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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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

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 $ 351,540,231

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW MOUNTAUBURNHOSPITAL ORG

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

L Year of formation 1871

M State of legal domicile MA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
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 2018 (Part V, line 2a)	**5**	2,599
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,297,606
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)	3,485,565	3,377,900
9	Program service revenue (Part VIII, line 2g)	321,182,759	332,826,211
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,649,716	4,807,614
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,493,199	8,635,820
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	344,811,239	349,647,545
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	709,719	723,286
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)	172,900,945	170,176,017
16a	Professional fundraising fees (Part IX, column (A), line 11e)	19,428	12,000
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,104,380		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	151,466,958	158,532,167
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	325,097,050	329,443,470
19	Revenue less expenses Subtract line 18 from line 12	19,714,189	20,204,075

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	444,209,728	441,503,907
21	Total liabilities (Part X, line 26)	192,436,063	187,106,492
22	Net assets or fund balances Subtract line 21 from line 20	251,773,665	254,397,415

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 2020-08-17

WILLIAM SULLIVAN CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-08-17		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 $ 127,417,495 including grants of $ 723,286) (Revenue $ 135,503,806)

See Additional Data

4b (Code) (Expenses $ 26,100,601 including grants of $) (Revenue $ 35,014,606)

See Additional Data

4c (Code) (Expenses $ 29,102,965 including grants of $) (Revenue $ 31,616,982)

See Additional Data

(Code) (Expenses $ 97,345,967 including grants of $) (Revenue $ 130,690,817)

MOUNT AUBURN HOSPITAL'S NUMEROUS CLINICAL STRENGTHS ARE THE RESULT OF A COMMITMENT TO EXCELLENCE BY THE HOSPITAL AND ITS STAFF, WHICH INCLUDES RECOGNIZED AND RESPECTED PROFESSIONALS, AS WELL AS TALENTED STUDENTS AND TRAINEES WHO COME TO MOUNT AUBURN HOSPITAL FOR THE OUTSTANDING EDUCATIONAL OPPORTUNITIES IT PROVIDES THIS COMMITMENT BY OUR STAFF IS MATCHED BY THE CUTTING-EDGE CLINICAL TECHNOLOGY USED THROUGHOUT THE HOSPITAL AT MOUNT AUBURN, PATIENTS RECEIVE CARE THAT IS FIRST-RATE, AS WELL AS COMPASSIONATE MOUNT AUBURN HOSPITAL'S CLINICAL SERVICE BEYOND THOSE LISTED ABOVE INCLUDE CANCER CARE, DIABETES EDUCATION, EMPLOYEE ASSISTANCE PROGRAM, OUTPATIENT RADIOLOGY, 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 2019, MOUNT AUBURN HOSPITAL HAD 15 LICENSED INPATIENT PSYCHIATRY BEDS, AND PROVIDED INPATIENT PSYCHIATRY SERVICES TO 267 PATIENTS THE HOSPITAL HAS A 24 HOUR EMERGENCY DEPARTMENT THAT SERVICED 34,166 VISITS IN ADDITION, THE HOSPITAL PROVIDED A VARIETY OF OUTPATIENT SERVICES TO MORE THAN 177,000 PATIENTS IN VARIOUS SPECIALTIES LISTED ABOVE, AND CONDUCTED MORE THAN 120,000 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 $ 97,345,967 including grants of $) (Revenue $ 130,690,817)

4e Total program service expenses ▶ 279,967,028

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
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

Part IV Checklist of Required Schedules *(continued)*

			Yes	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**	Yes	
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**	Yes	
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**	154		
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**	2,599		
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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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**	24		
	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**		Yes	
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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								8,368,292	4,383,759	974,886

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WALSH BROTHERS INC 210 COMMERCIAL STREET BOSTON, MA 02109	CONTRACTOR	4,533,791
EPIC SYSTEMS CORPORATION 1979 MILKY WAY VERONA, WI 53593	MAINTENANCE	3,238,426
QUEST DIAGNOSTICS PO BOX 912512 PASADENA, CA 911102512	LAB TESTING	2,813,492
CAREGROUP INC 109 BROOKLINE AVENUE BOSTON, MA 02215	MANAGEMENT SERVICES	2,072,294
ANESTHESIA ASSOCIATES OF MA PC 690 CANTON STREET-SUITE 325 WESTWOOD, MA 02090	MD SERVICES	1,616,472

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 64

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c 632,930			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,744,970			
	g Noncash contributions included in lines 1a - 1f $ 49,637				
	h Total. Add lines 1a-1f . . . . . ▶	3,377,900			
Program Service Revenue		Business Code			
	2a TOTAL ADULT MED/SURG U	900099	135,503,806	135,503,806	
	b OUTPATIENT RADIOLOGY	900099	35,014,606	35,014,606	
	c OUTPATIENT SURGERY	621990	31,616,982	31,616,982	
	d INPT OBSTETRICS/NEWBOR	900099	27,942,723	27,942,723	
	e EMERGENCY DEPARTMENT	621990	23,734,910	23,734,910	
	f All other program service revenue		79,013,184	79,013,184	
	g Total. Add lines 2a–2f . . . . ▶	332,826,211			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	763,718		-249,356	1,013,074
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real / (ii) Personal			
	6a Gross rents	2,243,638			
	b Less rental expenses	1,062,935			
	c Rental income or (loss)	1,180,703			
	d Net rental income or (loss) . . . . . ▶	1,180,703			1,180,703
		(i) Securities / (ii) Other			
	7a Gross amount from sales of assets other than inventory	4,511,697			
	b Less cost or other basis and sales expenses	467,801			
	c Gain or (loss)	4,043,896			
	d Net gain or (loss) . . . . . ▶	4,043,896		39,572	4,004,324
	8a Gross income from fundraising events (not including $ 632,930 of contributions reported on line 1c) See Part IV, line 18 . . . . **a**	170,085			
	b Less direct expenses . . . **b**	361,950			
	c Net income or (loss) from fundraising events . . ▶	-191,865			-191,865
	9a Gross income from gaming activities See Part IV, line 19 . . . **a**				
	b Less direct expenses . . . **b**				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . **a**				
	b Less cost of goods sold . . **b**				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a PARKING LOTS AND GARAG	812930	2,477,921		2,477,921
	b LAB TESTING	541380	2,413,260	2,413,260	
	c FOOD SERVICE	722310	1,859,664		1,859,664
	d All other revenue		896,137	94,130	802,007
	e Total. Add lines 11a–11d . . . . . ▶		7,646,982		
	12 Total revenue. See Instructions . . . . . ▶		349,647,545	332,826,211	2,297,606	11,145,828

