT IS THE ONE THING YOU WOULD LIKE TO IMPROVE A BOUT YOUR HEALTH?" ELICITED COMMUNITY MEMBERS PERSONAL HEALTH CONCERNS THE 2015 CHNA IDEN TIFIED HEALTH CONCERN AFFECTS ALL SIX MAH COMMUNIT |

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| 2015 COMMUNITY HEALTH NEEDS ASSESSMENT - APPROACH AND METHODS | IES QUANTITATIVE DATA ABOUT MAGNITUDE AND INCIDENCE OF PROBLEMS WERE REVIEWED THE FOCUS OF THIS REVIEW WAS TO IDENTIFY COMMON THEMES ACROSS THE MAH COMMUNITIES THE ADVISORY GROU P CHOSE TO CONDUCT KEY INFORMANT INTERVIEWS OF LEADERS FROM ORGANIZATIONS THAT WOULD BE AL IKE IN EACH TOWN DEPARTMENTS OF PUBLIC HEALTH, WHICH REPRESENT ALL POPULATIONS, AND COUNC ILS ON AGING, WHICH REPRESENT ELDERS, WERE CHOSEN THE GROUP RECOGNIZED THAT YOUTH SERVING ORGANIZATIONS WERE NOT UNIFORM THROUGHOUT EACH CITY AND TOWN AND RELIED ON A REVIEW OF YO UTH BEHAVIOR RISK SURVEY INFORMATION TO REPRESENT THAT COHORT THROUGHOUT THIS PROCESS ENG AGED COMMUNITY MEMBERS WERE ASKED TO THINK LOCALLY ABOUT HEALTH CONCERNS AND FOCUS ON DATA PERTAINING TO THE SIX COMMUNITIES MEASURABLE AND SUSTAINABLE CHANGE CAN BE MADE ON THE ID ENTIFIED HEALTH CONCERN IN THREE YEARS THE MEMBERS OF THE ADVISORY GROUP AND OTHER COMMUN ITY MEMBERS WHO PARTICIPATED WERE ASKED TO USE THEIR COLLECTIVE KNOWLEDGE TO DECIDE THIS A REVIEW OF EVIDENCED BASED PROGRAMS SUCH AS HEALTHY PEOPLE 2020 (HTTP //WWW HEALTHYPEOPLE GOV/) AND THE CENTER FOR DISEASE CONTROL'S WINNABLE BATTLES (HTTP //WWW CDC GOV/WINNABLEB ATTLES/) WAS SHARED WITH THE ADVISORY GROUP AND WILL BE UTILIZED DURING IMPLEMENTATION PLA NNING THERE ARE RESOURCES RELATED TO THE IDENTIFIED HEALTH CONCERN UPON WHICH NEW ACTIVIT IES CAN BUILT THE MEMBERS OF THE ADVISORY GROUP AND OTHER COMMUNITY MEMBERS WHO PARTICIPA TED WERE ASKED TO BRAINSTORM TOGETHER AND CREATE A LIST OF COMMUNITY RESOURCES THE IDENTI FIED HEALTH CONCERN AFFECTS VULNERABLE POPULATIONS IT WAS DECIDED THAT INVITATIONS TO PAR TICIPATE IN THE ASSESSMENT WOULD BE AS BROAD AS POSSIBLE EVERYONE WAS WELCOME ORGANIZATI ONS WHO SERVE IMMIGRANT POPULATIONS SUCH AS ENGLISH SPEAKERS OF OTHER LANGUAGES (ESOL) AND OTHERS WHO SERVE UNDERSERVED POPULATIONS WERE INCLUDED THROUGHOUT THE PROCESS PARTICIPAN TS WERE ASKED TO CONSIDER AND PRIORITIZE THE NEEDS OF VULNERABLE POPULATIONS THE GOAL WAS TO COLLECT DATA FROM A VARIETY OF SOURCES IN ORDER TO DEFINE THE MAIN HEALTH CONCERN AND A LSO ARTICULATE WHAT THAT DEFINITION MEANS TO COMMUNITY MEMBERS DATA CAME FROM FOUR MAIN S OURCES 1 REVIEW OF CURRENT MAH COMMUNITY BENEFIT PROGRAMMINGBY 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 RECOMMENDATION OF WHETHER OR NO T TO CONSIDER CONTINUING THE PROGRAM, WAS COMPLETED |

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| 2 QUANTITATIVE DATA REVIEWING EXISTING SECONDARY DATA | TO DEVELOP A QUANTITATIVE HEALTH SUMMARY OF MAH COMMUNITIES EXISTING DATA WAS DRAWN FROM T HE FOLLOWING SOURCES - CENSUS, AMERICAN COMMUNITY SURVEY 2012- CITY OF CAMBRIDGE ASSESSMEN T-2014- MASS CHIP - MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH STATUS OF CHILDHOOD WEIGHT I N MASSACHUSETTS 2009-2011- MOUNT AUBURN HOSPITAL EMERGENCY ROOM DATA - TUFTS HEALTH PLAN F OUNDATION HEALTHY AGING DATA REPORT 2015 - YOUTH BEHAVIOR RISK SURVEYS ARLINGTON (2013-201 4), BELMONT (2011-2012), CAMBRIDGE (2013-2014), 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 Q UALITATIVE DATA INTERVIEWS, GROUPS CONVERSATIONS, SURVEYS AND WORLD CAFE THIS ASSESSMENT ATTEMPTED TO SOLICIT BROAD INPUT FROM ALL COMMUNITY MEMBERS WHENEVER POSSIBLE MAH INCLUDE D NEEDS OF THE VUNERABLE POPULATIONS AND/OR INDIVIDUALS OR ORGANIZATIONS SERVING OR REPRES ENTING SUCH POPULATIONS A REVIEW OF THE POPULATION CHARACTERISTICS FOR ALL SIX TOWNS HELP ED THE ADVISORY GROUP DECIDE THAT SPECIAL EMPHASIS WOULD BE PLACED ON ELDERLY COMMUNITY ME MBERS THEY CAME TO THIS CONCLUSION FOR THREE REASONS 1) ELDERS REPRESENT THE LARGEST GROW ING POPULATION OF MAH PATIENTS, 2) THREE OF MAH COMMUNITIES (ARLINGTON, BELMONT AND WATERT OWN) HAVE ELDER POPULATIONS HIGHER THAN STATE AVERAGE AND 3) COUNCILS ON AGING WERE LOCATE D IN EACH TOWN PROVIDING A SIMILAR BASE QUALITATIVE DATA WERE COLLECTED FROM OVER 800 COM MUNITY MEMBERS THROUGH THE FOLLOWING METHODS A KEY INFORMANT INTERVIEWS (25)B GROUPS CON VERSATIONS (7)C SURVEYS SIX DIFFERENT SURVEYS WERE UTILIZED TO GATHER INFORMATION I COM MUNITY PAPER SURVEYII ENGLISH AS A SECOND LANGUAGE PROVIDER SURVEYIII COLLABORATIONS WIT H OTHERS CONDUCTING SURVEYS - CHNA 17 YOUTH SUMMIT PARTICIPANTS, N=180- HEALTHY WALTHAM HI GH SCHOOL SURVEY, N=89- COMMUNITY DAY CENTER OF WALTHAM HOMELESS SURVEY, N=100IV COMMUNIT Y ELECTRONIC SURVEY (291)D WORLD CAFE AFTER INITIAL ANALYSIS OF THE ABOVE DATA SOURCES WA S COMPLETED THE RESULTS WERE PRESENTED TO THE ADVISORY GROUP WITH THE ADVISORY GROUP CONS ENSUS MAH ENGAGED COMMUNITY MEMBERS TO FURTHER DEFINE THE TOP HEALTH CONCERNS FORTY THREE COMMUNITY MEMBERS MET FOR HALF A DAY AND FOR EACH HEALTH TOPIC THEY FINALIZED A DEFINITIO N, 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 QUESTIONS2015 COMMUNITY HEALTH NEEDS A SSESSMENT -- MAJOR HEALTH NEEDS AND HOW PRIORITIES WERE DETERMINEDDURING THE DEVELOPMENT O F THE IMPLEMENTATION PLAN MAH FIRST REVIEWED THE MASSACHUSETTS ATTORNEY GENERAL'S AND THE INTERNAL REVENUE SERVICE'S GUIDELINES IN MASSACHUSETTS HOSPITALS ARE ENCOURAGED TO ADDRES S THE FOLLOWING STATEWIDE HEALTH PRIORITIES SUPPORTING HEALTH CARE REFORM, REDUCING HEALT H DISPARITIES, IMPROVING CHRONIC DISEASE MANAGEMENT AND PROMOTING WELLNESS IN VULNERABLE P OPULATIONS THE INTERNAL REVENUE SERVICE GUIDELINES OUTLINE THE FOLLOWING FEDERAL PRIORITI ES 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 CONCER N 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 BUIL T - THE IDENTIFIED HEALTH CONCERN AFFECTS VULNERABLE POPULATIONSFINALLY, MAH REVIEWED AN E VALUATION OF CURRENT MAH COMMUNITY BENEFIT PROGRAMING, INCLUDING A RECOMMENDATION OF WHETH ER OR NOT TO CONTINUE EACH PROGRAM PHASES 1 AND 2 INVOLVED COLLECTING COMMUNITY WIDE QUANT ITATIVE 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 SE LF-MANAGEMENT (AND PREVENTION) OF CHRONIC DISEASE,3 MENTAL HEALTH ISSUES,4 SUBSTANCE ABU SE, 5 ACCESS TO HEALTH CARE SERVICES AND6 SUPPORT OF BROAD PUBLIC HEALTH CONCERNS IN PH ASE 3 ENGAGED COMMUNITY MEMBERS PARTICIPATED IN A COLLABORATIVE GROUP SHARING PROCESS UTIL IZING THE WORLD CAF METHODOLOGY (HTTP //WWW THEWORLDCAFE COM/KEY-CONCEPTS-RESOURCES/WORLD- CAFE-METHOD) DURING THIS MEETING 42 COMMUNITY MEMBERS ARTICULATED A DEEPER UNDERSTANDING OF THE FIRST FOUR IDENTIFIED HEALTH CONCERNS PARTICIPANTS WERE ASKED TO CONSIDER AND PRIO RITIZE THE NEEDS OF VULNERABLE POPULATIONS THE FO |

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| 2 QUANTITATIVE DATA REVIEWING EXISTING SECONDARY DATA | LLOWING QUESTIONS HELPED INFORM THE IMPLEMENTATION PLAN - WHAT ARE THE UNDERLYING CAUSES S URROUNDING THE IDENTIFIED HEALTH CONCERN?- WHAT IS CURRENTLY BEING DONE TO ADDRESS THE IDE NTIFIED 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 AC TUALLY DOABLE? WHAT BARRIERS CURRENT EXIST? IN ADDITION TO ANSWERING THESE QUESTIONS COMMU NITY 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 C OMMUNICATION BETWEEN ORGANIZATIONS DOING SIMILAR WORK INCLUDING RESOURCE SHARING- LIKELY D ISPARITIES AMONG COMMUNITY MEMBERS WHO HAVE LANGUAGE AND CULTURAL BARRIERS AND ARE OF LOWE R SOCIO-ECONOMIC STATUS 2015 COMMUNITY HEALTH NEEDS ASSESSMENT - KEY FINDINGSMAH'S CHNA RE SULTED IN THE FOLLOWING KEY FINDINGS RELATED TO COMMUNITY HEALTH NEEDS 1 OBESITY AND INAC TIVE 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 - MAKING THE CHNA AND IMPLEMENTATION ST RATEGY WIDELY AVAILABLEMAH STRIVES TO ADDRESS THE PRIORITY AREAS IN ITS CHNA AND IMPLEMENT ATION STRATEGY AS NOTED ABOVE, MAH COMPLETED ITS MOST RECENT CHNA DURING ITS FISCAL YEAR E NDED SEPTEMBER 30, 2018 (TAX YEAR 2017) THAT CHNA IS AVAILABLE ON THE MAH WEBSITE AT -HTT PS //WWW MOUNTAUBURNHOSPITAL ORG/APP/FILES/PUBLIC/1518/2018-COMMUNITY-HEALTH-NEEDS-ASSESSM ENT PDFTHE APPENDIX TO THAT CHNA IS AVAILABLE ON THE MAH WEBSITE AT -HTTPS //WWW MOUNTAUB URNHOSPITAL ORG/APP/FILES/PUBLIC/1489/MAH2018CHNA-APPENDICES PDFIN ADDITION, AS NOTED ABOV E, MAH COMPLETED ITS MOST RECENT IMPLEMENTATION STRATEGY (CHIP) DURING ITS FISCAL YEAR END ED SEPTEMBER 30, 2018 (TAX YEAR 2017) THE IMPLEMENTATION STRATEGY IS AVAILABLE ON THE MAH WEBSITE AT -HTTPS //WWW MOUNTAUBURNHOSPITAL ORG/APP/FILES/PUBLIC/1517/2018-COMMUNITY-HEAL TH-IMPLEMENTATION-PLAN PDFIN ADDITION, AS NOTED ABOVE, MAH COMPLETED ITS PREVIOUS CHNA DUR ING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2015 (TAX YEAR 2014) THAT CHNA IS AVAILABLE ON TH E MAH WEBSITE AT -HTTPS //WWW MOUNTAUBURNHOSPITAL ORG/APP/FILES/PUBLIC/1118/NEEDS-ASSESSME NT-2015 PDFTHE APPENDIX TO THAT CHNA IS AVAILABLE ON THE MAH WEBSITE AT -HTTPS //WWW MOUN TAUBURNHOSPITAL ORG/APP/FILES/PUBLIC/744/MAH-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-2015-APPEND IX PDFFINALLY, THE IMPLEMENTATION STRATEGY (CHIP) ASSOCIATED WITH THE CHNA COMPLETED DURIN G MAH'S FISCAL YEAR ENDED SEPTEMBER 30, 2015 (TAX YEAR 2014) IS AVAILABLE ON THE MAH WEBSI TE AT -HTTPS //WWW MOUNTAUBURNHOSPITAL ORG/APP/FILES/PUBLIC/747/MOUNT-AUBURN-HOSPITAL-IMPL EMENTATION-PLAN-2015 PDFEACH OF THESE DOCUMENTS IS ALSO AVAILABLE ON REQUEST (SCHEDULE H, PART V, SECTION B, LINE 7A) |

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| COMMUNITY HEALTH NEEDS ASSESSMENT - ADDRESSING COMMUNITY HEALTH NEEDS | (SCHEDULE H, PART V, SECTION B, LINE 11) AS NOTED ABOVE, MAH'S MOST RECENT CHNA AND IMPLEM ENTATION STRATEGY WERE CONDUCTED AND APPROVED BY THE BOARD OF TRUSTEES DURING THE FISCAL Y EAR ENDED SEPTEMBER 30, 2018 THAT CHNA AND IMPLEMENTATION STRATEGY WILL INFORM THE COMMUN ITY BENEFITS MISSION AND ACTIVITIES OF MAH FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2019, SEPTEMBER 30, 2020 AND SEPTEMBER 30, 2021 THIS FORM 990 COVERS MAH'S FISCAL YEAR ENDED SE PTEMBER 30, 2018 THE PREVIOUS NEEDS ASSESSMENT AND ACCOMPANYING IMPLEMENTATION PLAN WERE APPROVED BY THE MAH BOARD OF TRUSTEES BEFORE SEPTEMBER 30, 2015 AND INFORMED THE MAH'S COM MUNITY BENEFIT PROCESS FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2016, SEPTEMBER 30, 2017 A ND SEPTEMBER 30, 2018 AS SUCH, THE ACCOMPLISHMENTS AND ACTIVITIES INCLUDED IN THIS FILING AND REPORTED BELOW RELATE TO THE DOCUMENTS APPROVED AS OF SEPTEMBER 30, 2015 TO ADDRESS THE IDENTIFIED HEALTH CONCERNS, MAH HAS IDENTIFIED FOUR OVERARCHING GOALS 1 INCREASE THE CAPACITY OF COMMUNITY HEALTH NETWORK AREA 17 TO FULFILL ITS MISSION TO PROMOTE HEALTHIER P EOPLE AND HEALTHIER COMMUNITY BY PROVIDING FUNDING, TECHNICAL ASSISTANCE AND STEERING COMM ITTEE 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 A ND PROGRAM SUPPORT 4 IMPLEMENT PROGRAMS AIMED AT ADDRESSING SPECIFIC IDENTIFIED HEALTH CO NCERNS SUPPORT COMMUNITY HEALTH NETWORK AREA 17MAH IS PROUD OF ITS LONG STANDING PARTNERSH IP WITH COMMUNITY HEALTH NETWORK AREA 17 MAH'S GOAL IS TO INCREASE THE CAPACITY OF COMMUN ITY HEALTH NETWORK AREA 17 TO FULFILL ITS MISSION WHICH IS TO PROMOTE HEALTHIER PEOPLE AND COMMUNITIES BY FOSTERING COMMUNITY ENGAGEMENT, ELEVATING INNOVATIVE AND BEST PRACTICES, A DVANCING RACIAL EQUITY, AND SUPPORTING RECIPROCAL LEARNING OPPORTUNITIES TO ADDRESS THE NE EDS OF THE MOST MARGINALIZED MEMBERS OF OUR COMMUNITIES MAH PROVIDES FUNDING, TECHNICAL A SSISTANCE AND ACTIVE STEERING COMMITTEE MEMBERSHIP DURING THE PERIOD COVERED BY THIS FILIN G, SIX MENTAL HEALTH AND RACIAL EQUITY GRANTS WERE OFFERED TO INCREASE ACCESS AND REDUCE R ACIAL INEQUITIES IN MENTAL HEALTH SERVICE FOR MORE MARGINALIZED POPULATIONS ESPECIALLY AFR ICAN AMERICANS, SIX ORGANIZATIONS WORKED THROUGHOUT THE YEAR TO MAKE MEANINGFUL CHANGES WI THIN THEIR ORGANIZATIONS AND SEVEN ORGANIZATIONS GRANTED FUNDS TO CONDUCT SELF-ASSESSMENTS ON RACIAL EQUITY USING THE ANNIE E CASEY FOUNDATION'S RACE MATTERS ORGANIZATIONAL SELF-A SSESSMENT TOOL IN ADDITION TO ACTIVE STEERING COMMITTEE PARTICIPATION, MAH STAFF ALSO PROV IDED OVER 100 HOURS OF TECHNICAL ASSISTANCE TO COMMUNITY HEALTH NETWORK AREA 17 SUPPORT L OCAL DEPARTMENTS OF PUBLIC HEALTH MAH AWARDED $10,000 NON-COMPETITIVE GRANT OPPORTUNITY FO R CITIES AND TOWNS IN THE MAH COMMUNITY BENEFIT AREA ARLINGTON, BELMONT, CAMBRIDGE, SOMER VILLE, WALTHAM AND WATERTOWN THESE FUNDS WERE DESIGNATED TO SUPPORT MAH'S PUBLIC HEALTH C OLLEAGUES IN ADDRESSING ONE OR MORE OF THE TOP HEALTH CONCERNS IDENTIFIED IN THE 2015 COMM UNITY HEALTH NEEDS ASSESSMENT WHICH INCLUDE OBESITY AND INACTIVE LIVING, SELF-MANAGEMENT OF CHRONIC DISEASE, MENTAL ILLNESS, SUBSTANCE ABUSE AND ACCESS TO CARE WITH THESE FUNDS - ARLINGTON MET THEIR GOAL WITH THIS FUNDING BY SECURING A COMMUNITY ENGAGEMENT FELLOW WHO COMPLETED AND SUBMITTED THE AGE FRIENDLY APPLICATION THE AARP HAS ACCEPTED THE APPLICATIO N AND ARLINGTON IS DESIGNATED AS AN AGE FRIENDLY COMMUNITY - BELMONT COMPLETED TWO MAJOR T OWN WIDE EVENTS WITH THIS FUNDING BELMONT HOSTED A CPR/NARCAN TRAINING OPEN TO RESIDENTS, RESTAURANT WORKERS, COACHES AND TOWN EMPLOYEES THE SECOND WAS A COMMUNITY FORUM ON MARIJ UANA THE UNBIASED TRUTH HOSTED BY AN EXPERT IN THE FIELD, WITH 25 PEOPLE ATTENDING - CAMB RIDGE THE FUNDING WAS USED TO PAY A SUMMER INTERN, TO CREATE AND IMPLEMENT A CURRICULUM F OR 3 STUDENTS EMPLOYED THROUGH THE CAMBRIDGE MAYORS SUMMER YOUTH EMPLOYMENT PROGRAM, TO HE LP SUPPORT SNAP MATCH OUTREACH AND PROMOTION - SOMERVILLE HEALTH AND HUMAN SERVICES DEPART MENT CHOSE TO REINVIGORATE THEIR TRAUMA RESPONSE NETWORK (TRN) VOLUNTEERS BY HOSTING 3 TRA ININGS ON MENTAL HEALTH SKILL BUILDING FOR THE TRAUMA RESPONSE NETWORK AND FOR COMMUNITY M EMBERS TO BROADEN THEIR REACH ACTIVE PARTICIPATION AND RESPONSE FROM TRN VOLUNTEERS HAS I NCREASED 35% - WALTHAM CREATED AND DISTRIBUTED SUBSTANCE USE DISORDER EDUCATION MATERIALS AND RESOURCES TO COMMUNITY MEMBERS WITH THIS FUNDING WALTHAM WAS ALSO ABLE TO GET SUPPLIE S AND MATERIALS TO START UP A MULTI-COMMUNITY OVERDOSE RESPONSE NETWORK WHICH CONTINUES TO MEET MONTHLY - IN WATERTOWN THE FUNDING ALLOWED THE TOWN TO RETAIN THE SERVICES OF THE L IVE WELL WATERTOWN (LWW) COORDINATOR TO PROVIDE HEALTH AND WELLNESS PROGRAMMING AS A PREVE NTATIVE MEASURE TO COMBAT OBESITY, STRESS RELATED ILLNESS AND PREVENTABLE CHRONIC DISEASE, THROUGH THE REMAINDER OF THE FISCAL YEAR THIS FU |

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| COMMUNITY HEALTH NEEDS ASSESSMENT - ADDRESSING COMMUNITY HEALTH NEEDS | NDING CONTRIBUTED TO WATERTOWN BEING ABLE TO GARNER SUPPORT FOR A FULL TIME POSITION OF A COMMUNITY WELLNESS COORDINATOR SUPPORT CHARLES RIVER COMMUNITY HEALTH CENTER MAH IS PROUD OF ITS LONG STANDING RELATIONSHIP WITH THE CHARLES RIVER COMMUNITY HEALTH CENTER AND IS C OMMITTED TO COLLABORATING TO SUPPORT THE CENTER'S MISSION MAH'S COMPREHENSIVE PERI-NATAL PROGRAM IMPROVES BIRTH OUTCOMES BY IMPROVING ACCESS TO PERINATAL CARE STAFF FROM BOTH ORG ANIZATIONS CONTINUE TO WORK TOGETHER TO IMPROVE THE FOLLOWING FOR IMMIGRANT WOMEN 1) TIME TO THEIR FIRST APPOINTMENT, 2) ACCESS TO DIABETIC EDUCATION FOR WOMEN WITH GESTATIONAL DIA BETES, 3) ACCESS TO MENTAL HEALTH SERVICES FOR WOMEN WITH PERI-PARTUM DEPRESSION AND 4) A POST-PARTUM PLAN FOR CONTRACEPTION (WHICH MAY OR MAY NOT INCLUDE BIRTH CONTROL METHODS) F OR EASE OF ACCESS, MOUNT AUBURN MIDWIVES AND OBSTETRICIANS WORK ON-SITE AT CHARLES RIVER C OMMUNITY HEALTH CENTER MAH ALSO PROVIDES GROUP PRE-NATAL CARE AND LABOR SUPPORT FOR LATIN AS THE MAH COMMUNITY HEALTH DEPARTMENT FUNDS A PREGNANCY SUPPORT PROGRAM THAT PROVIDES ED UCATION TO RECENT IMMIGRANTS THE PROGRAM IS DESIGNED TO INCREASE THE USE OF PREVENTIVE HE ALTH CARE (WELL-CHILD VISITS, IMMUNIZATIONS, GYNECOLOGICAL CARE), INCREASE USE OF COMMUNIT Y SUPPORT SERVICES (WIC, HEALTH INSURANCE, POST-PARTUM SUPPORT GROUPS), AND INCREASE RATES OF BREAST FEEDING (WITH ITS CONCOMITANT BENEFITS TO MOTHER AND CHILD) EDUCATIONAL TOPICS INCLUDE BREAST FEEDING, INFANT CARE, FAMILY PLANNING, STD PREVENTION AND POST-PARTUM DEPR ESSION |

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| 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 IN THIS FILING PERIOD OVER 60 COMMUNITY MEMBERS ATTENDED 5 DIFFEREN T SESSIONS FOOD DRIVE FOR CHARLES RIVER COMMUNITY HEALTH CENTER PATIENTSMOUNT AUBURN HOSP ITAL COLLECTED AND PACKED OVER 75 BAGS OF FOOD FOR CHARLES RIVER COMMUNITY HEALTH CENTER P ATIENTS AND FAMILIES IN ADDITION TO THE DONATED FOOD, 100 LOAVES OF BREAD WERE PROVIDED ENROLL COMMUNITY MEMBERS IN SNAPIN AN EFFORT TO ADDRESS HEALTHY EATING THIS PROGRAM PROVID ES OPPORTUNITIES FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) ENROLLMENT TO IMPROV E 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 P ROGRAMS TO SUPPORT HEALTH CONCERNS - CHRONIC DISEASE PREVENTION AND SELF-MANAGEMENTBLOOD P RESSURE MONITORING FOR SENIORSIN THIS PROGRAM MAH NURSES GO TO COMMUNITY SETTINGS AND PROV IDE FREE BLOOD PRESSURE SCREENINGS SENIORS ARE SEEN IN COUNCILS ON AGING OR ELDER HOUSING COMPLEXES IN ADDITION TO PROVIDING COMMUNITY MEMBERS WITH A RECORD OF THEIR BLOOD PRESSU RE READING TO SHARE WITH THEIR PROVIDERS, THE NURSES TAKE THIS OPPORTUNITY TO REVIEW WARNI NG SIGNS OF HEART ATTACK AND STROKE THERE WERE 60 BLOOD PRESSURE CLINICS IN THIS REPORTIN G PERIOD SOCIAL WORK COMMUNITY SUPPORTMOUNT AUBURN HOSPITAL SOCIAL WORKERS ATTEND COMMUNI TY MEETINGS TO SHARE BEST PRACTICES, IDENTIFY OPPORTUNITIES TO IMPROVE COLLABORATIONS AND ADDRESS CHALLENGES TO OPTIMIZING HEALTH FOR OUR MOST VULNERABLE COMMUNITY MEMBERS INCLUDIN G THE HOMELESS AND ELDERS LOCAL COMMUNITY MEETINGS INCLUDE BUT ARE NOT LIMITED TO WATERTO WN TASK FORCE ON HOARDING, CAMBRIDGE POLICE STAKEHOLDERS MEETINGS, CAMBRIDGE HOMELESS MEET ING AND ELDER ABUSE PREVENTION TASK FORCE PROGRAMS TO SUPPORT HEALTH CONCERNS - MENTAL HE ALTHMENTAL HEALTH FIRST AID (MHFA)DURING THE PERIOD COVERED BY THIS FILING, MAH WAS ABLE T O INCREASE ITS MHFA CAPACITY BY OFFERING BOTH YOUTH AND ADULT MHFA TRAININGS IN THE COMMUN ITY A TOTAL OF 64 COMMUNITY MEMBERS WERE TRAINED 100% OF THOSE WHO ATTENDED THE ADULT TR AININGS REPORTED THAT THEY AGREED OR STRONGLY AGREED AFTER THE TRAINING THEY WOULD BE ABLE TO REACH OUT TO SOMEONE WHO MAY BE DEALING WITH A MENTAL HEALTH PROBLEM OR CRISIS 100% O F THOSE WHO ATTENDED THE YOUTH TRAININGS REPORTED THEY WERE MORE CONFIDENT THEY COULD RECO GNIZE THE SIGNS THAT A YOUNG PERSON MAY BE DEALING WITH MENTAL HEALTH CHALLENGE OR CRISIS AND OFFER BASIC FIRST AID INFORMATION AND REASSURANCE TO A YOUNG PERSON EXPERIENCING A MEN TAL HEALTH CHALLENGE OR CRISIS A TOTAL OF FIVE TRAININGS WERE HELD SUPPORT GROUPS DURING THE PERIOD COVERED BY THIS FILING, MOUNT AUBURN HOSPITAL OFFERED MANY SUPPORT GROUPS TO CO MMUNITY MEMBERS THE BEREAVEMENT SUPPORT GROUP PROVIDED PEOPLE THE OPPORTUNITY, IN A SAFE A ND SUPPORTIVE ENVIRONMENT, TO SHARE THEIR FEELINGS AND STORIES WITH OTHERS CURRENTLY GRIEV ING OR WHO HAVE GONE THROUGH, THE LOSS OF A LOVED ONE THIS GROUP IS OPEN TO ANY ADULT COM MUNITY MEMBER WHO HAS EXPERIENCED THE DEATH OF SOMEONE SIGNIFICANT IN THEIR LIFE MAH OFFER ED LOOK GOOD FEEL BETTER IN COLLABORATION WITH THE AMERICAN CANCER SOCIETY BRINGS HOPE AND EMPOWERMENT TO WOMEN DURING TREATMENT BEAUTICIANS COME AND SUPPORT WOMEN WITH WAYS TO AP PLY MAKE-UP AND MANAGE HAIR LOSS WHILE EXPERIENCING THE SIDE EFFECTS OF CANCER TREATMENT MAH OFFERED LIVING WITH POST-PARTUM DEPRESSION, OPEN TO COMMUNITY MEMBERS AND DESIGNED TO PROVIDE THE NECESSARY SUPPORT AND EDUCATION TO NEW MOTHERS MAH CLINICIANS MAY ALSO IDENTI FY AT RISK WOMEN WHO WOULD LIKELY BENEFIT FROM INCREASED SUPPORT AND SUGGEST THEY PARTICIP ATE CANCER SURVIVORSHIP DAY - MAH HAS ENHANCED ITS CANCER SURVIVORSHIP AND CANCER WELLNESS PROGRAMMING OVER 70 COMMUNITY MEMBERS ATTENDED OUR CANCER SURVIVORSHIP DAY IN JUNE 2018 SAFE BEDSIN PARTNERSHIP WITH THE LOCAL POLICE DEPARTMENTS MOUNT AUBURN HOSPITAL PROVIDES TEMPORARY "SAFE BEDS" FOR VICTIMS OF DOMESTIC VIOLENCE THIS PROGRAM IS IN-KIND BY MOUNT A UBURN HOSPITAL DOULAS-LABOR SUPPORTRECOGNIZING THAT BIRTH IS A KEY EXPERIENCE THAT WOMEN R EMEMBER ALL THEIR LIFE, MAH PROVIDES BIRTH COACHES FOR ISOLATED WOMEN MANY OF THESE WOMEN HAVE RECENTLY IMMIGRATED AND DO NOT HAVE ANY SUPPORT SYSTEMS OUR LATINA DOULA PROGRAM PR OVIDES LABOR SUPPORT TO SPANISH SPEAKING WOMEN WHO WOULD OTHERWISE NOT HAVE ANY SUPPORT F OR TEEN MOTHERSRECOGNIZING THE NEED TO PROVIDE A TEEN PREGNANCY CLASS FOR TEEN MOTHERS, MA H GEARS THIS CLASS TOWARD YOUNG MOTHERS TO HELP THEM APPROACH LABOR AND DELIVERY WITH CONF IDENCE BY LEARNING WHAT TO EXPECT DURING CHILDBIRTH THIS INFORMATION IS INVALUABLE TO THE SE YOUNG WOMEN WHO ARE FACING PREGNANCY AND CHILDBIRTH AT A YOUNG AGE PROGRAMS TO SUPPORT HEALTH CONCERNS - SUBSTANCE ABUSE ADULT SUBSTANCE USEMAH CONTINUES TO CONVENE THE SUBSTANC E USE STAKEHOLDER TASK FORCE MAH RECOGNIZES THE I |

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| PROGRAMS TO SUPPORT HEALTH CONCERNS - OBESITY AND INACTIVE LIVING | MPORTANCE OF CONVENING ORGANIZATIONS AND INDIVIDUALS WITH HOSPITAL STAFF TO HELP IMPROVE S ERVICES, REDUCE STIGMA AND REDUCE THE RATE OF OPIOID ABUSE THIS TASK FORCE PARTNERED WITH THE MIDDLESEX DA TO BRING A NUMBER OF EDUCATIONAL PROGRAMS TO MAH FOR STAFF AND COMMUNITY MEMBERS DURING THIS REPORTING PERIOD DURING THE PERIOD COVERED BY THIS FILING, THE PREVE NTION AND RECOVERY CENTER AT MAH PROVIDED A SAFE SPACE FOR TWO WEEKLY SUPPORT GROUPS, ONE FOR FAMILY MEMBERS (FAMILY AND FRIENDS SUPPORT AND EDUCATION GROUP) AND ONE FOR THOSE IN R ECOVERY (TREATMENT GROUP FOR PEOPLE IN RECOVER) TO ADDRESS THE GROWING NUMBER OF OVERDOSE PATIENTS IN THE EMERGENCY DEPARTMENT (ED), MAH CREATED AN INTERNAL SUBSTANCE USE TASK FOR CE TO DISCUSS HOW THE ED COULD SUPPORT THESE PATIENTS AND IMPROVE CARE DURING THEIR STAY A ND WITH THEIR TRANSITION UPON DISCHARGE THROUGH THE WORK OF THIS COMMITTEE MAH HAS CREATE D A BRIDGE CLINIC FROM THE ED TO THE OUTPATIENT CLINIC FOR THOSE WHO ARE STRUGGLING WITH S UBSTANCE USE DEPENDENCE PATIENTS WHO PRESENT IN THE ED WITH AN OVERDOSE ARE GIVEN A 3 DAY SUPPLY OF SUBOXONE UNTIL THEY CAN BE SEEN IN OUR OUTPATIENT CLINIC FOR FOLLOW-UP HANDICAP PED ACCESSIBLE MEETING SPACEMAH PROVIDES HANDICAPPED ACCESSIBLE SPACE FOR NARCOTICS ANONYM OUS (NA), ALCOHOLICS ANONYMOUS (AA) AND SELF-MANAGEMENT AND RECOVERY TRAINING (SMART) RECO VERY GROUPS TO MEET |

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| PROGRAMS TO SUPPORT HEALTH CONCERNS - ACCESS TO HEALTH CARE | PROSTATE CANCER COLLABORATION WITH CAMBRIDGE AND SOMERVILLE HEALTH DEPARTMENTSIN ITS SECON D YEAR OF FUNDING, THE CAMBRIDGE HEALTH DEPARTMENT AND THE SOMERVILLE HEALTH DEPARTMENT BO TH RECEIVED FUNDING FROM MAH TO PROMOTE THE VIDEO (CREATED THROUGH THIS PROJECT LAST YEAR) WHICH WAS DEVELOPED TO SHARE INFORMATION ABOUT PROSTATE CANCER AND THE IMPORTANCE OF SHAR ED DECISION MAKING THIS VIDEO WAS TRANSLATED INTO SPANISH, PORTUGUESE AND HAITIAN CREOLE TO REACH COMMUNITY MEMBERS WHO HAVE LIMITED ENGLISH PROFICIENCY COMMUNITY MEN EMPHASIZED THE IMPORTANCE OF ADDRESSING PROSTATE CANCER EDUCATION IN THE CONTEXT OF A BROADER CONVERS ATION ABOUT MEN'S HEALTH THE GOAL WAS TO PROVIDE AT LEAST 50 MEN OF COLOR WITH PROSTATE C ANCER EDUCATION ABOUT RISKS, SCREENING, PREVENTION AND SHARED DECISION MAKING OVER 100 ME N OF COLOR WERE EDUCATED IN COMMUNITY SETTINGS THESE COMMUNITY MEETINGS GAVE MEN AN OPPOR TUNITY TO LEARN AND DISCUSS THEIR CONCERNS IN A COMFORTABLE SETTING TEN COMMUNITY EDUCATI ON EVENTS TOOK PLACE AND OVER 100 MEN ATTENDED THE GOAL OF THESE ACTIVITIES WAS TO INCREA SE AWARENESS ABOUT PROSTATE CANCER SCREENING OPTIONS SO THAT MEN WILL ACCESS PRIMARY CARE AND HAVE A DISCUSSION ABOUT THEIR RISK FOR PROSTATE CANCER SENIOR ACCESS TO CARE -- LIFELI NETHIS PROGRAM PROVIDED PERSONAL EMERGENCY RESPONSE SERVICES (LIFELINE) TO UNDERSERVED ELD ERS AND DISABLED ADULTS MAH WORKED CLOSELY WITH LOCAL AGING SERVICE ACTION POINTS AND PRO VIDED THE EMERGENCY RESPONSE SYSTEMS BELOW COST TO OVER 2,000 COMMUNITY MEMBERS WHO ARE IN NEED TRANSPORTATION ACCESSTRANSPORTATION IS TOO OFTEN A BARRIER TO MEDICAL CARE MOUNT AU BURN CLINICIANS WORK WITH PATIENTS WHO REQUIRE TRANSPORTATION TO IDENTIFY SOLUTIONS AND WH EN NECESSARY, PROVIDE ASSISTANCE DURING THE PERIOD COVERED BY THIS FILING, MAH PROVIDED M ORE THAN 2,500 RIDES TO THOSE WHERE TRANSPORTATION WAS A BARRIER TO MEDICAL CARE IN ADDIT ION, MOUNT AUBURN STAFF PARTICIPATED IN CAMBRIDGE'S COMMUNITY WIDE TASK FORCE ADDRESSING T RANSPORTATION HEALTH INSURANCE SUPPORTNAVIGATING THE APPLICATIONS FOR HEALTH INSURANCE CA N BE OVERWHELMING AND CUMBERSOME MOUNT AUBURN HOSPITAL PROVIDES FINANCIAL COUNSELORS TO A SSIST COMMUNITY MEMBERS IN APPLYING FOR PUBLIC ASSISTANCE PROGRAMS AT CHARLES RIVER COMMUN ITY HEALTH CENTER FOR THE PERIOD COVERED BY THIS FILING THESE CACS PROVIDED OVER 1,000 EN COUNTERS AT CRCHC ONLY AMOUNTS RELATED TO CHARLES RIVER SUPPORT HAVE BEEN INCLUDED IN THI S FORM 990 SCHEDULE H LINE 7E PROGRAMS TO SUPPORT HEALTH CONCERNS - ADDRESSING BROADER PU BLIC HEALTH ISSUESMEDICAL RESIDENT TRAINING-SOCIAL DETERMINANTS OF HEALTH DURING THE PERIO D COVERED BY THIS FILING, MAH RESIDENT INTERNS WORKED CLOSELY WITH A CAMBRIDGE ORGANIZATIO N CALLED COMMUNITY CONVERSATIONS SISTER TO SISTER THIS ORGANIZATION IS A WOMEN'S HEALTH INITIATIVE, WHICH AIMS TO ADDRESS BARRIERS TO IMPROVE HEALTH OUTCOMES IN THE BLACK COMMUNI TY AND TO EMPOWER COMMUNITY MEMBERS AS THEY NAVIGATE THE MEDICAL SYSTEM IN SEARCH OF THE H IGHEST QUALITY CARE FOR THEMSELVES AND THEIR FAMILIES MAH MEDICAL RESIDENTS COORDINATED S PEAKING EVENTS AND CREATED INFORMATIONAL HANDOUTS TO BE GIVEN TO EVENT ATTENDEES, AND COOR DINATED VARIOUS COMMUNITY CONVERSATIONS EVENTS THE MAH MEDICAL DIRECTOR ALSO SUPPORTED TH IS GROUP AS A FACULTY MEMBER FACULTY MEMBERS SERVE AS MENTORS TO BOTH THE MEDICAL RESIDEN TS AND THE COMMUNITY MEMBERS WHO ATTEND EVENTS WORKFORCE DEVELOPMENT - SOCIAL DETERMINANT S OF HEALTHMOUNT AUBURN HOSPITAL WORKS TO INCREASE THE INTEREST AND CAPACITY OF COMMUNITY MEMBERS TO HAVE CAREERS IN THE HEALTHCARE PRESENTATIONS AT ESOL CLASSES HELP IMMIGRANTS U NDERSTAND ENTRY LEVEL POSITIONS AND GIVE THEM TIPS ON APPLYING TO JOBS THE WATERTOWN STEM PROGRAM IS ONSITE MAH RECOGNIZES THE NEED FOR ADULTS OF ALL INTELLECTUAL ABILITIES TO GA IN WORKFORCE SKILLS AND THUS PARTNERS WITH BEAVERBROOK STEM, INC AND NASHOBA LEARNING GRO UP TO PROVIDE PLACEMENTS FOR THEIR CLIENTS ALTHOUGH MAH CONSIDERS THESE EFFORTS PART OF I TS COMMUNITY BENEFITS MISSION, PURSUANT TO THE INSTRUCTIONS TO THE FORM 990 SCHEDULE H, NO COSTS RELATED TO THESE ACTIVITIES HAVE BEEN REPORTED IN THE FORM 990 SCHEDULE H PART 1 QU ESTION 7 EMERGENCY PREPAREDNESS MAH EMERGENCY ROOM PHYSICIANS WORKED WITH ARLINGTON, BELM ONT, WATERTOWN FIRE AND THE MAIN SERVICES OF CAMBRIDGE FIRE AND PROFESSIONAL EMS TO INCREA SE THEIR CAPACITY TO SERVE COMMUNITY MEMBERS IN NEED OF EMERGENT CARE THEY SERVE AS EMS M EDICAL DIRECTORS FOR MASSACHUSETTS INSTITUTE OF TECHNOLOGY EMS AND HARVARD UNIVERSITY, AND THE TOWNS/CITIES OF ARLINGTON, CAMBRIDGE, BELMONT AND WATERTOWN AS MEDICAL DIRECTORS THE Y GIVE MEDICAL DIRECTION, PLANNING AND SUPPORT TO FIRE DEPARTMENTS AND EMS STAFF THEY ALS O SERVE AS MEDICAL DIRECTOR TO THE MEDICAL DISPATCH (OPERATORS WHO PROVIDE TELEPHONE GUIDA NCE PRIOR TO EMS ARRIVAL) ED STAFF ALSO PROVIDED COMMUNITY CPR TRAINING MAH COMMUNITY PA RTNERS- AMERICAN CANCER SOCIETY- ARLINGTON COUNCIL ON AGING- ARLINGTON DEPARTMENT OF PUBLI C HEALTH - ARLINGTON FIRE DEPARTMENT- BELMONT COUN |