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	723,286	723,286		
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	5,352,131	4,563,636	788,495	
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	132,439,299	118,113,993	13,970,965	354,341
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,909,166	5,259,158	590,916	59,092
9 Other employee benefits	17,028,932	15,155,749	1,702,894	170,289
10 Payroll taxes	9,446,489	8,407,375	944,649	94,465
11 Fees for services (non-employees)				
a Management				
b Legal	141,044		141,044	
c Accounting	260,339		260,339	
d Lobbying	204,690		204,690	
e Professional fundraising services See Part IV, line 17	12,000			12,000
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	18,099,842	14,289,181	3,758,183	52,478
12 Advertising and promotion	149,659	23,241	126,418	
13 Office expenses	55,644,558	54,726,582	835,433	82,543
14 Information technology	15,492,665	13,319,415	2,144,009	29,241
15 Royalties				
16 Occupancy	7,319,047	5,405,976	1,853,441	59,630
17 Travel	162,723	127,712	34,370	641
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,401,494	2,240,599		160,895
20 Interest	4,359,892	3,226,320	1,133,572	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,493,942	12,005,881	12,488,061	
23 Insurance	3,356,030	3,208,453	147,577	
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 FEES AND SUP	15,253,061	8,389,938	6,835,038	28,085
b PATIENT SERVICES	5,327,818	5,320,333	7,485	
c UNCOMPENSATED CARE	4,254,053	4,254,053		
d DUES	1,611,310	1,206,147	404,483	680
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	329,443,470	279,967,028	48,372,062	1,104,380
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		5,796,955	1	12,072,729
	2	Savings and temporary cash investments		35,861,101	2	38,331,731
	3	Pledges and grants receivable, net		29,157	3	174,323
	4	Accounts receivable, net		39,798,727	4	36,080,703
	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		4,574,488	8	4,748,340
	9	Prepaid expenses and deferred charges		6,917,423	9	6,577,062
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 570,928,515			
	b	Less accumulated depreciation	10b 363,928,697	218,337,426	10c	206,999,818
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		117,895,393	12	120,869,321
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		14,999,058	15	15,649,880
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		444,209,728	16	441,503,907
Liabilities	17	Accounts payable and accrued expenses		37,247,791	17	37,776,079
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		135,093,919	20	126,059,824
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		20,094,353	25	23,270,589
	26	**Total liabilities.** Add lines 17 through 25		192,436,063	26	187,106,492
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		238,240,980	27	239,906,079
	28	Temporarily restricted net assets		8,706,715	28	9,565,366
	29	Permanently restricted net assets		4,825,970	29	4,925,970
		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		251,773,665	33	254,397,415
	34	Total liabilities and net assets/fund balances		444,209,728	34	441,503,907

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	349,647,545
2	Total expenses (must equal Part IX, column (A), line 25)	2	329,443,470
3	Revenue less expenses Subtract line 2 from line 1	3	20,204,075
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	251,773,665
5	Net unrealized gains (losses) on investments	5	592,030
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	-18,172,355
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	254,397,415

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 (2018)

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 TRUSTEE	1 00 0 00	X						0	0	0
CALANO DANIEL V TRUSTEE	1 00 0 00	X						0	0	0
CANEPA JOHN J TRUSTEE, CO-CHAIR	5 00 5 00	X						0	0	0
CLOUGH JEANETTE G TRUSTEE, PRESIDENT & CEO	55 00 10 00	X		X				840,583	184,518	58,114
CUTLER MD ANDREW TRUSTEE	1 00 0 00	X						14,181	269,432	45,417
GORDON LISA TRUSTEE	1 00 0 00	X						0	0	0
HUANG MD EDWIN TRUSTEE AND CHAIR-OB/GYN	36 00 1 00	X						317,282	211,521	52,837
KETTYLE MD WILLIAM TRUSTEE	1 00 1 00	X						0	0	0
KIM KIJA TRUSTEE	1 00 1 00	X						0	0	0
LEWIS MD STANLEY M TRUSTEE (CEO DESIGNATE)	1 00 59 00	X						0	732,103	72,582

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LUCCHINO DAVID L TRUSTEE	1 00 0 00	X						0	0	0
MACOMBER JOHN TRUSTEE	1 00 0 00	X						0	0	0
MAMBRINO MD LAWRENCE TTEE/INTRM CHAIR, CRDNTLS CMTE	8 00 0 00	X						30,000	0	0
PALANDJIAN LEON TRUSTEE & ASSISTANT TREASURER	2 00 0 00	X		X				0	0	0
RAFFERTY JAMES J TTEE & CO-CHAIR	2 00 0 00	X		X				0	0	0
REARDON GERALD TRUSTEE	1 00 0 00	X						0	0	0
SHACHOY CHRISTOPHER TTEE (EXO)/PRES BRD OVERSEERS	1 00 0 00	X						0	0	0
SHAPIRO MD DEBRA TRUSTEE	1 00 0 00	X						0	0	0
SHORTSLEEVE MD MICHAEL TTEE, CHAIR, RADIOLOGY DEPT	5 00 0 00	X						23,261	0	0
SMERLAS DONNA TTEE & PRES OF THE AUXILLIARY	0 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVENSON HOWARD H TRUSTEE & VICE - CHAIR	1 00 0 00	X		X				0	0	0
SWANN ERIC TRUSTEE	1 00 0 00	X						0	0	0
TABB MD KEVIN TRUSTEE (EX-OFFICIO), CEO	1 00 65 00	X		X				0	1,756,953	143,704
WILSON WILLIAM TRUSTEE, ASSISTANT CLERK	1 00 0 00	X						0	0	0
DILESO NICHOLAS COO	60 00 0 00			X				3,006,107	0	48,652
SULLIVAN WILLIAM J VP & CFO	50 00 10 00			X				598,872	168,912	45,153
KATZ JAMIE CLERK (EX-OFFICIO)	1 00 64 00			X				0	560,463	44,008
GUARINO RICHARD CHIEF OPERATING OFFICER	60 00 0 00			X				0	0	0
BAKER RN DEBORAH VP, PATIENT CARE SERVICES	60 00 0 00				X			308,921	0	45,152
BRIDGEMAN JOHN VP, CLINICAL SERVICES	60 00 0 00				X			246,741	0	46,864

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			
BURKE KATHRYN VP, CONTRACTING & BUS DEV	60 00 0 00				X			337,810	0	47,152
CHEUNG MD YVONNE Y CHAIR QUALITY & SAFETY	60 00 0 00				X			321,449	0	48,923
WHITE KENDALL CIO	60 00 0 00				X			340,850	0	24,235
BROWN JENNIFER CHAIR, DEPT OF PSYCHIATRY	60 00 0 00					X		387,495	0	34,435
CLARDY PETER MD, CHAIR MEDICAL EDUCATION	60 00 0 00					X		298,316	127,850	42,536
NAUTA RUSSELL FRMR TTEE, CHAIR SURGERY DEPT	60 00 0 00					X		441,732	110,433	72,219
SETNIK MD GARY S TTEE, MD CHAIR EMER MEDICINE	60 00 0 00					X		253,198	168,799	61,270
STONE MD VALERIE CHAIR DEPT OF MEDICINE	60 00 0 00					X		422,639	92,775	8,341
O'CONNELL MICHAEL L FORMER VP, MARKETING	60 00 0 00						X	178,855	0	33,292

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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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** 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 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493231002070

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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

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)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(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)?	Yes		
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		204,690
j	Total Add lines 1c through 1i			204,690
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	MOUNT AUBURN HOSPITAL ENGAGED IN SOME LOBBYING EFFORTS ON BEHALF OF ITSELF AND OTHER NETWORK AFFILIATES AND/OR PAYS DUES TO CERTAIN MEMBERSHIP ORGANIZATIONS OF WHICH A PORTION MAY BE USED BY SUCH ORGANIZATIONS FOR LOBBYING ACTIVITIES ON BEHALF OF THIS INSTITUTION AND OTHER SIMILARLY SITUATED ORGANIZATIONS LOBBYING COSTS ASSOCIATED WITH THESE COMBINED LOBBYING ACTIVITIES WAS $204,690 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 TOTAL LOBBYING EXPENDITURES ARE 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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 7/25/06, 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	13,532,685	12,397,438	11,250,648	11,062,691	10,041,820
b Contributions . . .	2,847,212	2,598,164	2,415,389	3,035,792	4,217,655
c Net investment earnings, gains, and losses	300,793	420,167	749,417	469,901	-177,969
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .	2,189,354	1,883,084	2,018,016	3,317,736	3,018,815
f Administrative expenses					
g End of year balance	14,491,336	13,532,685	12,397,438	11,250,648	11,062,691

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 ▶ 34 000 %
- c Temporarily restricted endowment ▶ 66 000 %

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		230,446,403	129,368,850	101,077,553
c Leasehold improvements		4,851,212	4,373,896	477,316
d Equipment		332,039,112	230,185,951	101,853,161
e Other		3,422,788		3,422,788
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				206,999,818

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	120,869,321	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	120,869,321	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED COMP	5,239,173
SHATZKY ANNUITY	31,445
DEFERRED REVENUE-LT	350,044
ASSET RETIREMENT OBLIGATION	895,230
GIFT ANNUITIES	51,800
ACCRUED POST RETIREMENT BENEFITS	366,547
PROFESSIONAL LIABILITY CLAIMS RESERVE	12,204,576
DUE TO AFFILIATES	114,728
AMOUNT DUE TO THIRD PARTIES	4,017,046
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	23,270,589

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	3,267,670,000
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	2,919,815,914		
e	Add lines **2a** through **2d**			2e	2,919,815,914
3	Subtract line **2e** from line **1**			3	347,854,086
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	1,793,459		
c	Add lines **4a** and **4b**			4c	1,793,459
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	349,647,545

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	3,594,794,000
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	3,265,350,530		
e	Add lines **2a** through **2d**			2e	3,265,350,530
3	Subtract line **2e** from line **1**			3	329,443,470
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	329,443,470

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

1 (a) Description of Liability	(b) Book Value
DEFERRED COMP	5,239,173
SHATZKY ANNUITY	31,445
DEFERRED REVENUE-LT	350,044
ASSET RETIREMENT OBLIGATION	895,230
GIFT ANNUITIES	51,800
ACCRUED POST RETIREMENT BENEFITS	366,547
PROFESSIONAL LIABILITY CLAIMS RESERVE	12,204,576
DUE TO AFFILIATES	114,728
AMOUNT DUE TO THIRD PARTIES	4,017,046

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT/SPECIAL FUND MONIES ARE HELD TO SUPPORT THE OPERATING AND CAPITAL NEEDS OF VARIO US PATIENT CARE PROGRAM SERVICES IN ADDITION, THE INCOME FROM THE PERMANENT ENDOWMENT IS USED TO FUND FREE CARE ANNUALLY, THE BOARD ALSO APPROPRIATES 5% OF THE ACCUMULATED APPREC IATION ON THE PERMANENT ENDOWMENT TO FUND FREE CARE