| Form and Line Reference | Explanation |
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| PROGRAMS TO SUPPORT HEALTH CONCERNS - ACCESS TO HEALTH CARE | CIL ON AGING- BELMONT DEPARTMENT OF PUBLIC HEALTH - BELMONT FIRE DEPARTMENT - CAMBRIDGE CO UNCIL ON AGING- CAMBRIDGE DEPARTMENT OF PUBLIC HEALTH- CAMBRIDGE FIRE DEPARTMENT - CAMBRID GE HEALTH ALLIANCE- CAMBRIDGE LEARNING CENTER- CASPAR- CHARLES RIVER COMMUNITY HEALTH CENT ER - COMMUNITY HEALTH NETWORK AREA 17- HEADING HOME- HEALTHY WALTHAM- MINUTEMAN ELDER SERV ICES- ON THE RISE- PROFESSIONAL AMBULANCE- SOMERVILLE CAMBRIDGE ELDER SERVICES- SOMERVILLE CENTER FOR ADULT LEARNING EXPERIENCE- SOMERVILLE COUNCIL ON AGING- SOMERVILLE DEPARTMENT OF PUBLIC HEALTH- SPRINGWELL ELDER SERVICES - WALTHAM COMMUNITY DAY CENTER- WALTHAM COUNCI L ON AGING- WALTHAM DEPARTMENT OF PUBLIC HEALTH- WALTHAM FAMILY SCHOOL- WALTHAM PARTNERSHI P FOR YOUTH- WATERTOWN COUNCIL ON AGING- WATERTOWN DEPARTMENT OF PUBLIC HEALTHCOMMUNITY HE ALTH NEEDS - OTHER INITIATIVESAS DESCRIBED IN DETAIL IN THIS SUPPORTING NARRATIVE TO THE F ORM 990 SCHEDULE H, MAH IS DEEPLY DEDICATED TO ITS COMMUNITY BENEFITS OPERATIONS AND TO IM PROVING THE HEALTH OF THE COMMUNITIES IT SERVES IN ADDITION, WHERE THE HOSPITAL IS UNABLE TO ADDRESS NEEDS BECAUSE OF LIMITED FINANCIAL RESOURCES, THE HOSPITAL EXPLORES A RANGE OF OTHER FUNDING OPPORTUNITIES TO MEET HELP MEET COMMUNITY NEEDS HOWEVER, IN RESPONSE TO TH IS SCHEDULE H, PART V, SECTION B, QUESTION 11, EVEN THOUGH THE TOP HEALTH CONCERNS HAVE AL L BE ADDRESSED IN THE IMPLEMENTATION PLAN THERE WERE SOME SPECIFIC NEEDS IDENTIFIED IN THE CHNA THAT ARE NOT INCLUDED IN THE PLAN THE FOLLOWING IDENTIFIED NEEDS WERE NOT ADDRESSED IN THE PLAN HIGHER RATES OF OBESITY AMONG MINORITY AND LOWER INCOME YOUTH IN CAMBRIDGE, HOARDING AND PERPETUAL CAREGIVING, IMMIGRANT ACCESS TO SERVICES, HOMELESSNESS AFFORDABLE H OUSING, DOMESTIC VIOLENCE, POVERTY/ HUNGER ACCESS TO FOOD, TRANSPORTATION, HIGH INSURANCE CO-PAYMENTS AND DEDUCTIBLES, SEXUAL HEALTH AND GENERAL POPULATION ACCESS TO SERVICES HOWE VER, AS NOTED WITHIN THIS NARRATIVE, THE HOSPITAL CAN AND DOES PROACTIVELY SUPPORT SOME OF THESE ADDITIONAL COMMUNITY HEALTH NEEDS WITHIN THE BROADER MAH PLAN AS NOTED IN DETAIL AB OVE, THE MAH'S PRIMARY TOOL FOR ASSESSING THE HEALTH CARE NEEDS OF THE COMMUNITIES SERVED IS THROUGH THE CHNA AND CHIP (SCHEDULE H PART VI QUESTION 2) FORM 990 SCHEDULE H PART VI SUPPLEMENTAL INFORMATIONTHE PURPOSE OF THIS FORM 990 SCHEDULE H NARRATIVE DISCLOSURE IS TO HELP THE READER UNDERSTAND IN MORE DETAIL HOW MOUNT AUBURN HOSPITAL (MAH OR HOSPITAL) CAR ES FOR ITS COMMUNITY BY PROVIDING FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFIT S AS DEMONSTRATED IN THIS SCHEDULE H, 9 26% OF MAH'S TOTAL EXPENSES AS REPORTED ON FORM 9 90 PART IX, LINE 24, ARE INCURRED IN PROVIDING FINANCIAL ASSISTANCE AND CERTAIN OTHER COMM UNITY BENEFITS AT COST COMMUNITY BENEFITS - ANNUAL COMMUNITY BENEFITS REPORTIN ADDITION T O MAH'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND COMMUNITY HEALTH IMPLEMEN TATION STRATEGY/PLAN (CHIP) WHICH, AS PREVIOUSLY NOTED IN THIS FILING, WERE APPROVED BY TH E BOARD OF TRUSTEES DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2018 (TAX YEAR 2017) WHICH IS THE PERIOD COVERED BY THIS FILING, AS NOTED IN THIS FORM 990 SCHEDULE H, PART I, LINES 6A AND 6B, MAH PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT WHICH IS SUBMITTED TO THE MASSA CHUSETTS ATTORNEY GENERAL THAT FILING IS AVAILABLE FOR PUBLIC INSPECTION AT THE ATTORNEY GENERAL'S OFFICE, ON THE ATTORNEY GENERAL'S WEBSITE AND AT MAH UPON REQUEST THERE ARE SOM E DIFFERENCES BETWEEN THE MASSACHUSETTS ATTORNEY GENERAL DEFINITION OF CHARITY CARE AND CO MMUNITY BENEFITS AND THE INTERNAL REVENUE SERVICE DEFINITION OF FINANCIAL ASSISTANCE AND C OMMUNITY BENEFITS AS SUCH, THERE ARE VARIANCES BETWEEN THIS SCHEDULE H DISCLOSURE AND THE REPORT MAH FILED WITH THE ATTORNEY GENERAL'S OFFICE |

| Form and Line Reference | Explanation |
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| EMERGENCY CARE ACCESS | IN ADDITION, AS NOTED IN THIS FORM 990, SCHEDULE H, PART V, SECTION A, MAH IS A GENERAL ME DICAL AND SURGICAL HOSPITAL AND TEACHING HOSPITAL, PROVIDING 24 HOUR EMERGENCY MEDICAL CAR E TO ALL PATIENTS WITHOUT REGARD TO ABILITY TO PAY FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS - CHARITY CARE AND MEANS TESTED GOVERNMENT PROGRAMSFINANCIAL ASSISTANC EMAH'S NET COST OF CHARITY CARE, INCLUDING CARE FOR EMERGENT SERVICES PROVIDED TO NON-PAYI NG PATIENTS AND INCLUDING PAYMENTS TO THE HEALTH SAFETY NET TRUST, WAS $2,435,627 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2018 AND HAS BEEN REPORTED ON THIS SCHEDULE H, PART I, LIN E 7A AS REPORTED IN SCHEDULE H PART I LINE 3 AND AGAIN IN SCHEDULE H PART V SECTION B LIN E 13, ELIGIBILITY FOR FREE CARE TO LOW INCOME INDIVIDUALS IS DETERMINED USING FEDERAL POVE RTY GUIDELINES OF 138% FOR FULL FREE CARE AND 139%-299% FOR PARTIAL FREE CARE ELIGIBILITY FOR DISCOUNTED CARE IS DETERMINED BY REVIEWING THE INDIVIDUAL'S EMPLOYMENT STATUS, FAMILY SIZE AND MONTHLY EXPENSES, INCLUDING MEDICAL HARDSHIP REVIEW SEE ADDITIONAL INFORMATION IN THIS SCHEDULE H NARRATIVE OTHER UNCOMPENSATED CHARITY CARE - MEDICAID AND MEDICAREIN ADDI TION TO THE CHARITY CARE REPORTED ABOVE, MAH ALSO PROVIDES CARE TO PATIENTS WHO PARTICIPAT E IN OTHER PROGRAMS DESIGNED TO SUPPORT LOW INCOME FAMILIES, INCLUDING PARTICULARLY THE ME DICAID PROGRAM, WHICH IS JOINTLY FUNDED BY FEDERAL AND STATE GOVERNMENTS THE MASSACHUSETT S HEALTH REFORM LAW PROVIDED AN INITIATIVE FOR EXPANSION OF MEDICAID COVERAGE TO GREATER P OPULATIONS AND FOR ENROLLMENT OF UNINSURED PATIENTS IN OTHER INSURANCE PROGRAMS PAYMENTS FROM MEDICAID AND OTHER PROGRAMS WHICH INSURE LOW INCOME POPULATIONS DO NOT COVER THE COST OF SERVICES PROVIDED DURING THE FISCAL PERIOD COVERED BY THIS FILING, MAH GENERATED $22, 659,332 RELATED TO TREATING MEDICAID PATIENTS WHICH WAS LESS THAN THE COST OF CARE PROVIDE D BY MAH FOR SUCH SERVICES BY $6,467,531 AS REPORTED ON THIS SCHEDULE H, PART I LINE 7B M EDICARE IS THE FEDERALLY SPONSORED HEALTH INSURANCE PROGRAM FOR ELDERLY OR DISABLED PATIEN TS, AND MAH PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN THE MEDICARE PROGRAM DURING THE FISCAL PERIOD COVERED BY THIS FILING, MAH GENERATED $125,318,931 RELATED TO TREATING MEDIC ARE PATIENTS THE COSTS OF PROVIDING CARE TO MEDICARE PATIENTS EXCEEDED REVENUE BY $5,773, 287 OF THESE AMOUNTS, REVENUE OF $5,527,039 IS RELATED TO THE PROVISION OF PSYCHIATRIC CA RE AND IS INCLUDED ON THIS SCHEDULE H, PART I, LINE 7G, AS PART OF SUBSIDIZED HEALTH SERVI CES BECAUSE THE COST OF THOSE SERVICES EXCEEDED REVENUES BY $3,449,542 IN RESPONSE TO THE FORM 990, SCHEDULE H, PART III, LINE 8, ALTHOUGH MAH CONSIDERS THE PROVISION OF CLINICAL CARE TO ALL MEDICARE PATIENTS AS PART OF ITS COMMUNITY BENEFIT, THE REMAINING CARE TO MEDI CARE PATIENTS IS NOT QUANTIFIED ON PAGE 1 OF THE SCHEDULE H INSTEAD, PER THE IRS INSTRUCT IONS TO SCHEDULE H, MAH HAS SEPARATELY REPORTED THIS AMOUNT IN SCHEDULE H, PART III, LINE 7, AS REQUIRED HOWEVER, IF THE MEDICARE SHORTFALL WERE INCLUDED IN THE SCHEDULE H PART I LINE 7 CALCULATION, IT WOULD INCREASE TO 9 97%BAD DEBTSIN ADDITION TO CHARITY CARE AND SHO RTFALLS IN PROVIDING SERVICES TO PATIENTS INSURED UNDER STATE AND FEDERAL PROGRAMS, MAH AL SO INCURS LOSSES RELATED TO SELF-PAY PATIENTS WHO FAIL TO MAKE PAYMENTS FOR SERVICES OR IN SURED PATIENTS WHO FAIL TO PAY COINSURANCE OR DEDUCTIBLES FOR WHICH THEY ARE RESPONSIBLE U NDER INSURANCE CONTRACTS BAD DEBT EXPENSE IS INCLUDED IN UNCOMPENSATED CARE EXPENSE IN TH E CONSOLIDATED FINANCIAL STATEMENTS, AND INCLUDES THE PROVISION FOR ACCOUNTS ANTICIPATED T O BE UNCOLLECTIBLE CHARGES FOR THOSE SERVICES DURING THE FISCAL PERIOD COVERED BY THIS FI LING OF $ 6,871,233 AND ARE REPORTED AS BAD DEBT ON FORM 990, SCHEDULE H, PART III, LINE 2 AS REQUIRED BY THE INSTRUCTIONS TO THIS FORM 990 SCHEDULE H, LOSSES RELATED TO BAD DEBTS HAVE NOT BEEN INCLUDED IN THE CALCULATION OF FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMU NITY BENEFITS IN SCHEDULE H PART I LINE 7 RATHER IT HAS BEEN SEPARATELY REPORTED IN SCHED ULE H PART III AS REQUIRED THE PERCENTAGES CALCULATED IN PART I, LINE 7, COLUMN F WERE BA SED ON EACH ITEM OF FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT AS A PERCENTAGE OF TOTAL EX PENSES REPORTED IN PART IX OF THIS FORM 990 AS REQUIRED BY THIS FORM 990, SCHEDULE H, PAR T III, LINE 4, BELOW ARE THE BAD DEBT AND ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTES FROM T HE MOUNT AUBURN HOSPITAL AND AFFILIATE AUDITED FINANCIAL STATEMENTS AS PREVIOUSLY NOTED I N THIS FORM 990, THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE HOSPITAL AND ITS AFF ILIATES FOR FISCAL YEAR ENDED SEPTEMBER 30, 2018 INCLUDE THE ACCOUNTS OF MOUNT AUBURN HOSP ITAL, MOUNT AUBURN PROFESSIONAL SERVICES (MAPS) AND CAREGROUP PARMENTER HOME CARE & HOSPIC E THIS FORM 990 REPORTS THE ACTIVITIES OF MAH ONLY AND AS SUCH, THE METRICS INCLUDED IN T HESE FOOTNOTES WILL NOT TIE TO THE FACE OF THE MAH FORM 990, SCHEDULE H FINANCIAL STATEMEN T FOOTNOTES UNCOMPENSATED CARE AND PROVISION FOR B |

| Form and Line Reference | Explanation |
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| EMERGENCY CARE ACCESS | AD DEBTSTHE HOSPITAL PROVIDES CARE WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES, TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY ESSENTIALLY, T HE POLICY DEFINES CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED BECAUSE THE HOSPITAL DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARIT Y CARE, THEY ARE NOT REPORTED AS REVENUE EXCEPT TO THE EXTENT REIMBURSED BY THE STATEWIDE HEALTH SAFETY NET (HSN) THE HOSPITAL GRANTS CREDIT WITHOUT COLLATERAL TO PATIENTS, MOST OF WHOM ARE LOCAL RESIDENTS AND ARE INSURED UNDER THIRD-PARTY AGREEMENTS ADDITIONS TO THE A LLOWANCE FOR DOUBTFUL ACCOUNTS ARE MADE BY MEANS OF THE PROVISION FOR BAD DEBTS ACCOUNTS WRITTEN OFF AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE AND SUBSEQUENT RECOVERIES ARE ADDED THE AMOUNT OF THE PROVISION FOR BAD DEBT IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN FEDER AL AND STATE GOVERNMENTAL HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS PATIENT ACC OUNTS RECEIVABLE AND RELATED ALLOWANCE FOR DOUBTFUL ACCOUNTSPATIENT ACCOUNTS RECEIVABLE AR E REFLECTED NET OF AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS PAST COLLECTION HISTORY, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN GOVERNMENTAL AND EMPLOYEE HEALTH CARE COVERAGE AND OTHE R COLLECTION INDICATORS FOR EACH OF ITS MAJOR CATEGORIES OF REVENUE BY PAYOR TO ESTIMATE T HE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT TH ESE MAJOR CATEGORIES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFU L ACCOUNTS THROUGHOUT THE YEAR, THE HOSPITAL, AFTER ALL REASONABLE COLLECTION EFFORTS HAV E BEEN EXHAUSTED, WILL WRITE OFF THE DIFFERENCE BETWEEN THE STANDARD RATES (OR DISCOUNTED RATES IF APPLICABLE) AND THE AMOUNTS ACTUALLY COLLECTED AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN ADDITION TO THE REVIEW OF THE CATEGORIES OF REVENUE, MANAGEMENT MONITORS THE WRITE OFFS AGAINST ESTABLISHED ALLOWANCES TO DETERMINE THE APPROPRIATENESS OF THE UNDERLY ING ASSUMPTIONS USED IN ESTIMATING THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THE HOSPITAL'S METH ODOLOGY FOR VALUING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE REMAINED SUBSTANTIALLY CONSI STENT IN 2018 AND 2017 THE HOSPITAL'S ALLOWANCE FOR DOUBTFUL ACCOUNTS REPRESENTED APPROXI MATELY 18% AND 17% OF PATIENT ACCOUNTS RECEIVABLE NET OF CONTRACTUAL ALLOWANCES IN 2018 AN D 2017, RESPECTIVELY EMERGENCY CARE ACCESSMOUNT AUBURN HOSPITAL EMERGENCY DEPARTMENT (ED) IS A FULL SERVICE ED STAFFED BY PROFESSIONAL NURSES AND PHYSICIANS SPECIALIZING IN EMERGEN CY MEDICINE THE ED'S MISSION IS TO PROVIDE EXPERT EMERGENCY MEDICAL CARE WHILE MAINTAININ G COMPASSIONATE CONCERN FOR ALL PATIENTS AND THEIR FAMILIES THE MOUNT AUBURN HOSPITAL EME RGENCY DEPARTMENT STAFF PHYSICIANS ARE EMERGENCY MEDICINE BOARD CERTIFIED AND ARE ON THE H ARVARD SCHOOL FACULTY THE MAH DEPARTMENT OF EMERGENCY MEDICINE, PROVIDES MEDICALLY NECESS ARY 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 DAY S A YEAR (SCHEDULE H, PART V, SECTION A AND SECTION B QUESTION 21) |

| Form and Line Reference | Explanation |
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| FINANCIAL ASSISTANCE POLICY - INTERNAL REVENUE CODE SECTION 501(R)(4) | FINANCIAL ASSISTANCE POLICY PURPOSE MOUNT AUBURN HOSPITAL (MAH OR HOSPITAL) IS DEDICATED T O 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 MEDICALL Y NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION THIS FINANCIAL ASSISTANCE POLICY IS INTENDED TO BE IN COMPLIANCE WITH APPLICABLE FEDERAL AND STATE LAWS PATIENTS EL IGIBLE FOR MAH FINANCIAL ASSISTANCE WILL ALSO RECEIVE DISCOUNTED CARE FROM PARTICIPATING M AH PROVIDERS THE HOSPITAL DOES NOT DISCRIMINATE BASED ON THE PATIENT'S AGE, GENDER, RACE, CREED, RELIGION, DISABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, NATIONAL ORIGIN OR IMMIG RATION STATUS WHEN DETERMINING ELIGIBILITY FINANCIAL ASSISTANCE POLICY, CREDIT AND COLLECT ION POLICY AND EMERGENCY CARE POLICYAS REQUIRED BY IRC SECTION 501(R)(4) AND THE REGULATIO NS PROMULGATED THEREUNDER, THE HOSPITAL MAINTAINS A WRITTEN FINANCIAL ASSISTANCE POLICY (F AP) WHICH APPLIES TO ALL EMERGENCY AND OTHER MEDICALLY NECESSARY CARE PROVIDED BY THE HOSP ITAL FACILITY (SCHEDULE H PART I QUESTIONS 1A AND 1B) DETAIL RELATED TO EMERGENCY AND OT HER MEDICALLY NECESSARY CARE COVERED BY THE POLICY IS INCLUDED WITHIN THE POLICY AND THE D EFINITION OF EMERGENCY CARE MEETS THE DEFINITION OF THE EMERGENCY MEDICAL TREATMENT AND LA BOR ACT (EMTALA), SECTION 1867 OF THE SOCIAL SECURITY ACT (42 USC 1395DD) (SCHEDULE H PAR T V SECTION B QUESTION 21) THE FAP INCLUDES A LIST OF PROVIDERS OTHER THAN THE HOSPITAL I TSELF, WHICH ARE COVERED BY THE FAP AND SPECIFIES ELIGIBILITY CRITERIA FOR BOTH FREE AND D ISCOUNTED CARE THE FAP ALSO INCLUDES THE BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENT S THE PROVIDER LIST IS UPDATED NOT LESS THAN QUARTERLY 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 SECTIO N 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 TH ESE DOCUMENTS WERE ALL EFFECTIVE AS OF OCTOBER 1, 2017, THE FIRST DAY OF THE HOSPITAL'S FI SCAL YEAR IN WHICH THE HOSPITAL WAS REQUIRED TO BE IN COMPLIANCE WITH THE REGULATIONS PROM ULGATED BY THE TREASURY AND RELATED TO IRC SECTION 501(R) FINANCIAL ASSISTANCE POLICY - A PPLYING 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 A PPLICATION INCLUDES A LIST OF INFORMATION/DOCUMENTATION REQUIRED AS PART OF A PATIENT'S AP PLICATION FOR FINANCIAL ASSISTANCE (SCHEDULE H PART V SECTION B QUESTION 15)FINANCIAL ASS ISTANCE POLICY - ELIGIBILITY GUIDELINES THE HOSPITAL'S FAP USES THE FEDERAL POVERTY GUIDEL INES 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 HARDSHIP AND ASSET LEVEL (SCHEDULE H PART I QUESTION S 3C AND 4, PART V SECTION B QUESTION 13 AND PART VI QUESTION 3) FINALLY, THE HOSPITAL UN DERSTANDS 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/GUAR ANTOR'S QUALIFICATION FOR FINANCIAL ASSISTANCE IS ESTABLISHED WITHOUT COMPLETING THE APPLI CATION FORM OTHER INFORMATION MAY BE USED BY THE HOSPITAL TO DETERMINE WHETHER A PATIENT/ GUARANTOR'S ACCOUNT IS UNCOLLECTIBLE AND THIS INFORMATION WILL BE USED TO DETERMINE PRESUM PTIVE ELIGIBILITY AS OUTLINED IN THE HOSPITAL'S FAP (SCHEDULE H PART I QUESTIONS 3C) FINA NCIAL ASSISTANCE - PUBLIC ASSISTANCE PROGRAMS (SCHEDULE H PART I QUESTION 3C)IN ADDITION T O 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 APPLYIN G FOR PUBLIC ASSISTANCE AND/OR HOSPITAL FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER SOME OR ALL OF THEIR UNPAID HOSPITAL BILLS IN ORDER TO HELP UNINSURED AND UNDERINSURED INDIVID UALS FIND AVAILABLE AND APPROPRIATE OPTIONS, THE HOSPITAL WILL PROVIDE ALL INDIVIDUALS WIT H A GENERAL NOTICE OF THE AVAILABILITY OF PUBLIC ASSISTANCE AND FINANCIAL ASSISTANCE PROGR AMS DURING THE PATIENT'S INITIAL IN-PERSON REGISTRATION AT A HOSPITAL LOCATION FOR A SERVI CE, IN ALL BILLING INVOICES THAT ARE SENT TO A PATIENT OR GUARANTOR, AND WHEN THE PROVIDER IS NOTIFIED OR THROUGH ITS OWN DUE DILIGENCE BECOMES AWARE OF A CHANGE IN THE PATIENT'S E LIGIBILITY STATUS FOR PUBLIC OR PRIVATE INSURANCE COVERAGE HOSPITAL PATIENTS MAY BE ELIGIB LE FOR FREE OR REDUCED COST OF HEALTH CARE SERVICES THROUGH VARIOUS STATE PUBLIC ASSISTANC E PROGRAMS AS WELL AS THE HOSPITAL FINANCIAL ASSIS |

| Form and Line Reference | Explanation |
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| FINANCIAL ASSISTANCE POLICY - INTERNAL REVENUE CODE SECTION 501(R)(4) | TANCE PROGRAMS (INCLUDING BUT NOT LIMITED TO MASSHEALTH, THE PREMIUM ASSISTANCE PAYMENT PR OGRAM OPERATED BY THE HEALTH CONNECTOR, THE CHILDREN'S MEDICAL SECURITY PROGRAM, THE HEALT H SAFETY NET, AND MEDICAL HARDSHIP) SUCH PROGRAMS ARE INTENDED TO ASSIST LOW-INCOME PATIE NTS TAKING INTO ACCOUNT EACH INDIVIDUAL'S ABILITY TO CONTRIBUTE TO THE COST OF HIS OR HER CARE FOR THOSE INDIVIDUALS THAT ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WILL, WHEN RE QUESTED, HELP THEM WITH APPLYING FOR EITHER COVERAGE THROUGH PUBLIC ASSISTANCE PROGRAMS OR HOSPITAL FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER ALL OR SOME OF THEIR UNPAID HOSPITA L BILLS THE HOSPITAL IS AVAILABLE TO ASSIST PATIENTS IN ENROLLING INTO STATE HEALTH COVERA GE PROGRAMS THESE INCLUDE MASSHEALTH, THE PREMIUM ASSISTANCE PAYMENT PROGRAM OPERATED BY THE STATE'S HEALTH CONNECTOR, AND THE CHILDREN'S MEDICAL SECURITY PLAN FOR THESE PROGRAMS , APPLICANTS CAN SUBMIT AN APPLICATION THROUGH AN ONLINE WEBSITE (WHICH IS CENTRALLY LOCAT ED ON THE STATE'S HEALTH CONNECTOR WEBSITE), A PAPER APPLICATION, OR OVER THE PHONE WITH A CUSTOMER SERVICE REPRESENTATIVE LOCATED AT EITHER MASSHEALTH OR THE CONNECTOR INDIVIDUAL S MAY ALSO ASK FOR ASSISTANCE FROM HOSPITAL FINANCIAL COUNSELORS (ALSO CALLED CERTIFIED AP PLICATION COUNSELORS) WITH SUBMITTING THE APPLICATION EITHER ON THE WEBSITE OR THROUGH A P APER 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 MAY COMMUNIC ATE IN A LANGUAGE OTHER THAN ENGLISH THE HOSPITAL HAS TRANSLATED THESE DOCUMENTS INTO THE LANGUAGES OF LIMITED ENGLISH PROFICIENCY (LEP) OF ITS PATIENTS, 5% OF THE POPULATION OR 1 000 PERSONS, WHICHEVER IS LESS, IN ACCORDANCE WITH THE REGULATIONS PROMULGATED UNDER IRC S ECTION 501(R) BASED ON THE HOSPITAL'S REVIEW OF THIS SAFE HARBOR, THE HOSPITAL HAS TRANSL ATED THESE DOCUMENTS INTO THE FOLLOWING LANGUAGES SPANISH (SCHEDULE H PART V SECTION B Q UESTION 16I)FINANCIAL ASSISTANCE POLICY - WIDELY PUBLICIZING AND AVAILABILITYCOPIES OF THE FAP, CREDIT AND COLLECTION POLICY, FAP SUMMARY AND APPLICATION FOR FINANCIAL ASSISTANCE A RE ALL AVAILABLE IN BOTH ENGLISH AND ALL LEP LANGUAGES AT THE HOSPITAL, BY MAIL FREE OF CH ARGE AND/OR ON THE HOSPITAL'S WEBSITE AT LINKS PROVIDED BELOW IN THIS NARRATIVE (SCHEDULE H PART V SECTION B QUESTIONS 16A, 16B, 16C, 16D, 16E, 16H) IN ADDITION, THE FAP, CREDIT A ND COLLECTION POLICY, FAP SUMMARY AND APPLICATION FOR FINANCIAL ASSISTANCE ARE ALL AVAILAB LE IN THE HOSPITAL'S EMERGENCY DEPARTMENT AND FINANCIAL COUNSELING OFFICE (SCHEDULE H PAR T V SECTION B QUESTION 16F AND SCHEDULE H PART VI QUESTION 3) THE HOSPITAL MAINTAINS SIGNA GE AND CONSPICUOUS PUBLIC DISPLAYS ABOUT FINANCIAL ASSISTANCE AND THE FAP DESIGNED TO ATTR ACT THE ATTENTION OF PATIENTS AND VISITORS, INCLUDING BOTH THE EMERGENCY DEPARTMENT AND AD MISSIONS SUCH SIGNAGE IS POSTED BOTH IN ENGLISH AND THE LEP LANGUAGES NOTED ABOVE IN ADD ITION, FINANCIAL COUNSELING PERSONNEL ROUTINELY VISIT LOCATIONS DESIGNATED FOR SIGNAGE TO ENSURE THAT SUCH SIGNAGE REMAINS VISIBLE TO PATIENTS AND VISITORS AS ATTENDED THE HOSPITA L PROVIDES INFORMATION ABOUT THE FAP TO PATIENTS BEFORE DISCHARGE AND CONSPICUOUSLY WITHIN BILLING STATEMENTS INFORMATION PROVIDED TO PATIENTS IN THESE COMMUNICATIONS INCLUDE CONT ACT INFORMATION FOR THOSE THAT CAN HELP PROVIDE ADDITIONAL INFORMATION ABOUT THE FAP, INFO RMATION ON THE APPLICATION PROCESS AND THE WEBSITE WHERE THE FAP CAN BE OBTAINED ADDITION ALLY, A PLAIN LANGUAGE SUMMARY OF THE FAP IS PROVIDED TO PATIENTS AS PART OF THE INTAKE PR OCESS (SCHEDULE H PART V SECTION B QUESTION 16G) |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| FINANCIAL ASSISTANCE POLICY - PLAIN LANGUAGE SUMMARY | AS 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 PATIENTS AND VISITORS THAT THE HOSPITAL HAS A WRITTEN FAP AND PROVIDES FINANCIAL ASSISTANCE THIS 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 AND PHONE NUMBER OF THE FINANCIAL COUNSELING OFFICE THE PLAIN LANGUAGE SUMMARY ALSO INCLUDES THE LIST OF LANGUAGES INTO WHICH THE FAP AND SUMMARY HAVE BEEN TRANSLATED AS WELL AS HOW TO ACCESS INFORMATION ON PROVIDERS NOT COVERED BY THE FAP AND TO WHICH OTHER RELATED HOSPITALS APPROVAL UNDER THE FAP WILL APPLY LINKS TO FINANCIAL ASSISTANCE POLICY AND RELATED DOCUMENTSFINANCIAL ASSISTANCE POLICY (FAP) (ENGLISH AND SPANISH) - HTTPS //WWW MOUNTAUBURNHOSPITAL ORG/APP/FILES/PUBLIC/1035/FAP-MAH-POLICY PDF-HTTPS //WWW MOUNTAUBURNHOSPITAL ORG/APP/FILES/PUBLIC/1037/SPANISH-FAP PDF-THE AMOUNTS GENERALLY BILLED (AGB) CALCULATION IS ON PAGE 10CREDIT AND COLLECTION POLICY -HTTPS //WWW MOUNTAUBURNHOSPITAL ORG/APP/FILES/PUBLIC/993/09-08-16-MHA-CC-POLICY PDFFAP APPLICATION -HTTPS //WWW MOUNTAUBURNHOSPITAL ORG/APP/FILES/PUBLIC/996/MAF-AFAP-VERSION-1-09052016 PDFPLAIN LANGUAGE SUMMARY -HTTPS //WWW MOUNTAUBURNHOSPITAL ORG/APP/FILES/PUBLIC/1204/1160-ENGLISH-8-10-17 PDFPROVIDER LIST -HTTPS //WWW MOUNTAUBURNHOSPITAL ORG/APP/FILES/PUBLIC/1601/FAP-PROVIDER-LIST-4-2019 PDFADDITIONAL INFORMATION ON PATIENT FINANCIAL ASSISTANCE AND BILLING CAN BE FOUND ON THE MAH WEBSITE AT -HTTPS //WWW MOUNTAUBURNHOSPITAL ORG/PATIENTS-VISITORS/BILLING-INSURANCE/BILLING-POLICIES/-HTTPS //WWW MOUNTAUBURNHOSPITAL ORG/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/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 |

| Form and Line Reference | Explanation |
| --- | --- |
| BILLING AND COLLECTIONS -- 501(R)(6) | EXTRAORDINARY COLLECTION ACTIVITIESTHE HOSPITAL DOES NOT ENGAGE IN ANY EXTRAORDINARY COLLE CTION ACTIVITIES (ECAS) FOR FINANCIAL ASSISTANCE ELIGIBLE PATIENTS SPECIFICALLY, THE HOSP ITAL DOES NOT REPORT TO CREDIT AGENCIES, ENGAGE IN LEGAL OR JUDICIAL PROCESSES OR SELL A P ATIENT'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 ASSIST ANCE AT ANY TIME UP TO TWO HUNDRED FORTY (240) DAYS AFTER THE FIRST POST-DISCHARGE BILLING STATEMENT IS AVAILABLE CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS - HEALTH PROFES SIONS EDUCATIONMOUNT AUBURN HOSPITAL'S CENTRAL LONGSTANDING ACADEMIC FOCUS IS MEDICAL EDUC ATION, AND A COMMITMENT TO TEACHING STUDENTS AND TRAINEES IN A RESPECTFUL AND COLLABORATIV E ACADEMIC ENVIRONMENT THIS COMMITMENT, COUPLED WITH THE INSTITUTION'S WILLINGNESS TO EMB RACE TECHNOLOGICAL AND CLINICAL PRACTICE INNOVATION, MAKE MAH A TOP CHOICE AMONG STUDENTS AND TRAINEES IN THE HEALTH CARE PROFESSIONS THE HOSPITAL TRAINS MEDICAL STUDENTS, INTERNS , RESIDENTS AND FELLOWS, ALONG WITH OTHER ALLIED HEALTH PROFESSIONALS FROM ACROSS THE AREA MAH HAS SEVERAL RESIDENCY AND FELLOWSHIP PROGRAMS, WITH APPROXIMATELY 56 INTERNAL MEDICIN E INTERNS AND RESIDENTS, 13 RADIOLOGY RESIDENTS, SIX PODIATRY RESIDENTS, AND THREE UROGYNE COLOGY FELLOWS DURING MAH'S ACADEMIC YEAR JULY 1, 2018 - JUNE 30, 2019 WHICH OVERLAPS WITH A PORTION OF MAH'S FISCAL YEAR ACTIVITIES REPORTED IN THIS FILING THE HOSPITAL ALSO HOST S ROTATING RESIDENTS AND FELLOWS IN SURGERY, EMERGENCY MEDICINE, GERIATRICS, GENETICS, OBS TETRICS AND GYNECOLOGY, NEONATOLOGY, AND ANESTHESIA, AND SUPPORTS THE EDUCATION OF MEDICAL STUDENTS FROM HARVARD MEDICAL SCHOOL, TUFTS MEDICAL SCHOOL, AND THE BOSTON UNIVERSITY SCH OOL OF MEDICINE FINALLY, THE HOSPITAL SERVES AS A TRAINING SITE FOR PHARMACY STUDENTS FRO M THE MASSACHUSETTS COLLEGE OF PHARMACY, PHYSICIAN'S ASSISTANT STUDENTS FROM NORTHEASTERN UNIVERSITY, CLINICAL NURSE ANESTHETISTS FROM BOSTON COLLEGE, AND CLINICAL NURSE MIDWIVES F ROM MULTIPLE PROGRAMS ACROSS THE NORTHEAST STAFF PHYSICIANS AT MAH WHO HOLD FACULTY APPOI NTMENTS AT HARVARD MEDICAL SCHOOL INSTRUCT THE DOCTORS OF TOMORROW THROUGH SUPERVISION OF DAILY PATIENT CARE AND A RANGE OF INTERACTIVE LEARNING EXPERIENCES AS PART OF THE HOSPITA L'S COMMITMENT TO MEDICAL STUDENT EDUCATION AND LONGSTANDING AFFILIATION WITH HARVARD MEDI CAL 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 PRE-CL INICAL HARVARD MEDICAL SCHOOL STUDENTS, AS WELL AS IMMERSIVE TRAINING IN CLINICAL MEDICINE FOR BIOMEDICAL DOCTORAL STUDENTS FROM THE JOINT HARVARD MEDICAL SCHOOL / MASSACHUSETTS IN STITUTE OF TECHNOLOGY'S HEALTH SCIENCES AND TECHNOLOGY PROGRAM IN ADDITION, THE HOSPITAL HOSTS THIRD-YEAR MEDICAL STUDENTS FROM THE BOSTON UNIVERSITY SCHOOL OF MEDICINE ON THE OBS TETRICS, PSYCHIATRY AND NEUROLOGY SERVICES AS WELL AS MEDICAL STUDENTS FROM HARVARD AND OT HER 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 RESIDE NCIES, OFFERS A THREE-YEAR CATEGORICAL MEDICINE TRACK AND A ONE-YEAR PRELIMINARY MEDICINE TRACK THE THREE-YEAR CATEGORICAL TRACK PREPARES RESIDENTS FOR CERTIFICATION BY THE AMERIC AN BOARD OF INTERNAL MEDICINE AND CAREERS THAT COVER THE FULL SPECTRUM OF OPPORTUNITIES IN BOTH GENERAL INTERNAL MEDICINE AND THE MEDICAL SUB-SPECIALTIES RESIDENTS ARE ABLE TO TAI LOR THEIR 36 MONTHS OF TRAINING TO OBTAIN THE KNOWLEDGE, SKILLS, AND INSIGHT REQUIRED TO P URSUE SUBSEQUENT CAREERS IN PRIMARY CARE OR HOSPITALIST MEDICINE, IN ADDITION, THEY ARE PR EPARED TO CONTINUE THEIR TRAINING IN COMPETITIVE SUB-SPECIALTY FELLOWSHIP TRAINING PROGRAM S ACROSS THE COUNTRY MAH SUPPORTS TRAINEES IN THEIR INTENDED CAREER GOALS THROUGH THE USE OF DEFINED PATHWAYS THESE PATHWAYS, IN PRIMARY CARE, HOSPITALIST MEDICINE, OR SUB-SPECIA LTY MEDICINE, OUTLINE THE MILESTONES THAT THE TRAINEE SHOULD MEET THROUGHOUT THE COURSE OF TRAINING THE PRELIMINARY MEDICINE INTERNSHIP TRACK OFFERS ONE YEAR OF TRAINING IN MEDICI NE FOR PHYSICIANS WHO WILL CONTINUE THEIR TRAINING IN SPECIALTIES OTHER THAN INTERNAL MEDI CINE, SUCH AS RADIOLOGY, OPHTHALMOLOGY, ANESTHESIOLOGY, RADIATION ONCOLOGY, NEUROLOGY, DER MATOLOGY, PHYSICAL MEDICINE & REHABILITATION, AND OTHERS THIS PROGRAM IS HIGHLY SOUGHT AF TER 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 HOSPITAL FOR THREE YEAR S IN THE CATEGORICAL INTERNAL MEDICINE TRACK, THE ONLY DIFFERENCE BEING THE QUANTITY OF AM BULATORY MEDICINE EXPERIENCE, AS PRELIMINARY INTER |