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	EACH ENTITY WITHIN THE BETH ISRAEL LAHEY HEALTH, INC (BILH) SYSTEM RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINE D RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS G REATER THAN FIFTY PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT CHANGES IN MEASUREMENT AR E REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGEMENT OCCURS THE SYSTEM DID NOT RECO GNIZED THE EFFECT OF ANY INCOME TAX POSITIONS IN 2019

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CONSOLIDATED AFFILIATES NET ELIMINATIONS 2,919,785,190 NET ASSETS RELEASED FROM RESTRICTIONS USED FOR OPERATIONS 1,942,539 UNREALIZED CHANGE IN VALUE OF LP'S -1,911,815

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	SPECIAL EVENTS RECLASS -361,950 RENTAL EXPENSE RECLASS -1,062,935 ROUNDING 3 RESTRICTED CONTRIBUTIONS 3,218,341

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS RECLASS 361,950 RENTAL EXPENSE RECLASS 1,062,935 CONSOLIDATED AFFILIATES NET ELIMINATIONS 3,263,925,645

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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.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

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			25,669,379
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			25,669,379

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

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

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't 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, don't file with Form 990)*	☐ Yes	☑ No

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F PART IV QUESTION 3	ALTHOUGH MAH HAD AN INDIRECT OWNERSHIP INTEREST IN A FOREIGN CORPORATION, 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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F PART IV QUESTION 5	ALTHOUGH MAH HELD AN INDIRECT OWNERSHIP INTEREST IN A FOREIGN PARTNERSHIP DURING THE TAX 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 AND THE CARIBBEAN	0	0	INVESTMENTS		22,463,094
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		3,206,285

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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.**

▶ **Go to *www irs gov/Form990* for instructions and the latest information**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

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

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

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

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

		(a) Event #1 GALA (event type)	(b) Event #2 GOLF (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	575,720	150,500	76,795	803,015
	2 Less Contributions	465,925	100,250	66,755	632,930
	3 Gross income (line 1 minus line 2)	109,795	50,250	10,040	170,085
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		904		904
	6 Rent/facility costs	151,883	75,000	11,786	238,669
	7 Food and beverages				
	8 Entertainment	73,350		500	73,850
	9 Other direct expenses	35,927	11,446	1,154	48,527
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				361,950
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-191,865

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493231002070

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.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No 1545-0047

2018

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)			7,705,160	3,060,804	4,644,356	1 410 %
b Medicaid (from Worksheet 3, column a)			29,410,648	22,092,546	7,318,102	2 220 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			37,115,808	25,153,350	11,962,458	3 630 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,254,035	130,683	1,123,352	0 340 %
f Health professions education (from Worksheet 5)			12,277,531	4,364,089	7,913,442	2 400 %
g Subsidized health services (from Worksheet 6)			19,621,674	7,051,934	12,569,740	3 820 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			819,069		819,069	0 250 %
j **Total.** Other Benefits			33,972,309	11,546,706	22,425,603	6 810 %
k **Total.** Add lines 7d and 7j			71,088,117	36,700,056	34,388,061	10 440 %

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	7,331,466		
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	101,237,509	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	98,342,573	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	2,894,936	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used			

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? **1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

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

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 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	
If "Yes" (list url) SEE PART VI			
a			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

MOUNT AUBURN HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP		
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 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	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **6**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS	COMMUNITY HEALTH IMPROVEMENT SERVICES AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROU PSCOMMUNITY BENEFITS MISSION STATEMENT MOUNT AUBURN HOSPITAL (MAH OR HOSPITAL) IS COMMITTE D TO IMPROVING THE HEALTH AND WELLBEING OF COMMUNITY MEMBERS BY COLLABORATING WITH COMMUNI TY PARTNERS TO REDUCE BARRIERS TO HEALTH, INCREASE PREVENTION AND/OR SELF-MANAGEMENT OF CH RONIC DISEASE AND INCREASE THE EARLY DETECTION OF ILLNESS THE COMMUNITY BENEFITS MISSION IS FULFILLED BY INVOLVING MAH'S STAFF, INCLUDING ITS LEADERSHIP AND DOZENS OF COMMUNITY P ARTNERS, IN THE CHNA PROCESS AS WELL AS IN THE DEVELOPMENT, IMPLEMENTATION AND OVERSIGHT O F THE IMPLEMENTATION STRATEGY, ENGAGING RESIDENTS THROUGHOUT THE HOSPITAL'S SERVICE AREAS IN ALL ASPECTS OF THE COMMUNITY BENEFITS PROCESS, INCLUDING ASSESSMENT, PLANNING, IMPLEMEN TATION AND EVALUATION SPECIAL ATTENTION IS FOCUSED ON ENGAGING DIVERSE PERSPECTIVES, FROM THOSE, PATIENTS AND NON-PATIENTS ALIKE, WHO ARE OFTEN LEFT OUT OF SIMILAR ASSESSMENT, PLA NNING AND PROGRAM IMPLEMENTATION PROCESSES, ASSESSING UNMET COMMUNITY NEED BY COLLECTING P RIMARY AND SECONDARY DATA (BOTH QUANTITATIVE AND QUALITATIVE) TO IDENTIFY UNMET HEALTH-REL ATED NEEDS AND TO CHARACTERIZE THOSE IN THE COMMUNITY WHO ARE MOST VULNERABLE AND FACE DIS PARITIES IN ACCESS AND OUTCOMES, IMPLEMENTING COMMUNITY HEALTH PROGRAMS AND SERVICES IN MA H'S SERVICE AREA GEARED TOWARD IMPROVING CURRENT AND FUTURE HEALTH STATUS OF INDIVIDUALS, FAMILIES AND COMMUNITIES BY REMOVING BARRIERS TO CARE, ADDRESSING SOCIAL DETERMINANTS OF H EALTH, STRENGTHENING THE HEALTHCARE SYSTEM AND WORKING TO DECREASE THE BURDEN OF THE LEADI NG HEALTH ISSUES, PROMOTING HEALTH EQUITY BY ADDRESSING SOCIAL AND INSTITUTIONAL INEQUITIE S, RACISM AND BIGOTRY AND ENSURING THAT ALL PATIENTS ARE WELCOMED AND RECEIVE CARE THAT IS RESPECTFUL AND CULTURALLY RESPONSIVE, AND FACILITATING COLLABORATION AND PARTNERSHIP WITH IN AND ACROSS SECTORS (E G , STATE/LOCAL PUBLIC HEALTH AGENCIES, HEALTH CARE PROVIDERS, SO CIAL SERVICE ORGANIZATIONS, BUSINESSES, ACADEMIC INSTITUTIONS, COMMUNITY HEALTH COLLABORAT IVES, AND OTHER COMMUNITY HEALTH ORGANIZATIONS) TO ADVOCATE FOR, SUPPORT AND IMPLEMENT EFF ECTIVE HEALTH POLICIES, COMMUNITY PROGRAMS AND SERVICES COMMUNITY BENEFITS SUMMARY MAH CON CENTRATES ITS EFFORTS WITH MEMBERS FROM THE LOCAL COMMUNITY HEALTH NETWORK AREA 17 A COMM UNITY HEALTH NETWORK AREA IS A LOCAL COALITION OF PUBLIC, NON-PROFIT, AND PRIVATE SECTOR O RGANIZATIONS WORKING TOGETHER TO BUILD HEALTHIER COMMUNITIES IN MASSACHUSETTS THROUGH COMM UNITY-BASED PREVENTION PLANNING AND HEALTH PROMOTION RECOMMENDATIONS FROM THE MASSACHUSETT S DEPARTMENT OF PUBLIC HEALTH DURING THE FISCAL YEAR COVERED BY THIS FILING, MAH PROVIDED COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY BENEFIT OPERATIONS AND CASH AND IN-KIND C ONTRIBUTIONS TO COMMUNITY GROUPS OF $1,942,421 AS REPORTED ON THIS SCHEDULE H, PART I, LIN ES 7E AND 7I, COLUMN C COMMUNITY BENEFITS LEADERSHIP/TEAMTHE COMMUNITY BENEFITS TEAM AT M OUNT AUBURN HOSPITAL (MAH) CONSISTS OF THE COMMUNITY HEALTH STAFF, THE DIRECTOR OF SOCIAL WORK AND THE CHIEF OPERATING OFFICER MAH COMMUNITY HEALTH DEPARTMENT STAFF MET WITH COMMU NITY MEMBERS INCLUDING THOSE WHO WORK IN PUBLIC HEALTH, TO REACH COMMUNITY MEMBERS IN MAH' S TARGET AREA THIS TEAM MET PERIODICALLY DURING THE FISCAL PERIOD COVERED BY THIS FILING IN ADDITION, ANNUALLY THE BOARD OF TRUSTEES APPROVES THE COMMUNITY BENEFITS' MISSION STAT EMENT AND PLAN 2018 COMMUNITY HEALTH NEEDS ASSESSMENTMOST RECENT COMMUNITY HEALTH NEEDS A SSESSMENT INTERNAL REVENUE CODE SECTION 501(R)INTERNAL REVENUE CODE (IRC) SECTION 501(R), ENACTED AS PART OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, REQUIRES EACH HOSPITAL TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND TO FORMALLY ADOPT AN IMPLEMENTA TION STRATEGY IN ACCORDANCE WITH FEDERAL REGULATIONS, IN ORDER MAINTAIN ITS TAX EXEMPT STA TUS AS A HOSPITAL UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED MAH COMPLETED ITS MOST RECENT NEEDS ASSESSMENT DURING THE FISCAL PERIOD ENDED SEPTEMBER 3 0, 2018 AND THE CHNA WAS VOTED BY THE MAH BOARD OF TRUSTEES ON SEPTEMBER 30, 2018 THE MAH BOARD OF TRUSTEES ALSO APPROVED THE MOST RECENT IMPLEMENTATION STRATEGY ON SEPTEMBER 30, 2018 MAH'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND THE ASSOCIATED IMPLEM ENTATION STRATEGY (IS) WERE THE CULMINATION OF A YEAR OF PLANNING AND WORKING WITH JOHN SN OW INC AND WAS BORN LARGELY OUT OF MAH'S COMMITMENT TO BETTER UNDERSTAND AND ADDRESS THE HEALTH-RELATED NEEDS OF THOSE LIVING IN ITS COMMUNITY BENEFITS SERVICE AREA WITH AN EMPHAS IS ON THOSE WHO ARE MOST VULNERABLE OR DISADVANTAGED THE PROJECT WAS ALSO DESIGNED TO FUL FILL THE COMMONWEALTH ATTORNEY GENERAL'S OFFICE AND FEDERAL INTERNAL REVENUE SERVICE (IRS) REGULATIONS THAT REQUIRE THAT MAH ASSESS COMMUNITY HEALTH NEEDS, ENGAGE THE COMMUNITY, ID ENTIFY PRIORITY HEALTH ISSUES, AND CREATE A COMMUNITY HEALTH STRATEGY THAT DESCRIBES HOW M AH, IN COLLABORATION WITH THE COMMUNITY AND LOCAL