| Form and Line Reference | Explanation |
| --- | --- |
| BILLING AND COLLECTIONS -- 501(R)(6) | NS ARE NOT ASSIGNED A CONTINUITY CLINIC DURING THEIR YEAR THE MAH RADIOLOGY RESIDENCY PROG RAM HAS A LONG AND PROUD HISTORY AS AN ELITE PROGRAM AND EXCEPTIONAL PLACE TO TRAIN RESID ENTS ARE TYPICALLY ASSIGNED IN ONE-MONTH BLOCKS TO ONE OF THE DIFFERENT MODALITIES EARLY IN TRAINING, RESIDENTS ARE EXPECTED TO READ EXTENSIVELY, MASTER ANATOMY, PARTICIPATE IN TH E PROTOCOLLING AND INTERPRETATION OF PATIENT EXAMINATIONS, AND TO PARTICIPATE IN DISCUSSIO NS CONCERNING DIAGNOSTIC PROBLEMS RESIDENTS ADVANCE TO INCREASED LEVELS OF RESPONSIBILITY , AND SOUND JUDGMENT AS A RADIOLOGIST IS ESTABLISHED DURING OVERNIGHT CALL THREE RESIDENT S ARE CHOSEN EACH YEAR FOR A FOUR-YEAR PROGRAM, AND ARE APPOINTED AS CLINICAL FELLOWS AT H ARVARD MEDICAL SCHOOL THE HIGH RATIO OF STAFF RADIOLOGISTS TO RESIDENTS RESULTS IN CLOSE CONTACT BETWEEN THE STAFF AND RESIDENTS THROUGHOUT THE TRAINING PROGRAM AFTER THE RESIDEN T HAS OBTAINED THE NECESSARY FIRM FOUNDATIONS IN THE FUNDAMENTALS OF RADIOLOGY, HE OR SHE IS ENCOURAGED TO TAKE INCREASING RESPONSIBILITY IN BOTH ROUTINE AND SPECIALIZED EXAMINATIO NS AND PROCEDURES THE MAJORITY OF OUR RESIDENTS PURSUE SUBSPECIALTY FELLOWSHIP TRAINING, HOWEVER, THE GOAL OF THE RADIOLOGY RESIDENCY PROGRAM IS TO TRAIN RESIDENTS TO BE FULLY QUA LIFIED IN DIAGNOSTIC RADIOLOGY AND SPECIAL PROCEDURES BY THE TIME THEY HAVE COMPLETED THE FOUR-YEAR PROGRAM GRADUATES HAVE PURSUED CAREERS IN ACADEMIA AND PRIVATE PRACTICE IN ADDI TION TO THE INTERNAL MEDICINE AND RADIOLOGY TRAINING PROGRAMS, MOUNT AUBURN HOSPITAL HAS A NATIONALLY RECOGNIZED TRAINING PROGRAM IN PODIATRY, AND IS A SITE FOR OTHER POST-GRADUATE MEDICAL EDUCATION DISCIPLINES IT IS A CORE SITE FOR THE BETH ISRAEL DEACONESS MEDICAL CE NTER SURGICAL TRAINING PROGRAM, AND TWO HARVARD-AFFILIATED EMERGENCY MEDICINE PROGRAMS MA H ALSO WELCOMES ROTATING GERIATRIC FELLOWS FROM THE BETH ISRAEL DEACONESS / HARVARD MEDICA L SCHOOL DIVISION ON AGING PROGRAM, AND PEDIATRIC AND NEONATOLOGY RESIDENTS FROM MASSACHUS ETTS GENERAL HOSPITAL / CAMBRIDGE HOSPITAL PROGRAM DURING THE FISCAL YEAR COVERED BY THIS FILING, MAH HAD NET EXPENDITURES OF $8,109,350 REPORTED ON THIS SCHEDULE H RELATED TO MAH 'S RESIDENCY PROGRAM AND $381,135 RELATED TO TEACHING OTHER STUDENTS RELATED TO ALLIED HEA LTH PROFESSIONS MOUNT AUBURN HOSPITAL - ADDITIONAL INFORMATION REGARDING PROMOTING THE HE ALTH OF THE COMMUNITY (SCHEDULE H, PART VI, QUESTIONS 5 AND 6)FOR THE PERIOD COVERED BY TH IS FILING, MOUNT AUBURN HOSPITAL WAS GOVERNED BY A MAXIMUM OF 28 MEMBERS OF THE BOARD OF T RUSTEES, MANY OF WHOM LIVED AND/OR WORKED IN THE COMMUNITY AND SERVE TO SUPPORT THE MISSIO N AND VALUES OF THE HOSPITAL MAH EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSIC IANS IN OUR COMMUNITY AND ENDEAVORS TO PROVIDE THEM WITH THE SAFEST AND MOST TECHNOLOGICAL LY 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, INCLUD ING INPATIENT UNITS AND OTHER CLINICAL AREAS MAH STRIVES TO FULLY SERVE THE COMMUNITY THR OUGH PARTICIPATION IN GOVERNMENT SPONSORED HEALTHCARE PROGRAMS SUCH AS MEDICARE, MEDICAID, CHAMPUS AND TRICARE AS PREVIOUSLY NOTED MAH ALSO SERVES AS A TEACHING HOSPITAL AFFILIATE D WITH THE HARVARD MEDICAL SCHOOL AND MAINTAINS TWO RESIDENCY PROGRAMS SPECIALIZING IN PRI MARY CARE AND RADIOLOGY |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| MOUNT AUBURN HOSPITAL - AFFILIATED HEALTH CARE SYSTEM | AS NOTED IN VARIOUS NARRATIVE DISCLOSURES WHICH SUPPORT THIS FORM 990 AND RELATED SCHEDULES, FOR THE PERIOD COVERED BY THIS FILING CAREGROUP, INC (CAREGROUP) WAS 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 WAS TO OVERSEE THE FINANCIAL WELL-BEING OF THE AFFILIATED ENTITIES WHICH MAKE UP THE CAREGROUP SYSTEM CAREGROUP SERVED AS THE SOLE MEMBER AND A SUPPORT ORGANIZATION OF MOUNT AUBURN HOSPITAL (MAH) AND NEW ENGLAND BAPTIST HOSPITAL (NEBH) FOR THIS SAME PERIOD, MAH SERVED AS THE SOLE MEMBER OF MOUNT AUBURN PROFESSIONAL SERVICES AND CAREGROUP PARMENTER HOME CARE & HOSPICE NEBH SERVED AS THE SOLE MEMBER OF NEW ENGLAND BAPTIST MEDICAL ASSOCIATES CAREGROUP ALSO SERVED AS THE SOLE MEMBER AND A SUPPORT ORGANIZATION OF BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC OR MEDICAL CENTER) BIDMC IN TURN SERVED AS 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, HAVE SERVED AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE CAREGROUP NETWORK OF AFFILIATES DURING THE REPORTING PERIOD COMBINED THESE ENTITIES FORMED A REGIONAL HEALTHCARE DELIVERY SYSTEM COMPRISED OF TEACHING AND COMMUNITY HOSPITALS, PHYSICIAN GROUPS, AND OTHER CAREGIVERS THESE ENTITIES WERE 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 |

# 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**<br><br>(list in order of size from largest to smallest—see instructions)<br>How many hospital facilities did the organization operate during the tax year?<br>**1**<br><br>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<br>330 MOUNT AUBURN HOSPITAL<br>CAMBRIDGE, MA 02138<br>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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| MOUNT AUBURN HOSPITAL | 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 |
| MOUNT AUBURN HOSPITAL | PART V, SECTION B, LINE 11 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

**2017**

**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 noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) CHARLES RIVER COMMUNITY HEALTH CENTER 495 WESTERN AVENUE BOSTON, MA 02135 | 23-7221597 | 501(C)(3) | 226,323 | | | | HEALTH CARE ACCESS |
| (2) PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1033 MASSACHUSETTS AVE STE 3 CAMBRIDGE, MA 02138 | 04-2103580 | 501(C)(3) | 483,396 | | | | 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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash 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

**2017**

**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** | | |
| **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 nonfixed 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 | | | | | | | |
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## 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 |
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| PART I, LINE 4B | SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DURING THE 2017 CALENDAR YEAR, MOUNT AUBURN HOSPITAL MAINTAINED AN IRC SECTION 457(B) PLAN PURSUANT TO WHICH ELIGIBLE EMPLOYEES COULD DEFER PART OF THEIR COMPENSATION AND MOUNT AUBURN HOSPITAL COULD MAKE CONTRIBUTIONS ON BEHALF OF ELIGIBLE EMPLOYEES UNDER THE DEFINITIONS TO THIS FORM 990, THIS PLAN IS CONSIDERED A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN EMPLOYER CONTRIBUTIONS, 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, FOR THE PERIOD COVERED BY THIS FILING, CAREGROUP, INC (CAREGROUP) SERVED AS 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 |

| Return Reference | Explanation |
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| 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 |

| Return Reference | Explanation |
|---|---|
| SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES | AS REQUIRED BY FORM 990, COMPENSATION REPORTED FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2018 IS CALENDAR YEAR 2017 COMPENSATION 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 QUANTIFIED IN OTHER REPORTABLE COMPENSATION WHICH MAY NOT BE SEPARATELY NOTED IN THIS FILING INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS TAXABLE EMPLOYER-SUBSIDIZED PARKING, TAXABLE MOVING EXPENSES, TAXABLE LIFE, DISABILITY, OR LONG-TERM CARE INSURANCE, AMOUNTS DEFERRED BY THE EMPLOYEE (PLUS EARNINGS) UNDER FULLY VESTED 457 (B) PLAN, DISTRIBUTIONS FROM A 457(B) PLAN, AMOUNTS INCLUDIBLE IN INCOME UNDER A 457(F) PLAN, INCREASE/DECREASE IN VALUE OF NONQUALIFIED RETIREMENT BENEFITS, 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 AND/OR THE CHANGE IN ACTUARIAL VALUE OF THE PENSION PLAN BENEFIT, 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 THESE 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, ADOPTION ASSISTANCE, TUITION ASSISTANCE PURSUANT TO AN EMPLOYER PLAN, 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 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 8 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 RECEIVED PAYMENTS DIRECTLY FROM MAH AS WELL AS FROM CAREGROUP, WHICH, FOR THE PERIOD COVERED BY THIS FILING, SERVED AS THE SOLE MEMBER OF MAH IN ADDITION, FOR THIS SAME PERIOD, CAREGROUP WAS 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 FINALLY, FOR THE PERIOD COVERED BY THIS FILING, MS CLOUGH PERFORMED SERVICES FOR BOTH MAH AND MAPS BUT NOT DIRECTLY FOR CAREGROUP THE COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON FORM 990, AS FURTHER OUTLINED BELOW 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 640,636 INCENTIVE COMPENSATION 373,500 OTHER REPORTABLE COMPENSATION 268,320 DEFERRED COMPENSATION 25,962 NON-TAXABLE BENEFITS 25,482 PAYMENTS REPORTED BY MAPS BASE COMPENSATION 131,215 INCENTIVE COMPENSATION 76,500 OTHER REPORTABLE COMPENSATION 54,957 DEFERRED COMPENSATION 5,318 NON-TAXABLE BENEFITS 5,219 INCENTIVE COMPENSATION REPORTED FOR THE 2017 CALENDAR YEAR INCLUDES 1) PAYMENT IN 2017 PURSUANT TO AN ANNUAL INCENTIVE PLAN RELATED TO MOUNT AUBURN HOSPITAL'S FISCAL YEAR ENDED SEPTEMBER 30, 2015 IN THE AMOUNT OF $262,500 AND 2) A PAYMENT PURSUANT TO AN ANNUAL INCENTIVE PLAN RELATED TO THE FISCAL YEAR ENDED SEPTEMBER 30, 2016 IN THE AMOUNT OF $187,500 AS REQUIRED BY THIS FORM 990, THE INCENTIVE COMPENSATION PAYMENT IN THE AMOUNT OF $262,500 WAS REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 OTHER REPORTABLE COMPENSATION REPORTED BY MAH AND MAPS FOR THE 2017 CALENDAR YEAR INCLUDES RETENTION PAYMENTS OF $178,324 PURSUANT TO MS CLOUGH'S SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) AGREEMENT 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 $139,409 CUTLER, M D , ANDREW TRUSTEE - MOUNT AUBURN HOSPITAL TEACHING ADMINISTRATION - MOUNT AUBURN HOSPITAL TRUSTEE - MOUNT AUBURN PROFESSIONAL SERVICES PHYSICIAN, INTERNAL MEDICINE - MOUNT AUBURN PROFESSIONAL SERVICES DR CUTLER DEVOTES, ON AVERAGE, 60 HOURS TO THE REPORTING ORGANIZATION AND RELATED ORGANIZATIONS FOR THE POSITIONS LISTED HERE DR CUTLER PERFORMS SERVICES FOR BOTH MOUNT AUBURN PROFESSIONAL SERVICES AND MOUNT AUBURN HOSPITAL AS REQUIRED BY THIS FORM 990, ALTHOUGH DR CUTLER IS PAID DIRECTLY BY MOUNT AUBURN PROFESSIONAL SERVICES, THE PORTION OF DR CUTLER'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 12,093 INCENTIVE COMPENSATION 1,995 OTHER REPORTABLE COMPENSATION 52 DEFERRED COMPENSATION 1,080 NON-TAXABLE BENEFITS 1,191 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 229,771 INCENTIVE COMPENSATION 37,914 OTHER REPORTABLE COMPENSATION 989 DEFERRED COMPENSATION 20,520 NON-TAXABLE BENEFITS 22,635 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 247,823 INCENTIVE COMPENSATION 60,000 OTHER REPORTABLE COMPENSATION 15,308 DEFERRED COMPENSATION 18,238 NON-TAXABLE BENEFITS 15,868 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 165,215 INCENTIVE COMPENSATION 40,000 OTHER REPORTABLE COMPENSATION 10,205 DEFERRED COMPENSATION 12,158 NON-TAXABLE BENEFITS 10,579 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 $40,994 |

| Return Reference | Explanation |
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| SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED) | 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 TRUSTEE - CAREGROUP PARMENTER HOME CARE & HOSPICE MS KIM DEVOTES, ON AVERAGE, 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE 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'S TERM ON THE MOUNT AUBURN HOSPITAL BOARD ENDED DECEMBER 19, 2017 MR MASSARO DEVOTED, 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 CO-CHAIR - MOUNT AUBURN HOSPITAL MR RAFFERTY'S TERM AS CO-CHAIR OF THE BOARD OF TRUSTEES COMMENCED ON JANUARY 24, 2018 MR RAFFERTY DEVOTES, ON AVERAGE, 5 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'S TERM ON THE MOUNT AUBURN HOSPITAL AND CAREGROUP PARMENTER BOARDS ENDED DECEMBER 19, 2017 MR ROLLER DEVOTED, ON AVERAGE, 6 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE SHACHOY, CHRISTOPHER TRUSTEE (EX-OFFICIO) AND PRESIDENT OF THE BOARD OF OVERSEERS - MOUNT AUBURN HOSPITAL MR SHACHOY DEVOTES, ON AVERAGE, 2 HOURS 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 21,700 AS REQUIRED BY THIS FORM 990, COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2017 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 SMERLAS, DONNA TRUSTEE AND PRESIDENT OF THE AUXILLIARY - MOUNT AUBURN HOSPITAL MS SMERLAS'S TERM ON THE MOUNT AUBURN HOSPITAL BOARD BEGAN OCTOBER 1, 2017 MS SMERLAS DEVOTES, ON AVERAGE, 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION STEVENSON, HOWARD H TRUSTEE AND VICE CHAIR - MOUNT AUBURN HOSPITAL MR STEVENSON DEVOTES, ON AVERAGE, 1 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 WILSON, WILLIAM TRUSTEE AND CLERK - MOUNT AUBURN HOSPITAL MR WILSON DEVOTES, ON AVERAGE, 2 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 384,186 INCENTIVE COMPENSATION 100,870 OTHER REPORTABLE COMPENSATION 58,523 DEFERRED COMPENSATION (36,056) NON-TAXABLE BENEFITS 25,768 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2017 CALENDAR YEAR IN THE AMOUNT OF $100,870 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 $56,114 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2017 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $51,444 RELATED TO MR DIIESO'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2017, BUT NOT PAID TO MR DIIESO UNTIL AFTER MARCH 15, 2018 IN ADDITION, DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2017 CALENDAR YEAR INCLUDES AN ACTUARIAL CHANGE IN THE PROJECTED BENEFIT OBLIGATION OF MR DIIESO'S SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) OF $(109,100) THE SERP DOES NOT VEST UNTIL MR DIIESO REACHES AGE 60 SULLIVAN, WILLIAM VICE PRESIDENT AND CHIEF FINANCIAL OFFICER - MOUNT AUBURN HOSPITAL VICE PRESIDENT FINANCE AND TREASURER - MOUNT AUBURN PROFESSIONAL SERVICES VICE PRESIDENT FINANCE AND TREASURER - CAREGROUP PARMENTER HOME CARE & HOSPICE MR SULLIVAN DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE MR SULLIVAN PERFORMS SERVICES FOR 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 277,407 INCENTIVE COMPENSATION 68,262 OTHER REPORTABLE COMPENSATION 12,145 DEFERRED COMPENSATION 117,314 NON-TAXABLE BENEFITS 19,319 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 56,904 INCENTIVE COMPENSATION 14,003 OTHER REPORTABLE COMPENSATION 2,491 DEFERRED COMPENSATION 24,064 NON-TAXABLE BENEFITS 3,963 PAYMENTS REPORTED BY CAREGROUP PARMENTER HOME CARE & HOSPICE BASE COMPENSATION 21,339 INCENTIVE COMPENSATION 5,251 OTHER REPORTABLE COMPENSATION 934 DEFERRED COMPENSATION 9,024 NON-TAXABLE BENEFITS 1,486 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2017 CALENDAR YEAR IN THE AMOUNT OF $87,516 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED FOR THE 2017 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $45,508 RELATED TO MR SULLIVAN'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2017, BUT NOT PAID TO MR SULLIVAN UNTIL AFTER MARCH 15, 2018 IN ADDITION, DEFERRED COMPENSATION REPORTED FOR THE 2017 CALENDAR YEAR INCLUDES AN ACTUARIAL CHANGE IN THE PROJECTED BENEFIT OBLIGATION OF MR SULLIVAN'S SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) OF $85,994 THE SERP VESTED 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 262,116 INCENTIVE COMPENSATION 52,982 OTHER REPORTABLE COMPENSATION 1,814 DEFERRED COMPENSATION 52,677 NON-TAXABLE BENEFITS 24,768 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2017 CALENDAR YEAR IN THE AMOUNT OF $52,982 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2017 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $33,777 RELATED TO MS BAKER'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2017, BUT NOT PAID TO MS BAKER UNTIL AFTER MARCH 15, 2018 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 216,066 INCENTIVE COMPENSATION 48,547 OTHER REPORTABLE COMPENSATION 3,223 DEFERRED COMPENSATION 47,035 NON-TAXABLE BENEFITS 25,768 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2017 CALENDAR YEAR IN THE AMOUNT OF $48,547 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2017 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $28,135 RELATED TO MR BRIDGEMAN'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2017, BUT NOT PAID TO MR BRIDGEMAN UNTIL AFTER MARCH 15, 2018 |