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS	HEALTH DEPARTMENTS, WILL ADDRESS THE NEEDS AND THE PRIORITIES IDENTIFIED BY THE ASSESSMENT 2018 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY2018 COMMUNITY HEALTH N EEDS 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 COMMUNIT Y HEALTH NEEDS ASSESSMENT SUMMARY OF APPROACH AND METHODSAS NOTED PREVIOUSLY, MAH HIRED JO HN 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 DEPARTMENT STAFF WORKED CLOSELY THROUGHOUT THE ENTIRE PROCESS WITH STAFF MEMBERS FROM JOHN SNOW INC IN ORDER TO COMPLETE THE PROJECT A COMMUNITY BENEFIT ADVISORY COMMITTEE WAS CREATED AT T HE BEGINNING OF THE PROCESS WHICH CONSISTED OF OVER 20 COMMUNITY MEMBERS AND/OR COMMUNITY ORGANIZATION REPRESENTATIVES INCLUDING CITY/TOWN PUBLIC HEALTH OFFICIALS THE MOST RECENT C HNA 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, INCLUD ING DEMOGRAPHIC, SOCIO-ECONOMIC, GEOGRAPHIC, HEALTH STATUS, CARE SEEKING, AND ACCESS TO CA RE CHARACTERISTICS THIS INVOLVED QUANTITATIVE AND QUALITATIVE DATA ANALYSIS, INCLUDING, T O THE EXTENT POSSIBLE, AN ANALYSIS OF CHANGES OVER TIME PHASE I, CATEGORIZED AS PRELIMINA RY ASSESSMENT, INVOLVED A RIGOROUS AND COMPREHENSIVE REVIEW OF EXISTING QUANTITATIVE INCLU DING A REVIEW OF US CENSUS DATA AND DATA ON SOCIAL DETERMINANTS OF HEALTH, VITAL STATISTIC S INCLUDING DETAIL FROM THE CANCER REGISTRY, COMMUNICABLE DISEASE REGISTRY AND DATA FROM T HE BEHAVIORAL RISK FACTOR SURVEY SYSTEM PHASE I ALSO INCLUDED A SERIES OF INTERVIEWS WITH COMMUNITY STAKEHOLDERS PHASE II INVOLVED A MORE TARGETED ASSESSMENT OF NEED AND BROADER COMMUNITY ENGAGEMENT ACTIVITIES THAT INCLUDED FOCUS GROUPS WITH HEALTH, SOCIAL SERVICE, AN D PUBLIC HEALTH SERVICE PROVIDERS AND CLIENTS, COMMUNITY FORUMS THAT INCLUDED THE COMMUNIT Y AT-LARGE, AS WELL AS A COMMUNITY HEALTH SURVEY THAT CAPTURED INFORMATION FROM RESIDENTS, SERVICE PROVIDERS, AND OTHER STAKEHOLDERS REGARDING LEADING HEALTH-RELATED PRIORITIES PH ASE III INVOLVED A SERIES OF STRATEGIC PLANNING AND REPORTING ACTIVITIES THAT INVOLVED A B ROAD RANGE OF INTERNAL AND EXTERNAL STAKEHOLDERS, THE DEVELOPMENT OF THE CHNA AND IMPLEMEN TATION STRATEGY AND CULMINATED IN PRESENTING THE CHNA AND IMPLEMENTATION STRATEGY FOR A VO TE BY THE MAH BOARD OF TRUSTEES