| Return Reference | Explanation |
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| SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED) | BURKE, KATHRYN VICE PRESIDENT CONTRACTING AND BUSINESS DEVELOPMENT - MOUNT AUBURN HOSPITAL TRUSTEE AND VICE PRESIDENT, CONTRACTING AND BUSINESS DEVELOPMENT - CAREGROUP PARMENTER HOME CARE & HOSPICE MS BURKE'S TERM AS TRUSTEE AND VICE PRESIDENT, CONTRACTING AND BUSINESS DEVELOPMENT FOR THE CAREGROUP PARMENTER HOME CARE & HOSPICE BEGAN JULY 24, 2018 MS BURKE DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ORGANIZATIONS LISTED HERE PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 295,368 INCENTIVE COMPENSATION 74,880 OTHER REPORTABLE COMPENSATION 3,384 DEFERRED COMPENSATION 57,089 NON-TAXABLE BENEFITS 27,268 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2017 CALENDAR YEAR IN THE AMOUNT OF $74,880 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2017 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $38,189 RELATED TO MS BURKE'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2017, BUT NOT PAID TO MS BURKE UNTIL AFTER MARCH 15, 2018 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 282,280 INCENTIVE COMPENSATION 71,401 OTHER REPORTABLE COMPENSATION 1,563 DEFERRED COMPENSATION 50,987 NON-TAXABLE BENEFITS 33,215 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2017 CALENDAR YEAR IN THE AMOUNT OF $71,401 WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2017 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $ 37,487 RELATED TO DR CHEUNG'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2017, BUT NOT PAID TO DR CHEUNG UNTIL AFTER MARCH 15, 2018 O'CONNELL, MICHAEL L VICE PRESIDENT PLANNING AND MARKETING - MOUNT AUBURN HOSPITAL MR O'CONNELL RETIRED EFFECTIVE SEPTEMBER 30, 2018 MR O'CONNELL DEVOTED, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 205,949 INCENTIVE COMPENSATION 50,336 OTHER REPORTABLE COMPENSATION 68,655 DEFERRED COMPENSATION 50,772 NON-TAXABLE BENEFITS 27,168 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2017 CALENDAR YEAR IN THE AMOUNT OF $50,336 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 $57,406 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2017 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $29,172 RELATED TO MR O'CONNELL'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2017, BUT NOT PAID TO MR O'CONNELL UNTIL AFTER MARCH 15, 2018 WHITE, KENDALL CHIEF INFORMATION OFFICER - MOUNT AUBURN HOSPITAL MR WHITE DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 299,679 INCENTIVE COMPENSATION 20,000 OTHER REPORTABLE COMPENSATION 2,409 DEFERRED COMPENSATION 38,251 NON-TAXABLE BENEFITS 23,005 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2017 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $38,251 RELATED TO MR WHITE'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2017, BUT NOT PAID TO MR WHITE UNTIL AFTER MARCH 15, 2018 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 343,666 INCENTIVE COMPENSATION 66,400 OTHER REPORTABLE COMPENSATION 24,331 DEFERRED COMPENSATION 6,723 NON-TAXABLE BENEFITS 76 PAYMENTS REPORTED BY MAPS BASE COMPENSATION 70,389 INCENTIVE COMPENSATION 13,600 OTHER REPORTABLE COMPENSATION 4,983 DEFERRED COMPENSATION 1,377 NON-TAXABLE BENEFITS 15 OTHER REPORTABLE COMPENSATION INCLUDES 457(B) DEFERRALS AND THE CHANGE IN THE PLAN'S VALUE WHICH, COMBINED FOR DR STONE, TOTALED $26,704 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 336,420 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 11,943 DEFERRED COMPENSATION 15,120 NON-TAXABLE BENEFITS 25,153 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 84,105 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 2,986 DEFERRED COMPENSATION 3,780 NON-TAXABLE BENEFITS 6,288 OTHER REPORTABLE COMPENSATION INCLUDES A CHANGE IN MR NAUTA'S 457(B) PLAN'S VALUE IN THE AMOUNT OF $9,525 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 191,711 INCENTIVE COMPENSATION 48,750 OTHER REPORTABLE COMPENSATION 6,008 DEFERRED COMPENSATION 21,960 NON-TAXABLE BENEFITS 13,910 PAYMENTS REPORTED BY MAPS BASE COMPENSATION 127,807 INCENTIVE COMPENSATION 32,500 OTHER REPORTABLE COMPENSATION 4,006 DEFERRED COMPENSATION 14,640 NON-TAXABLE BENEFITS 9,273 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2017 CALENDAR YEAR IN THE AMOUNT OF $81,250 WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 OTHER REPORTABLE AND DEFERRED COMPENSATION INCLUDE CONTRIBUTIONS AND DEFERRALS MADE TO 457(B) PLAN AND THE CHANGE IN THE PLAN'S VALUE WHICH, COMBINED FOR DR SETNIK TOTALED $16,461 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 305,717 INCENTIVE COMPENSATION 78,031 OTHER REPORTABLE COMPENSATION 1,233 DEFERRED COMPENSATION 47,896 NON-TAXABLE BENEFITS 24,947 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2017 CALENDAR YEAR IN THE AMOUNT OF $78,031 WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2017 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $39,796 RELATED TO DR WU'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2017, BUT NOT PAID TO DR WU UNTIL AFTER MARCH 15, 2018 |

| Return Reference | Explanation |
| --- | --- |
| SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED) | MCQUAIDE, DENISE VICE PRESIDENT, POST-ACUTE CARE SERVICES - MOUNT AUBURN HOSPITAL PRESIDENT - CAREGROUP PARMENTER HOME CARE & HOSPICE MS MCQUAIDE DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE MS MCQUAIDE PERFORMS SERVICES FOR MOUNT AUBURN HOSPITAL AND CAREGROUP PARMENTER HOME CARE & HOSPICE AS REQUIRED BY THIS FORM 990, ALTHOUGH MS MCQUAIDE IS PAID DIRECTLY BY MOUNT AUBURN HOSPITAL, THE PORTION OF MS MCQUAIDE'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY MAH BASE COMPENSATION 120,678 INCENTIVE COMPENSATION 30,601 OTHER REPORTABLE COMPENSATION 1,209 DEFERRED COMPENSATION 18,846 NON-TAXABLE BENEFITS 11,017 PAYMENTS REPORTED BY CAREGROUP PARMENTER HOME CARE & HOSPICE BASE COMPENSATION 181,017 INCENTIVE COMPENSATION 45,901 OTHER REPORTABLE COMPENSATION 1,813 DEFERRED COMPENSATION 28,270 NON-TAXABLE BENEFITS 16,525 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2017 CALENDAR YEAR IN THE AMOUNT OF $76,502 WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED FOR THE 2017 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $39,016 RELATED TO MS MCQUAIDE'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2017, BUT NOT PAID TO MS MCQUAIDE UNTIL AFTER MARCH 15, 2018 |

# Additional Data

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| CLOUGH JEANETTE G<br>TRUSTEE, PRESIDENT & CEO | (I) | 640,636 | 373,500 | 268,320 | 25,962 | 25,482 | 1,333,900 | 0 |
| | (II) | 131,215 | 76,500 | 54,957 | 5,318 | 5,219 | 273,209 | 0 |
| CUTLER MD ANDREW<br>TRUSTEE | (I) | 12,093 | 1,995 | 52 | 1,080 | 1,191 | 16,411 | 0 |
| | (II) | 229,771 | 37,914 | 989 | 20,520 | 22,635 | 311,829 | 0 |
| HUANG MD EDWIN<br>TRUSTEE AND CHAIR-OB/GYN | (I) | 247,823 | 60,000 | 15,308 | 18,238 | 15,868 | 357,237 | 0 |
| | (II) | 165,215 | 40,000 | 10,205 | 12,158 | 10,579 | 238,157 | 0 |
| DIIESO NICHOLAS<br>COO | (I) | 384,186 | 100,870 | 58,523 | -36,056 | 25,768 | 533,291 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SULLIVAN WILLIAM J<br>VP & CFO | (I) | 277,407 | 68,262 | 12,145 | 117,314 | 19,319 | 494,447 | 0 |
| | (II) | 78,243 | 19,254 | 3,425 | 33,088 | 5,449 | 139,459 | 0 |
| BAKER RN DEBORAH<br>VP, PATIENT CARE SERVICES | (I) | 262,116 | 52,982 | 1,814 | 52,677 | 24,768 | 394,357 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BRIDGEMAN JOHN<br>VP, CLINICAL SERVICES | (I) | 216,066 | 48,547 | 3,223 | 47,035 | 25,768 | 340,639 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BURKE KATHRYN<br>VP, CONTRACTING & BUS DEV | (I) | 295,368 | 74,880 | 3,384 | 57,089 | 27,268 | 457,989 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CHEUNG MD YVONNE Y<br>CHAIR QUALITY & SAFETY | (I) | 282,280 | 71,401 | 1,563 | 50,987 | 33,215 | 439,446 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| O'CONNELL MICHAEL L<br>VP, PLANNING & MARKETING | (I) | 205,949 | 50,336 | 68,655 | 50,772 | 27,168 | 402,880 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| WHITE KENDALL<br>CIO | (I) | 299,679 | 20,000 | 2,409 | 38,251 | 23,005 | 383,344 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MCQUAIDE DENISE<br>VP, POST-ACUTE CARE/PRES CPHCH | (I) | 120,678 | 30,601 | 1,209 | 18,846 | 11,017 | 182,351 | 0 |
| | (II) | 181,017 | 45,901 | 1,813 | 28,270 | 16,525 | 273,526 | 0 |
| NAUTA RUSSELL<br>FRMR TTEE, CHAIR SURGERY DEPT | (I) | 336,420 | 0 | 11,943 | 15,120 | 25,153 | 388,636 | 0 |
| | (II) | 84,105 | 0 | 2,986 | 3,780 | 6,288 | 97,159 | 0 |
| SETNIK MD GARY S<br>CHAIR, EMER MED | (I) | 191,711 | 48,750 | 6,008 | 21,960 | 13,910 | 282,339 | 0 |
| | (II) | 127,807 | 32,500 | 4,006 | 14,640 | 9,273 | 188,226 | 0 |
| STONE MD VALERIE<br>CHAIR DEPT OF MEDICINE | (I) | 343,666 | 66,400 | 24,331 | 6,723 | 76 | 441,196 | 0 |
| | (II) | 70,389 | 13,600 | 4,983 | 1,377 | 15 | 90,364 | 0 |
| WU MD PHILIP<br>MD, CHIEF MED INFO OFFICER | (I) | 305,717 | 78,031 | 1,233 | 47,896 | 24,947 | 457,824 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227023589

# 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

**2017**

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 | 57584YJW0 | 06-13-2018 | 479,594,374 | SEE PART VI | | X | | X | | X |
| B | MASS DEVELOPMENT FINANCE AGENCY | 04-3431814 | 57584XMT5 | 05-12-2016 | 257,611,877 | SEE PART VI | | X | | X | | X |
| C | MASS DEVELOPMENT FINANCE AGENCY | 04-3431814 | 57584XDH1 | 09-02-2015 | 203,702,204 | SEE PART VI | | X | | X | | X |
| D | MASS DEVELOPMENT FINANCE AGENCY | 04-3431814 | 000000000 | 07-11-2012 | 49,910,000 | REFUND ISSUE DATED 02/11/1998 | | X | | X | | X |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | | 8,805,000 | 22,970,000 | |
| 2 | Amount of bonds legally defeased | | | | |
| 3 | Total proceeds of issue | 482,429,721 | 257,618,370 | 203,702,204 | 49,910,000 |
| 4 | Gross proceeds in reserve funds | | | | |
| 5 | Capitalized interest from proceeds | | | | |
| 6 | Proceeds in refunding escrows | | | | |
| 7 | Issuance costs from proceeds | 4,594,374 | 2,515,889 | 2,348,479 | 368,094 |
| 8 | Credit enhancement from proceeds | | | | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | 26,884,283 | 19,006,493 | | |
| 11 | Other spent proceeds | | 236,095,988 | 201,353,725 | 49,541,906 |
| 12 | Other unspent proceeds | 450,951,064 | | | |
| 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 | | X | | | X |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | | X | X | | 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 | | 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 | | X | | | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | 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 ▶ | | | | | | 0 500 % | | |
| 6 | Total of lines 4 and 5 | | | | | | 1 000 % | | |
| 7 | Does the bond issue meet the private security or payment test? | | X | | X | | 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 | | 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 | | 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 | FOR THE PERIOD COVERED BY THIS FILING, CAREGROUP, INC , (CAREGROUP) WAS A MASSACHUSETTS NON-PROFIT CORPORATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED AND SERVED 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 WAS TO OVERSEE THE FINANCIAL WELL-BEING OF THE AFFILIATED ENTITIES WHICH MAKE UP THE CAREGROUP SYSTEM CAREGROUP AND SOME OF ITS AFFILIATES JOINTLY BORROWED DEBT AS AN OBLIGATED GROUP THE FOLLOWING IS A LIST OF THE ENTITIES WHICH PARTICIPATED AS MEMBERS OF THE CAREGROUP OBLIGATED GROUP 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 MAH AND MAPS 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 1, COLUMN F - DESCRIPTION OF TAX-EXEMPT DEBT PURPOSE | PURPOSES OF CAREGROUP SERIES J BONDS - TO CONSTRUCT A NEW INPATIENT BUILDING AT BETH ISRAEL DEACONESS MEDICAL CENTER INCLUDING ACUTE AND INTENSIVE CARE, OPERATING/ PROCEDURE ROOMS, ANCILLARY CLINICAL AND CLINICAL SUPPORT SPACES - TO CONSTRUCT AN OUTPATIENT AMBULATORY CARE BUILDING AT BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM - FACILITY AND COMPUTER SYSTEM UPGRADES AT BETH ISRAEL DEACONESS HOSPITAL - MILTON, BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM AND BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH 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 BONDS AND ALL OF THE CAREGROUP SERIES E-1 BONDS CREATING AN IRREVOCABLE REFUNDING TRUST DATED MAY 12, 2016 - TO FINANCE AND REFINANCE THE ACQUISITION AND IMPLEMENTATION OF AN INTEGRATED 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 MILTON SERIES D BONDS, THE PLYMOUTH SERIES D BONDS, THE PLYMOUTH SERIES E BONDS, AND A PORTION OF THE CAREGROUP SERIES E BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED SEPTEMBER 2, 2015 PURPOSES OF CAREGROUP SERIES G BONDS - REFUNDING THE REMAINING PORTION OF THE OUTSTANDING PRINCIPAL BALANCE OF THE CAREGROUP SERIES A BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED JULY 1,2012 PURPOSES OF CAREGROUP SERIES F BONDS - REFUNDING OF A PORTION OF THE OUTSTANDING PRINCIPAL BALANCE OF THE CAREGROUP SERIES A BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED SEPTEMBER 1, 2011 |

| Return Reference | Explanation |
| --- | --- |
| SCHEDULE K (1 OF 2) PART II, COLUMN A, LINE 3 | THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE $26,884,283 OF INVESTMENT EARNINGS |

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

| Return Reference | Explanation |
| --- | --- |
| SCHEDULE K (2 OF 2) PART II, COLUMN A, 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 (1 OF 2) PART III, COLUMN B, LINE 6 | TOTAL FINANCED PROPERTY USED IN A PRIVATE BUSINESS USE BY ENTITIES OTHER THAN A SECTION 501(C)(3) ORGANIZATION OR A STATE OR LOCAL GOVERNMENT AND FINANCED PROPERTY USED IN A PRIVATE BUSINESS USE AS A RESULT OF UNRELATED TRADE OR BUSINESS ACTIVITY CARRIED ON BY THE MEMBERS OF THE CAREGROUP OBLIGATED GROUP OR ANOTHER SECTION 501(C)(3) ORGANIZATION, OR A STATE OR LOCAL GOVERNMENT IS LESS THAN 1% AS SUCH AND IN ACCORDANCE WITH THE INSTRUCTIONS FOR THE FORM 990, SCHEDULE K, THIS AMOUNT HAS BEEN REPORTED AS 0% SCHEDULE K (1 OF 2) PART III, COLUMN D AND SCHEDULE K (2 OF 2) PART III, COLUMN A 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 PART III QUESTIONS 2 AND 3 | FOR THE PERIOD COVERED BY THIS FILING, FACILITIES FINANCED WITH TAX-EXEMPT BONDS WERE 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, 2018 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 |

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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

**2017**

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 | 000000000 | 09-15-2011 | 120,280,000 | REFUND ISSUE DATED 02/11/1998 | | X | | X | | X |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 75,775,000 | | | |
| 2 | Amount of bonds legally defeased | | | | |
| 3 | Total proceeds of issue | 120,280,000 | | | |
| 4 | Gross proceeds in reserve funds | | | | |
| 5 | Capitalized interest from proceeds | | | | |
| 6 | Proceeds in refunding escrows | | | | |
| 7 | Issuance costs from proceeds | 290,672 | | | |
| 8 | Credit enhancement from proceeds | | | | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | | | | |
| 11 | Other spent proceeds | 119,989,328 | | | |
| 12 | Other unspent proceeds | | | | |
| 13 | Year of substantial completion | | | | |

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | X | | | | | | | |
| 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? | | | | | | | | |
| 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 ▶ | | | | | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | | | | | | | | |
| 6 | Total of lines 4 and 5 | | | | | | | | |
| 7 | Does the bond issue meet the private security or payment test? | | 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)