Form and Line Reference	Explanation
2018 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS	DETAIL OF APPROACH AND METHODSJSI CHARACTERIZED HEALTH STATUS 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 INCLUD ED IN THIS REPORT THE PRIMARY SOURCE OF SECONDARY DATA WAS THROUGH THE MASSACHUSETTS DEPA RTMENT OF PUBLIC HEALTH TESTS OF SIGNIFICANCE WERE PERFORMED, AND STATISTICALLY SIGNIFICA NT DIFFERENCES BETWEEN MAH'S SERVICE AREA AND THE COMMONWEALTH OVERALL ARE NOTED WHEN APPL ICABLE THE LIST OF SECONDARY DATA SOURCES INCLUDED U S CENSUS BUREAU, AMERICAN COMMUNIT Y SURVEY 5-YEAR ESTIMATES (2009-2013) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), (2013-2014 AGGREGATE) CHIA INPATIENT DISCHARGES (2011-2013) MA HOSPITAL INPATIENT DISCHARG ES (2008-2012) MA HOSPITAL ED DISCHARGES (2008-2012) MA CANCER REGISTRY (2007-2011) MA COM MUNICABLE DISEASE PROGRAM (2011, 2012, 2013) MASSACHUSETTS VITAL RECORDS (2014) MASSACHUSE TTS BUREAU OF SUBSTANCE ABUSE SERVICES (BSAS) (2013)2018 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS - KEY INFORMANT INTERVIEWS WITH INTERNAL AND EXTERNAL STAKEHOLDERS (SCHEDULE H, P ART V, SECTION B, LINE 5)JSI CONDUCTED KEY STAKEHOLDER INTERVIEWS WITH 25 COMMUNITY LEADER S AND STAFF MEMBERS AT MAH A LIST OF KEY INFORMANTS IS INCLUDED IN APPENDIX B TO THE CHNA WHICH IS POSTED ON THE MAH WEBSITE (SEE LINK WITHIN THIS SUPPORT TO THE FORM 990 SCHEDUL E H) THESE INDIVIDUALS WERE CHOSEN TO AMASS A REPRESENTATIVE GROUP OF PEOPLE WHO HAD THE EXPERIENCE NECESSARY TO PROVIDE INSIGHT ON THE HEALTH OF COMMUNITIES IN MAH'S SERVICE AREA INTERVIEWS WERE CONDUCTED ON THE PHONE OR IN PERSON USING A STANDARD INTERVIEW GUIDE IN TERVIEWS FOCUSED ON IDENTIFYING MAJOR HEALTH ISSUES, INCLUDING POSSIBLE STRATEGIES TO ADDR ESS THOSE CONCERNS, AND TARGET POPULATIONS 2018 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS - FOCUS GROUPS AND COMMUNITY FORUMS (SCHEDULE H, PART V, SECTION B, LINE 5)JSI CONDUCTED A SERIES OF EIGHT COMMUNITY AND PROVIDER FOCUS GROUPS IN MAH'S SERVICE AREA TO GATHER CRITI CAL COMMUNITY INPUT FROM SERVICE PROVIDERS, COMMUNITY LEADERS AND RESIDENTS STAFF FROM MA H'S COMMUNITY HEALTH DEPARTMENT CONDUCTED AN ADDITIONAL TWO FOCUS GROUPS ON THEIR OWN THE SE FOCUS GROUPS WERE ORGANIZED IN COLLABORATION WITH MAH'S EXISTING COMMUNITY HEALTH PARTN ERS TO LEVERAGE THEIR COMMUNITY CONNECTIONS AND TO HELP ENSURE COMMUNITY PARTICIPATION IN ADDITION, MAH COORDINATED FOUR COMMUNITY FORUMS WHILE JSI LEAD THE DISCUSSIONS WHICH WERE OPEN AND MARKETED TO THE PUBLIC AT-LARGE THESE FORUMS TOOK PLACE IN ARLINGTON, CAMBRIDGE , WALTHAM, AND SOMERVILLE MOUNT AUBURN MADE EVERY EFFORT TO PROMOTE THESE EVENTS TO THE C OMMUNITY AT LARGE IN ORDER TO RECRUIT PARTICIPANTS DURING THE COMMUNITY FORUMS, JSI DISCU SSED FINDINGS FROM QUANTITATIVE DATA AND POSED A RANGE OF QUESTIONS TO SOLICIT INPUT ON CO MMUNITY IDEAS, PERCEPTIONS AND ATTITUDES, INCLUDING WHAT ARE THE LEADING SOCIAL DETERMINA NTS OF HEALTH (E G , HOUSING, POVERTY, FOOD ACCESS, TRANSPORTATION, ETC)? WHAT ARE THE LE ADING HEALTH CONDITIONS (E G , DIABETES, HYPERTENSION, ASTHMA, RESPIRATORY DISEASE, ETC)? WHICH SEGMENTS OF THE POPULATION ARE MOST VULNERABLE (E G , IMMIGRANTS, LGBTQ, OLDER ADUL TS, ETC)? WHAT STRATEGIES WOULD BE MOST EFFECTIVE TO IMPROVING HEALTH STATUS AND OUTCOMES IN THESE AREAS?THE MAH ADVISORY COMMITTEE WAS ALSO INTEGRALLY INVOLVED IN PROVIDING INPUT ON COMMUNITY NEED AND PRIORITIZING THE LEADING HEALTH ISSUES THE ADVISORY COMMITTEE MET THREE TIMES DURING THE COURSE OF THE ASSESSMENT TO REFINE THE APPROACH, PROVIDE INPUT REGA RDING THE ASSESSMENT, AND TO GUIDE THE PRIORITIZATION AND PLANNING PHASE A FULL LISTING O F ALL COMMUNITY ENGAGEMENT ACTIVITIES IS INCLUDED IN THE CHNA ON THE MAH WEBSITE 2018 COMM UNITY HEALTH NEEDS ASSESSMENT PROCESS - REVIEWING RESULTS AND COMPILING THE COMMUNITY HEAL TH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY DOCUMENTSAS NOTED ABOVE, THE CHNA PROCESS WAS DIVIDED INTO THREE PHASES THE FINAL PHASE, PHASE III, INCLUDED THE FOLLOWING STEPS T O REVIEW THE ASSESSMENT PROCESSES MAJOR FINDINGS, TO IDENTIFY MAH'S COMMUNITY BENEFITS PRI ORITY POPULATIONS AND COMMUNITY HEALTH PRIORITIES, REVIEW MAH'S EXISTING COMMUNITY BENEFIT S ACTIVITIES WHICH WERE DERIVED FROM THE PREVIOUS CHNA AND IMPLEMENTATION STRATEGY WHICH W AS 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 PREVIO US CHNA AND IMPLEMENTATION STRATEGY PROCESS NEEDED TO BE AUGMENTED OR CHANGED TO RESPOND T O THE ASSESSMENT COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2018 (TAX YEAR 2017) 2018 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS - KEY FINDINGSTHE KEY PRIORITY POPULATIONS IDENTIFIED THROUGH THE CHNA CONDUCTED DURING THE PERIOD ENDED SEPTEMBER 30, 2018 WERE RA CIAL AND ETHNIC MINORITIES IMMIGRANTS LOW-INCOME POPULATIONS OLDER ADULTS NON-ENGLISH SPEA KERS LGBTQ THE KEY COMMUNITY HEALTH PRIORITIES IDE

Form and Line Reference	Explanation
2018 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS	NTIFIED THROUGH CHNA FY2018 WERE MENTAL HEALTH SUBSTANCE USE CHRONIC/COMPLEX CONDITIONS A ND THEIR RISK FACTORS HEALTHY AGING TWO CROSS-CUTTING PRIORITIES INCLUDE SOCIAL DETERMINA NTS OF HEALTH HEALTH SYSTEM ISSUES (HEALTH CARE ACCESS)THE CHNA THAT WAS COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2018 WILL INFORM MAH'S COMMUNITY BENEFITS INITIATIVES DURING THE FISCAL YEARS ENDED SEPTEMBER 30, 2019, SEPTEMBER 30, 2020 AND SEPTEMBER 30, 202 1 COMMUNITY HEALTH NEEDS ASSESSMENT AND ACTIVITIES REPORTED IN THIS FILINGTHE PREVIOUS NEE DS ASSESSMENT AND ACCOMPANYING IMPLEMENTATION STRATEGY WERE APPROVED BY THE MAH BOARD OF T RUSTEES BEFORE SEPTEMBER 30, 2015 AND INFORMED THE MAH'S COMMUNITY BENEFITS PROCESS FOR TH E FISCAL YEARS ENDED SEPTEMBER 30, 2016, SEPTEMBER 30, 2017 AND SEPTEMBER 30, 2018 AS SUC H, THE ACCOMPLISHMENTS AND ACTIVITIES INCLUDED IN THIS FILING AND REPORTED BELOW RELATE TO THE DOCUMENTS APPROVED AS OF SEPTEMBER 30, 2015 2015 COMMUNITY HEALTH NEEDS ASSESSMENT A ND IMPLEMENTATION STRATEGYTHE MAH COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND THE ASSOCIA TED COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP OR IMPLEMENTATION STRATEGY) WHICH WERE APPROVE D BY THE MAH BOARD 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 BE TTER UNDERSTAND AND ADDRESS THE HEALTH-RELATED NEEDS OF THOSE LIVING IN ITS COMMUNITY BENE FITS SERVICE AREA WITH AN EMPHASIS ON THOSE WHO ARE MOST IN NEED THAT PROJECT, SIMILAR TO THE MOST RECENT CHNA AND IMPLEMENTATION STRATEGY NOTED ABOVE, WERE DESIGNED TO FULFILL TH E COMMONWEALTH ATTORNEY GENERAL'S OFFICE AND FEDERAL INTERNAL REVENUE SERVICE (IRS) REGULA TIONS THAT REQUIRE THAT MAH ASSESS COMMUNITY HEALTH NEEDS, ENGAGE THE COMMUNITY, IDENTIFY PRIORITY HEALTH ISSUES, AND CREATE A COMMUNITY HEALTH STRATEGY THAT DESCRIBES HOW MAH, IN COLLABORATION WITH THE COMMUNITY AND LOCAL HEALTH DEPARTMENT, WILL ADDRESS THE NEEDS AND T HE PRIORITIES IDENTIFIED BY THE ASSESSMENT