## 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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 DONOR #3SUBSTANTIAL CONTRIBUTORAMOUNT OF TRANSACTION $6,229,025DESCRIPTION OF TRANSACTION CAPITAL PROJECTS RENOVATIONDONOR #5SUBSTANTIAL CONTRIBUTORAMOUNT OF TRANSACTION $321,596DESCRIPTION OF TRANSACTION PHYSICIAN FEESDONOR #39SUBSTANTIAL CONTRIBUTORAMOUNT OF TRANSACTION $817,766DESCRIPTION OF TRANSACTION CASE MANAGEMENT SERVICES, DATA WAREHOUSING, AND ACO EXPENSESDONOR #49SUBSTANTIAL CONTRIBUTORAMOUNT OF TRANSACTION $1,616,472DESCRIPTION OF TRANSACTION PHYSICIAN FEESDONOR #89SUBSTANTIAL CONTRIBUTORAMOUNT OF TRANSACTION $2,817,357DESCRIPTION OF TRANSACTION IT NETWORK EQUIPMENT AND SUPPORT SERVICESDONOR #92SUBSTANTIAL CONTRIBUTORAMOUNT OF TRANSACTION $4,321,435DESCRIPTION OF TRANSACTION SOFTWARE LICENSE PURCHASE AND SUPPORT FEESMOUNT 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 $321,596 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 2017 INCLUDE BASE COMPENSATION $97,295 INCENTIVE COMPENSATION $225OTHER REPORTABLE COMPENSATION $4,049DEFERRED COMPENSATION $7,277NON-TAXABLE BENEFITS $10,846ALL DIRECTORS/TRUSTEES SERVE WITHOUT COMPENSATION OR BENEFITS COMPENSATION PAID TO OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES WAS EARNED FOR WORK PERFORMED IN A CAPACITY OTHER THAN THAT OF DIRECTOR/TRUSTEE MOUNT AUBURN HOSPITAL (MAH) MAINTAINS AN ACCOUNTABLE BUSINESS EXPENSE REIMBURSEMENT PLAN FROM TIME TO TIME, MAH MAY REIMBURSE ITS OFFICERS, DIRECTORS/TRUSTEES AND/OR KEY EMPLOYEES FOR EXPENSES THEY INCURRED AND WHICH ARE PROPERLY ORDINARY AND NECESSARY BUSINESS EXPENSES OF THE REPORTING ENTITY THE POLICIES AND PROCEDURES REQUIRED BY THE ACCOUNTABLE BUSINESS PLAN MUST BE FOLLOWED IN ORDER TO RECEIVE REIMBURSEMENT FOR SUCH EXPENSES AND IT IS POSSIBLE THAT ONE OR MORE INDIVIDUALS RECEIVED NON-TAXABLE REIMBURSEMENTS WHICH TOTALED $10,000 OR MORE DURING THE FISCAL PERIOD COVERED BY THIS FILING ALL OF THE ABOVE TRANSACTIONS WERE NEGOTIATED AT ARMS-LENGTH AND IN ACCORDANCE WITH THE MAH CONFLICT OF INTEREST POLICY AND REFLECT FAIR MARKET PAYMENTS AND RATES |

# Additional Data

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

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|---|---|---|---|---|---|
| | | | | Yes | No |
| (1) SUBSTANTIAL CONTRIBUTOR #3 | SUBSTANTIAL CONTRIBUTOR | 6,229,025 | CAPITAL PROJECTS RENOVATION | | No |
| (1) SUBSTANTIAL CONTRIBUTOR #5 | SUBSTANTIAL CONTRIBUTOR | 321,596 | PHYSICIAN FEES | | 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 |
| (3) SUBSTANTIAL CONTRIBUTOR #39 | SUBSTANTIAL CONTRIBUTOR | 817,766 | CASE MANAGEMENT SERVICES, DATA WAREHOUSING, AND ACO EXPENSES | | No |
| (1) SUBSTANTIAL CONTRIBUTOR #49 | SUBSTANTIAL CONTRIBUTOR | 1,616,472 | PHYSICIAN FEES | | 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** |
| (5) SUBSTANTIAL CONTRIBUTOR #89 | SUBSTANTIAL CONTRIBUTOR | 2,817,357 | IT NETWORK EQUIPMENT AND SUPPORT SERVICES | | No |
| (1) SUBSTANTIAL CONTRIBUTOR #92 | SUBSTANTIAL CONTRIBUTOR | 4,321,435 | SOFTWARE LICENSE PURCHASE AND SUPPORT FEES | | No |

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

| **(a)** Name of interested person | **(b)** Relationship between interested person and the organization | **(c)** Amount of transaction | **(d)** Description of transaction | **(e)** Sharing of organization's revenues? | |
|---|---|---|---|---|---|
| | | | | **Yes** | **No** |
| (7) M SHORTSLEEVE | BUSINESS RELATIONSHIP | 321,596 | SERVICES | | No |
| (1) K RAFFERTY | FAMILY MEMBER OF J RAFFERTY | 119,692 | 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

2017

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 | 138,799 | 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: 0

| | | 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? | | 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 nonstandard contributions? | | No |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | 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

**2017**

**Open to Public Inspection**

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 PURPOSE IS TO IMPROVE THE HEALTH OF THE RESIDENTS OF CAMBRIDGE, MA AND THE SURROUNDING COMMUNITIES THE HOSPITAL'S SERVICES ARE DELIVERED IN A PERSONABLE, CONVENIENT AND COMPASSIONATE MANNER, WITH RESPECT FOR THE DIGNITY OF OUR PATIENTS AND THEIR FAMILIES |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III LINE 4A - INPATIENT MEDICAL / SURGICAL SERVICES | SURGEONS IN MOUNT AUBURN HOSPITAL'S GENERAL SURGERY DIVISION USE THE LATEST TECHNOLOGIES COMBINED WITH ADVANCED SURGICAL EXPERTISE TO PERFORM SURGERIES THAT ARE AS MINIMALLY INVASIVE AND PAINLESS AS POSSIBLE MAH 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 AN 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 REPARATION 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 2018, MOUNT AUBURN HOSPITAL HAD 183 LICENSED MEDICAL/SURGICAL BEDS, AND PROVIDED INPATIENT MEDICAL SERVICES TO 6,642 PATIENTS, AND INPATIENT SURGICAL SERVICES TO 2,316 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 2018, MOUNT AUBURN HOSPITAL PROVIDED OUTPATIENT RADIOLOGY SERVICES TO 85,519 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 FOR EXAMPLE, IF A WOMAN DEVELOPS COMPLICATIONS DURING PREGNANCY, SHE CAN CONTINU E TO RECEIVE PRENATAL CARE FROM HER NURSE-MIDWIFE IN ADDITION TO SEEING MATERNAL-FETAL MED ICINE SPECIALISTS ON A REGULAR BASIS IN ADDITION, MAH'S SPECIALIZED EXPERTISE INCLUDES A LEVEL II NURSERY FOR NEWBORNS WHO REQUIRE EXTRA MEDICAL ATTENTION AND MONITORING DURING TH E FIRST DAYS OF LIFE LABOR, DELIVERY AND POSTPARTUM CARE ARE ALL CENTERED AT THE BIRTHPLA CE, MOUNT AUBURN'S OBSTETRICAL UNIT AFTER DELIVERY, MOST NEW MOTHERS NEED SUPPORT FROM NU RSING STAFF AND LACTATION CONSULTANTS ON INFANT CARE AND BREASTFEEDING MOUNT AUBURN'S BIR THPLACE IS WHERE NEW MOTHERS AND BABIES RECEIVE ALL THE ATTENTION THEY NEED MOUNT AUBURN' S MAIN PROVIDERS INCLUDE - OBSTETRICIANS - DOCTORS WHO SPECIALIZE IN PREGNANCY AND CHILDB IRTH, THEY HAVE THE TRAINING TO PROVIDE THE FULL SCOPE OF OBSTETRICAL PRACTICE, INCLUDING PERFORMING CESAREAN SECTIONS - NURSE-MIDWIVES - NURSES WHO SPECIALIZE IN NORMAL PREGNANCY AND CHILDBIRTH AND COLLABORATE WITH OBSTETRICIANS IN CASES WHERE COMPLICATIONS ARISE, NURS E-MIDWIVES SUPPORT WOMEN THROUGHOUT LABOR AND ENCOURAGE FAMILY INVOLVEMENT - NURSE PRACTIT IONERS - NURSES WITH SPECIALIZED EXPERIENCE IN OBSTETRICS WHO PRACTICE IN COLLABORATION WI TH OBSTETRICIANS AND NURSE-MIDWIVES IN PROVIDING PRENATAL CARE - MATERNAL-FETAL MEDICINE S PECIALISTS - OBSTETRICIANS WHO HAVE SPECIAL TRAINING IN THE COMPLICATIONS OF PREGNANCY AND CHILDBIRTH MOUNT AUBURN HOSPITAL HAS A TALENTED NURSING STAFF IN PRENATAL/ANTENATAL TESTI NG, LABOR AND DELIVERY, ON THE POSTPARTUM UNIT AND IN THE NURSERY ANESTHESIOLOGISTS ARE A VAILABLE 24 HOURS A DAY TO PROVIDE PAIN RELIEF DURING LABOR IN ADDITION, NEONATOLOGISTS, WHO SPECIALIZE IN CARING FOR NEWBORNS, AND PEDIATRICIANS ARE ON SITE AROUND THE CLOCK TO C ARE FOR NEWBORNS MOUNT AUBURN ALSO OFFERS ADDITIONAL SERVICES TO WOMEN WHO ARE PLANNING T O HAVE THEIR BABIES AT OUR HOSPITAL - FERTILITY SERVICES, INCLUDING OPTIONS, TESTING AND TREATMENT MANY COUPLES NEED T |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III LINE 4C - INPATIENT OBSTETRICS / NEWBORN SERVICES | HE EXPERTISE OF A FERTILITY SPECIALIST MOUNT AUBURN HOSPITAL HAS FERTILITY SPECIALISTS ON STAFF THAT COUNSEL COUPLES ON THE MOST CURRENT AVAILABLE OPTIONS AND DIRECT THE NECESSARY TESTING AND TREATMENT AIMED AT A HEALTHY PREGNANCY AND BIRTH THIS INCLUDES ACCESS TO IN VITRO FERTILIZATION AND OTHER PROCEDURES - HIGH-RISK PREGNANCY SPECIALISTS A FULL RANGE OF SERVICES IS AVAILABLE FOR WOMEN WHO ARE EXPERIENCING HIGH-RISK PREGNANCIES IN THOSE IN STANCES, A MATERNAL-FETAL MEDICINE SPECIALIST, A PHYSICIAN WHO SPECIALIZES IN THE COMPLICA TIONS OF PREGNANCY AND CHILDBIRTH, BECOMES PART OF THE TEAM AND SEES THE WOMAN ON A REGULA R BASIS - NURSERIES, CARING FOR YOUR BABY MOST NEWBORNS SPEND MOST OF THE DAY WITH THEIR MOTHERS WHEN NEWBORNS NEED SPECIAL CARE, THEY STAY IN THE HOSPITAL'S LEVEL II NURSERY, W HICH IS STAFFED BY NEONATOLOGISTS AND NEONATAL NURSES BY STAYING AT MOUNT AUBURN, WHERE A PEDIATRICIAN IS ON SITE 24 HOURS A DAY, BABIES REMAIN CLOSE TO THEIR FAMILY MEMBERS WHILE A PEDIATRICIAN IS AROUND THE CORNER IF NEEDED IN ALL PREGNANCIES, A SAFE AND HEALTHY DEL IVERY FOR MOTHER AND BABY IS THE PRIORITY THE ADDITIONAL GOAL IS TO MAKE PRENATAL CARE AN D CHILDBIRTH A SMOOTH, WELL-COORDINATED EXPERIENCE THE BAIN BIRTHING CENTER THE BAIN BIRT HING CENTER AT MOUNT AUBURN HOSPITAL PROVIDES A COMFORTABLE, HOME-LIKE SETTING FOR CHILDBI RTH, WITH ALL THE ADVANCED TECHNOLOGY THAT MIGHT BE NEEDED MOUNT AUBURN IS PROUD TO OFFER TOP-NOTCH PRENATAL AND ANTENATAL FACILITIES IN AN INTIMATE SETTING BIRTH AT MOUNT AUBURN IS AN INCLUSIVE EXPERIENCE THE BAIN BIRTHING CENTER FEATURES A WARM, PERSONAL AND NURTUR ING ATMOSPHERE, PAYING SPECIAL ATTENTION TO THE COMFORT OF THE MOTHER BY OFFERING SPECIAL FEATURES LIKE JACUZZI TUBS, RESTAURANT-STYLE MEALS, PARTNER CHAIRS THAT RECLINE INTO BEDS FOR FATHERS OR OTHER SUPPORT PERSONS, AND ROOMS FEATURING VIEWS OF THE CHARLES RIVER AND B OSTON SKYLINE IN CASES WHERE A CAESARIAN SECTION NEEDS TO BE PERFORMED, SURGICAL SUITES A RE LOCATED ADJACENT TO THE LABOR AND DELIVERY AREA A STATE-OF-THE-ART MONITORING SYSTEM A LLOWS WOMEN TO SAFELY WALK AROUND THE UNIT WHILE THEY ARE IN LABOR AT THE MOUNT AUBURN HO SPITAL BAIN BIRTHING CENTER, A PATIENT'S CHOICE IS PARAMOUNT PAIN RELIEF DURING LABOR IS AN ISSUE THAT EACH WOMAN SHOULD EXPLORE WITH HER PROVIDER MANY WOMEN CHOOSE TO HAVE AN EP IDURAL, BUT PROVIDERS AT MOUNT AUBURN, ESPECIALLY NURSE-MIDWIVES, ALSO SUPPORT ALTERNATIVE METHODS SUCH AS PRESSURE-POINT MASSAGE, AND HYPNO-BIRTHING (SELF-HYPNOSIS DURING THE BIRT H PROCESS) WOMEN WHO SEEK AN ALTERNATIVE APPROACH TO CHILDBIRTH ITSELF, SUCH AS A WATER B IRTH, WILL ALSO FIND NURSE-MIDWIVES TO HELP THEM WITH SUCH OPTIONS MOUNT AUBURN HOSPITAL STRIVES TO PROVIDE SUPPORT AND INFORMATION, PRIVACY AND CHOICE THE POSTPARTUM NURSING STA FF PROVIDE NEW MOTHERS WITH ONE-ON-ONE CARE AND EDUCATION THE BAIN BIRTHING CENTER OFFERS A VARIETY OF SERVICES FOR PREGNANT AND NEW MOTHERS, INCLUDING CHILDBIRTH EDUCATION CLASSE S, BIRTHPLACE TOURS AND BREAST |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III LINE 4C - INPATIENT OBSTETRICS / NEWBORN SERVICES | PUMP RENTALS SERVICES FOR NON-ENGLISH SPEAKING PATIENTS INCLUDE STAFF INTERPRETERS, SPAN ISH-SPEAKING NURSE-MIDWIVES AND INTERPRETER SERVICES FOR VARIOUS LANGUAGES AND ACCESS TO 2 4-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 DI SCHARGE TO ANSWER ANY QUESTIONS THAT MAY ARISE ABOUT THE HEALTH OF MOTHER AND BABY 24 HOUR S A DAY LEVEL II NURSERY IF A NEWBORN NEEDS SPECIAL CARE, MOUNT AUBURN'S LEVEL II NURSERY IS EQUIPPED TO ADDRESS YOUR INFANT'S CRITICAL HEALTH ISSUES, INCLUDING PREMATURITY, MEDIC AL AND FEEDING DIFFICULTIES THIS SEVEN-BED NURSERY IS STAFFED BY A HIGHLY SKILLED TEAM OF NEONATOLOGISTS AND NEONATAL NURSES WHO ARE CERTIFIED TO RESUSCITATE AND ALSO TO STABILIZE AND PREPARE CRITICALLY ILL INFANTS FOR TRANSFER TO A BOSTON-AREA LEVEL III NURSERY IN THE EVENT OF AN EMERGENCY MAH'S NURSERY HAS A SPECIALIST PEDIATRICIAN ON CALL 24 HOURS A DAY , AS WELL AS AROUND THE CLOCK NEONATAL BACKUP COVERAGE ANESTHESIA IS AVAILABLE 24 HOURS A DAY, AS WELL IN ADDITION TO THE EXPERT OBSTETRIC TEAM, MOUNT AUBURN'S LEVEL II NURSERY F EATURES STATE-OF-THE-ART MONITORING EQUIPMENT FOR NEONATES IF A NEWBORN IS SERIOUSLY ILL, HIS/HER PARENTS CAN BE ASSURED THAT HE OR SHE WILL RECEIVE THE BEST CARE POSSIBLE IN MOUN T AUBURN'S LEVEL II NURSERY DURING FISCAL 2018, MOUNT AUBURN HOSPITAL HAD 28 LICENSED OB/ GYN BEDS PROVIDING SERVICES TO 2,683 PATIENTS AND 35 BASSINETS PROVIDING INPATIENT SERVICE S TO 2,699 NEWBORNS |

**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 FOR THE PERIOD COVERED BY THIS FILING, THE FINANCIAL RECORDS OF MAH WERE 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 | AS DESCRIBED IN THIS FORM 990, FOR THE PERIOD COVERED BY THIS FILING, CAREGROUP, INC , WAS AN ENTITY EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED AND SERVED AS A SUPPORT ORGANIZATION OF AND THE SOLE MEMBER OF MOUNT AUBURN HOSPITAL (MAH) DURING THE SAME PERIOD MAH WAS A MEMBER OF THE CAREGROUP OBLIGATED GROUP AND ITS TAX EXEMPT BOND FINANCING WAS 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, EDWARD HUANG, LAWRENCE MAMBRINO, AMIT POWAR, AND BARBARA SPIVAK - BUSINESS RELATIONSHIP IN ADDITION TO THE RELATIONSHIPS NOTED ABOVE AND AS NOTED IN VARIOUS NARRATIVE DISCLOSURES WHICH SUPPORT THIS FORM 990 AND RELATED SCHEDULES, FOR THE PERIOD COVERED BY THIS FILING, CAREGROUP SERVED AS THE SOLE MEMBER OF MOUNT AUBURN HOSPITAL (MAH) CAREGROUP WAS A MASSACHUSETTS NON-PROFIT CORPORATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, WHICH MERGED INTO BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) EFFECTIVE MARCH 1, 2019 BIDMC IS A TERTIARY CARE ACADEMIC MEDICAL CENTER EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED AND AN AFFILIATE OF MAH CAREGROUP'S PURPOSE WAS TO OVERSEE THE FINANCIAL WELL-BEING OF THE AFFILIATED ENTITIES WHICH MADE UP THE CAREGROUP SYSTEM FOR THE PERIOD COVERED BY THIS FILING, CAREGROUP SERVED 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 BIDMC ALSO SERVED AS THE SOLE MEMBER OF BID-NEEDHAM, MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A BETH ISRAEL DEACONESS HEALTHCARE A/K/A AFFILIATED PHYSICIANS GROUP (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 EACH OF THE ENTITIES LISTED IN THIS PARAGRAPH MAY, IN TURN, SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE 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 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 FOR THE PERIOD COVERED BY THIS FILING, CAREGROUP, INC , WAS 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 SERVED AS 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 AND FOR THE PERIOD COVERED BY THIS FILING, CAREGROUP AS SOLE MEMBER, APPROVED BUT DID 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 IN EFFECT FOR THE PERIOD COVERED BY THIS FILING, AS SOLE MEMBER, CAREGROUP HAD 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 AS NOTED ELSEWHERE IN THIS FILING, CAREGROUP SERVED AS THE SOLE MEMBER OF MAH FOR THE PERIOD COVERED BY THIS FILING, OCTOBER 1, 2017 TO SEPTEMBER 30, 2018 (FISCAL YEAR ENDED SEPTEMBER 30, 2018) EFFECTIVE MARCH 1, 2019, PURSUANT TO A PLAN OF STATUTORY MERGER, CAREGROUP MERGED INTO BETH ISRAEL DEACONESS MEDICAL CENTER AS NOTED PREVIOUSLY IN THIS FILING, BIDMC IS A TERTIARY CARE ACADEMIC MEDICAL CENTER EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED AND AN AFFILIATE OF MAH AT THAT TIME, BETH ISRAEL LAHEY HEALTH, INC (BILH) BECAME THE SOLE MEMBER OF THE MAH THIS FORM 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER OF MAH, THE TAX DIRECTOR OF BILH AND DELOITTE TAX, LLP A COPY OF THE COMPLETE RETURN IS THEN PROVIDED TO EACH MEMBER OF THE MAH BOARD OF TRUSTEES 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) MAINTAINS 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 FOR THE PERIOD COVERED BY THIS FILING, ALL ANNUAL DISCLOSURES WERE 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 AS PREVIOUSLY NOTED, FOR THE PERIOD COVERED BY THIS FILING, CAREGROUP SERVED AS 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 ISSUED 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 PROCESS WAS 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 FOR THE PERIOD COVERED BY THIS FILING MOUNT AUBURN HOSPITAL (MAH) MA INTAINED A COMPENSATION COMMITTEE (THE "COMMITTEE") COMPRISED OF FOUR MEMBERS OF THE HOSPI TAL'S BOARD OF TRUSTEES THE MAH CEO ALSO ATTENDED COMMITTEE MEETINGS, OTHER THAN WITH RES PECT TO THE CEO'S COMPENSATION, WITHOUT VOTING RIGHTS ALL OTHER MEMBERS OF THE COMMITTEE WERE INDEPENDENT THE COMMITTEE OPERATED TO FULFILL THE FOLLOWING RESPONSIBILITIES - TO R EVIEW AND APPROVE THE TOTAL COMPENSATION OF EACH MEMBER OF THE HOSPITAL'S SENIOR MANAGEMEN T TEAM SO AS TO ENSURE THAT SUCH COMPENSATION REMAINS COMPETITIVE IN THE MARKETPLACE, REPR ESENTS GOOD VALUE TO THE HOSPITAL FOR THE QUALITY AND QUANTITY OF SERVICES PROVIDED AND CO NSTITUTES REASONABLE TOTAL COMPENSATION TO THE EMPLOYEE IN LIGHT OF THE EMPLOYEE'S POSITIO N, RESPONSIBILITIES, QUALIFICATIONS AND PERFORMANCE IN ACCORDANCE WITH INTERNAL AND EXTERN AL REASONABLE COMPENSATION STANDARDS APPLICABLE TO THIS TAX EXEMPT HOSPITAL, - TO RECOMMEN D TO THE BOARD OF TRUSTEES THE TERMS AND CONDITIONS OF ANY EMPLOYMENT AGREEMENTS BETWEEN T HE HOSPITAL AND ITS PRESIDENT/CHIEF EXECUTIVE OFFICER INCLUDING BASE SALARIES, INCENTIVE C OMPENSATION, SUPPLEMENTAL EMPLOYEE RETIREMENT PLANS, BENEFITS AND OTHER LAWFUL METHODS OF REASONABLE COMPENSATION, - TO RECOMMEND TO THE BOARD OF TRUSTEES FOR THE BOARD'S APPROVAL THE TERMS AND CONDITIONS OF ANY SUPPLEMENTAL EMPLOYEE RETIREMENT PLANS FOR HOSPITAL EXECUT IVES, - TO REVIEW AND APPROVE THOSE PORTIONS OF THE FEDERAL FORM 990 AND THE MASSACHUSETTS FORM PC, OR THEIR EQUIVALENTS, PERTAINING TO THE COMPENSATION OF HOSPITAL EMPLOYEES PRIOR TO THE HOSPITAL'S FILING OF SUCH FORMS WITH THE REGULATORY AUTHORITIES, - AS DETERMINED T O BE ADVISABLE BY THE COMMITTEE FROM TIME TO TIME, TO ENGAGE OUTSIDE COMPENSATION CONSULTA NTS AND LEGAL AND OTHER ADVISORS TO PROVIDE TO THE COMMITTEE APPROPRIATE AND RELIABLE COMP ARABLE COMPENSATION DATA FOR SIMILARLY SITUATED EMPLOYEES OF NATIONAL, REGIONAL AND LOCAL PEER INSTITUTIONS AND OTHER EXPERT ADVICE TO ASSIST THE COMMITTEE IN FULFILLING ITS RESPON SIBILITIES, - TO WORK WITH THE HOSPITAL'S MANAGEMENT AND AUDITORS TO RESOLVE, OR TO RECOMM END TO THE BOARD OF TRUSTEES RESOLUTION OF, ANY ISSUES OF CONCERN PERTAINING TO THE COMPEN SATION OF HOSPITAL EMPLOYEES THAT MAY ARISE DURING THE COURSE OF THE HOSPITAL'S INDEPENDEN T 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 RETIREM ENT PLANS AND PROGRAMS, AND ANY MATERIAL AMENDMENTS THERETO, - TO ADOPT SUCH POLICIES AND PROCEDURES AS THE COMMITTEE MAY DETERMINE FROM TIME TO TIME TO BE NECESSARY OR USEFUL TO E NSURE THAT THE HOSPITAL PAYS REASONABLE AND COMPETITIVE COMPENSATION TO ITS MANAGEMENT TEA M WHILE PRESERVING THE TAX EXEMPT STATUS OF THE HOSPITAL, AND - TO REVIEW AND REASSESS THE COMMITTEE'S CHARTER FROM TIME |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 15 | TO TIME AND TO RECOMMEND ANY PROPOSED CHANGES TO THE HOSPITAL'S BOARD OF TRUSTEES FOR ITS CONSIDERATION AND APPROVAL THE COMMITTEE MET PERIODICALLY DURING THE YEAR TO REVIEW AND APPROVE INDIVIDUAL PERFORMANCE GOALS FOR MANAGEMENT AND THE CEO, TO REVIEW PERFORMANCE AGA INST SUCH GOALS, TO APPROVE INCENTIVE COMPENSATION PAYMENTS TO MANAGEMENT, TO RECOMMEND CO MPENSATION PAYMENTS TO THE CEO FOR APPROVAL BY THE TRUSTEES AND TO APPROVE SALARY ADJUSTME NTS FOR THE NEXT YEAR FURTHER, THE COMMITTEE ADDRESSED AS REQUIRED ANY CHANGES IN INDIVID UAL OR GROUP COMPENSATION ARRANGEMENTS AT SUCH MEETINGS THE COMMITTEE UNDERSTOOD THAT ONE OF ITS CORE RESPONSIBILITIES WAS TO ENSURE THAT THE TOTAL COMPENSATION PROVIDED TO THESE INDIVIDUALS WAS FAIR AND REASONABLE USING CURRENT AND CREDIBLE MARKET PRACTICE INFORMATION AND THAT ALL ARRANGEMENTS COMPLY WITH APPLICABLE LEGAL AND REGULATORY GUIDELINES THE COM PENSATION COMMITTEE HISTORICALLY RELIED UPON GUIDANCE OUTLINED IN WRITTEN COMPENSATION SUR VEYS/STUDIES PRODUCED UNDER AN ARRANGEMENT WITH AN INDEPENDENT COMPENSATION CONSULTING FIR M THAT ASSESSED EXECUTIVE COMPENSATION AND BENEFITS OF ORGANIZATIONS SIMILAR TO MAH THE C OMMITTEE HISTORICALLY HAD A FULL STUDY CONDUCTED BY SUCH FIRM BIENNIALLY WITH AN UPDATED S TUDY IN THE OTHER YEARS THIS SURVEY HAS FORMED THE BASIS FOR THE COMMITTEE FULFILLING ITS RESPONSIBILITY IN THIS REGARD FOR THE PERIODS COVERED IN THIS FORM 990, THE COMMITTEE ME T TO REVIEW THE COMPENSATION OF EACH OF THE INDIVIDUALS DESCRIBED ABOVE TOOLS UTILIZED FO R THIS REVIEW INCLUDED THE COMPENSATION STUDY PREPARED BY THE INDEPENDENT COMPENSATION CON SULTING FIRM CONTRACTED BY THE COMMITTEE FURTHER, PERFORMANCE OF EACH INDIVIDUAL WAS MEAS URED AGAINST PREVIOUSLY APPROVED GOALS AND OBJECTIVES IN DETERMINING INCENTIVE COMPENSATIO N PAYMENTS AFTER DISCUSSION AND ANALYSIS, THE COMPENSATION COMMITTEE VOTED TO APPROVE THE COMPENSATION ARRANGEMENTS OF ALL INDIVIDUALS DESCRIBED ABOVE EXCEPT FOR THE CEO WHEN THE CEO WAS NOT PRESENT, THE COMPENSATION COMMITTEE DISCUSSED THE COMPENSATION OF THE CEO AND THE PERFORMANCE OF THE CEO AGAINST PREVIOUSLY APPROVED GOALS AND OBJECTIVES WITH THE INP UT OF THE COMPENSATION STUDY, THE COMMITTEE VOTED TO RECOMMEND FOR APPROVAL BY THE BOARD O F TRUSTEES THE COMPENSATION ARRANGEMENT OF THE CEO AT A SUBSEQUENT EXECUTIVE SESSION OF T HE HOSPITAL'S BOARD OF TRUSTEES, FROM WHICH ALL TRUSTEES IN THE EMPLOY OF THE HOSPITAL WER E EXCUSED, THE CHAIR OF THE COMPENSATION COMMITTEE MADE A FULL REPORT OF THE COMMITTEE'S A NALYSIS OF CEO COMPENSATION TO THE INDEPENDENT TRUSTEES AND AFTER DISCUSSION RECOMMENDED T HAT THE TRUSTEES APPROVE THE CEO COMPENSATION THE TRUSTEES VOTED AND APPROVED THE COMPENS ATION ALL DELIBERATIONS WERE CONTEMPORANEOUSLY DOCUMENTED IN MINUTES THE COMPENSATION OF THE MAH CEO WAS THEN ALSO REPORTED TO THE CAREGROUP EXECUTIVE COMMITTEE |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART VI, SECTION C, LINE 19 | OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST AT THE FOLLOWING LOCATION MOUNT AUBURN HOSPITAL OFFICES 330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART XI, LINE 9 | TRANSFER TO AFFILIATES -22,221,602 CHANGE IN FUNDED STATUS OF EMPLOYEE BENEFIT PLANS 509,293 UNREALIZED CHANGE IN EQUITY INTEREST IN LPS 2,428,207 |

## 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 FOR THE PERIOD COVERED BY THIS FILING THE FINANCIAL RECORDS OF MAH WERE AUDITED 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 WAS 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

**2017**

**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 |
|---|---|---|---|---|---|
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**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 |
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**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.

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? Yes | (h) Disproprtionate allocations? No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) General or managing partner? No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
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**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) Section 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|---|---|
| **(1)**ANESTHESIA FINANCIAL SOLUTIONS INC<br><br>330 BROOKLINE AVE<br>BOSTON, MA 02215<br>04-3571311 | INACTIVE CORPORATION | MA | N/A | C | | | | | No |
| **(2)**JORDON COMMUNITY ACO INC<br><br>275 SANDWICH ST<br>PLYMOUTH, MA 02360<br>45-4047430 | COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BID-PLYMOUTH | MA | N/A | C | | | | | No |
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**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 |
|---|---|---|---|
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**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 | |
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**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 |
| 375 LONGWOOD AVE<br>BOSTON, MA 02215<br>32-0058309 | TO PROVIDE EMERGENCY MEDICAL SERVICES | MA | 501(C)(3) | LINE 12A, I | HMFP AT BIDMC | | No |
| 330 BROOKLINE AVE<br>BOSTON, MA 02215<br>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 |
| 330 BROOKLINE AVE<br>BOSTON, MA 02215<br>04-2776678 | INACTIVE CORPORATION | MA | 501(C)(3) | LINE 7 | N/A | | No |
| 330 BROOKLINE AVE<br>BOSTON, MA 02215<br>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 |
| 330 BROOKLINE AVE<br>BOSTON, MA 02215<br>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 |
| 330 BROOKLINE AVE<br>BOSTON, MA 02215<br>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 |
| 330 BROOKLINE AVE<br>BOSTON, MA 02215<br>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 |
| 110 FRANCIS STREET<br>BOSTON, MA 02215<br>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 |
| 148 CHESTNUT ST<br>NEEDHAM, MA 02492<br>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 |
| 330 BROOKLINE AVE<br>BOSTON, MA 02215<br>04-2103881 | THE OPERAION OF A WORLD CLASS ACADEMIC MEDICAL CENTER IN BOSTON, MA | MA | 501(C)(3) | LINE 3 | CAREGROUP INC | | No |
| 300 LONGWOOD AVE<br>BOSTON, MA 02215<br>04-3200113 | OUTPATIENT AMBULATORY CARE CENTER IN LEXINGTON, MA | MA | 501(C)(3) | LINE 12A, I | N/A | | No |
| 330 BROOKLINE AVE<br>BOSTON, MA 02215<br>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 |
| 330 BROOKLINE AVE<br>BOSTON, MA 02215<br>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 |
| 330 BROOKLINE AVE<br>BOSTON, MA 02215<br>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 |
| 330 BROOKLINE AVE<br>BOSTON, MA 02215<br>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 |
| 109 BROOKLINE AVE<br>BOSTON, MA 02215<br>22-2629185 | OVERSEE FINCIAL HEALTH OF AFFILIATES | MA | 501(C)(3) | LINE 12C, III-FI | N/A | | No |
| 330 BROOKLINE AVE<br>BOSTON, MA 02215<br>04-3326928 | DEVELOP INNOVATIVE PROG AND MODELS FOR TEACHING AND RESEARCH | MA | 501(C)(3) | LINE 12A, I | N/A | | No |
| 330 BROOKLINE AVE RABB 2<br>BOSTON, MA 02215<br>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 |
| 400 HUNNEWELL ST<br>NEEDHAM, MA 02494<br>04-2810972 | OUTPATIENT, PRIMARY CARE AND SPECIALTY SERVICES | MA | 501(C)(3) | LINE 10 | BETH ISRAEL DEACONESS MEDICAL CENTER INC | | No |
| 330 MOUNT AUBURN ST<br>CAMBRIDGE, MA 02138<br>04-2103606 | HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS | MA | 501(C)(3) | LINE 3 | CAREGROUP INC | | No |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 330 MOUNT AUBURN ST<br>CAMBRIDGE, MA 02138<br>04-3026897 | OFFERING MEDICAL CARE IN GENERAL AND SPECIALIZED PRACTICES | MA | 501(C)(3) | LINE 12A, I | MOUNT AUBURN HOSPITAL | | No |
| 125 PARKER HILL AVE<br>BOSTON, MA 02120<br>04-2103612 | ORTHOPEDIC SPECIALTY HOSPITAL | MA | 501(C)(3) | LINE 3 | CAREGROUP INC | | No |
| 125 PARKER HILL AVE<br>BOSTON, MA 02120<br>04-3235796 | OUTPATIENT MEDICAL SERVICES TO THE VARIOUS COMMUNITIES SERVICED BY NEBH | MA | 501(C)(3) | LINE 3 | NEW ENGLAND BAPTIST HOSPITAL INC | | No |
| 164 LONGWOOD AVE STE 110<br>BOSTON, MA 02115<br>04-3476764 | COORDINATE AND PROVIDE STATEGIC PLANNING OPP FOR HMS | MA | 501(C)(3) | LINE 12A, I | N/A | | No |
| 375 LONGWOOD AVE<br>BOSTON, MA 02215<br>22-2768204 | GENERAL AND SPECIALIZED MEDICAL SERVICES TO THE PATIENTS OF BIDMC AND OTHERS | MA | 501(C)(3) | LINE 10 | N/A | | No |
| 199 REEDSDALE RD<br>MILTON, MA 02186<br>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 |
| 199 REEDSDALE RD<br>MILTON, MA 02186<br>04-3243146 | OUTPATIENT AND PRIMARY CARE SERVICES | MA | 501(C)(3) | LINE 3 | MILTON HOSPITAL FOUNDATION INC | | No |
| 199 REEDSDALE RD<br>MILTON, MA 02186<br>22-2566792 | PROMOTE HEALTHCARE | MA | 501(C)(3) | LINE 12A, I | BETH ISRAEL DEACONESS MEDICAL CENTER INC | | No |
| 275 SANDWICH ST<br>PLYMOUTH, MA 02186<br>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 |
| 275 SANDWICH ST<br>PLYMOUTH, MA 02360<br>04-2103805 | PROMOTE HEALTHCARE | MA | 501(C)(3) | LINE 7 | BETH ISRAEL DEACONESS MEDICAL CENTER INC | | No |
| 275 SANDWICH ST<br>PLYMOUTH, MA 02360<br>04-3228556 | OUTPATIENT AND PRIMARY CARE SERVICES | MA | 501(C)(3) | LINE 10 | JORDAN HEALTH SYSTEMS INC | | No |
| 330 BROOKLINE AVE W/CC-2<br>BOSTON, MA 02215<br>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 |
| 330 MT AUBURN ST<br>CAMBRIDGE, MA 02138<br>47-3111453 | HOME CARE & HOSPICE | MA | 501(C)(3) | LINE 12A, I | MOUNT AUBURN HOSPITAL | | No |
| 930 W COMMONWEALTH AVE<br>BOSTON, MA 02215<br>04-3521077 | SCIENTIFIC & MEDICAL RESEARCH | MA | 501(C)(3) | LINE 7 | N/A | | No |
| 185 PILGRIM ROAD BOST<br>BOSTON, MA 02215<br>04-3208878 | INACTIVE CORPORATION | MA | 501(C)(3) | LINE 12A, I | HMFP AT BIDMC | | No |
| 330 BROOKLINE AVE<br>BOSTON, MA 02215<br>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 | |
| BETH ISRAEL DEACONESS PHYS ORG LLC DBA BIDCO<br><br>ONE UNIVERSITY AVE NORTH ENTRANCE<br>WESTWOOD, MA 02090<br>04-3426253 | COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC | MA | N/A | | | | | | | | | |
| BIDCO PHYSICIAN LLC<br><br>ONE UNIVERSITY AVE NORTH ENTRANCE<br>WESTWOOD, MA 02090<br>46-1589743 | COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC | MA | N/A | | | | | | | | | |
| BIDCO HOSPITAL LLC<br><br>ONE UNIVERSITY AVE NORTH ENTRANCE<br>WESTWOOD, MA 02090<br>46-1643790 | COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC | MA | N/A | | | | | | | | | |
| CAREGROUP CLINICAL RESEARCH LLC<br><br>109 BROOKLINE AVENUE<br>BOSTON, MA 02215<br>30-0228711 | TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP | MA | N/A | | | | | | | | | |
| CAREGROUP INVESTMENT PARTNERSHIP LLP<br><br>109 BROOKLINE AVENUE<br>BOSTON, MA 02215<br>04-3278109 | INVESTMENT PARTNERSHIP | MA | BETH ISRAEL DEACONESS MEDICAL CENTER | EXCLUDED | 3,703,352 | 84,369,588 | | No | 133,325 | | No | 9 430 % |
| PHYSICIAN PROFESSIONAL SERVICES LLP<br><br>10 CABOT ROAD<br>MEDFORD, MA 02155<br>04-3275078 | TO PROVIDE MEDICAL BILLING SERVICES | MA | N/A | | | | | | | | | |
| NEW ENGLAND BAPTIST ORTHOPEDIC NETWORK LLC<br><br>125 PARKER HILL AVE<br>BOSTON, MA 02120<br>46-5120176 | TO PROVIDE ORTHOPEDIC MEDICAL SERVICES | MA | N/A | | | | | | | | | |
| DEDHAM MEDICAL URGENT CARE CENTER AFFILIATED WITH BETH ISRAEL DEACONESS MED<br><br>275 GROVE STREET STE 3-300<br>NEWTON, MA 02466<br>46-3745783 | URGENT CARE CENTER PROVIDING TREATMENT FOR NON-LIFE THREATENING ILLNESSES & | DE | N/A | | | | | | | | | |
| BCD HOSPITAL ENERGY COLLABORATIVE LLC<br><br>375 LONGWOOD AVE<br>BOSTON, MA 02215<br>82-1711826 | LONG-TERM ENERGY SUPPLY PLANNING & ACQUISITION OF RELIABLE LOW-COST ENERGY | DE | N/A | | | | | | | | | |