Form and Line Reference	Explanation
2015 COMMUNITY HEALTH NEEDS ASSESSMENT	TARGETED GEOGRAPHY AND POPULATIONMAH COMMUNITY BENEFITS ARE AIMED AT SERVING ALL COMMUNITY MEMBERS WHO LIVE ARLINGTON, BELMONT, CAMBRIDGE, SOMERVILLE, WALTHAM, AND WATERTOWN SPECI AL 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 PU RPOSE 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 PRIMARY DISCHARGE DATA TOW NS THAT REPRESENTED MORE THAN 5% OF MAH DISCHARGES WERE INCLUDED 2015 COMMUNITY HEALTH NEE DS ASSESSMENT SUMMARY OF APPROACH AND METHODSTHE 2015 CHNA PROCESS WAS CARRIED OUT BY MAH STAFF THIS DECISION NOT TO HIRE AN OUTSIDE ORGANIZATION WAS MADE AFTER THOUGHTFUL INTERNA L REVIEW AND BASED ON TWO MAIN CRITERIA FIRST, MAH'S COMMUNITY HEALTH STAFF, IN PARTICULA R THE REGIONAL CENTER FOR HEALTHY COMMUNITIES DEPARTMENT, HAD THE SKILLS REQUIRED TO CONDU CT AN ASSESSMENT OF THIS MAGNITUDE SECOND, MAH RECOGNIZED THE ADDED VALUE OF HAVING MAH S TAFF CONDUCT INTERVIEWS AND LEAD GROUP DISCUSSIONS THE PERSONAL CONNECTIONS THAT WERE MAD E THROUGHOUT THE PROCESS INCREASED UNDERSTANDING BETWEEN COMMUNITY ORGANIZATIONS AND HOSPI TAL STAFF ONCE THIS DECISION WAS MADE APPROVAL 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 ORGANI ZATION'S DEFINITION OF HEALTH AS NOT ONLY THE PHYSICAL HEALTH OF THE PEOPLE WHO LIVE IN IT S COMMUNITIES BUT ALSO AS THE SPIRITUAL, SOCIAL, PHYSICAL AND EMOTIONAL WELL-BEING OF COMM UNITY MEMBERS AND THE COMMUNITY AS A WHOLE IMPLICIT IN THIS APPROACH IS AN UNDERSTANDING THAT HEALTH IS NOT DETERMINED SOLELY BY HEALTHCARE BUT ALSO BY THE SOCIAL DETERMINANTS OF HEALTH WHICH INCLUDE SOCIAL SUPPORTS, ENVIRONMENTAL OPPORTUNITIES, POLICIES AND NORMS OF T HE COMMUNITY AND BY THE UNDERLYING ECONOMIC FACTORS AND WELL-BEING OF WHERE PEOPLE LIVE T HE PROCESS BEGAN BY BUILDING AN ADVISORY GROUP TO PROVIDE INPUT INTO THE ASSESSMENT PROCES S OVER 500 COMMUNITY MEMBERS WHO WORK OR LIVE IN MAH COMMUNITIES WERE INVITED TO BE PART OF THIS GROUP ALTHOUGH IT WAS STRESSED THAT ALL LEVELS OF KNOWLEDGE BOTH LIVED AND LEARNE D WERE VALUED SPECIAL EFFORTS WERE MADE TO ENGAGE REPRESENTATIVES FROM LOCAL DEPARTMENTS O F 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 RESOURCES MOUNT AUBURN HOSPITAL SHARES THE SA ME PRIORITY TOWNS OF ARLINGTON, BELMONT, CAMBRIDGE, SOMERVILLE, WALTHAM AND WATERTOWN AS C OMMUNITY HEALTH NETWORK AREA 17 ADVISORY GROUP MEMBERS WERE GIVEN INFORMATION ABOUT THEIR ROLE, A TIMELINE FOR MEETINGS AND A DESCRIPTION OF THE WORK THAT MEMBERS WOULD HAVE TO DO DURING AND BETWEEN MEETINGS THE FINAL ADVISORY GROUP CONSISTED OF 22 MEMBERS REPRESENTIN G ALL SIX CITIES AND TOWNS THE ROLES AND RESPONSIBILITIES OF THE ADVISORY GROUP WERE TO LEARN ABOUT COMMUNITY ASSESSMENT AND HELP DESIGN THE MAH'S ASSESSMENT PROCESS PARTICIPATE IN THE ASSESSMENT AS APPROPRIATE-ANSWER SURVEYS, BE PART OF INTERVIEWS AND ATTEND MEETINGS HELP INVOLVE A BROAD AND DIVERSE GROUP OF RESIDENTS AND OTHER STAKEHOLDERS IN THIS PROCES STHE ASSESSMENT WAS CONDUCTED IN THREE PHASES PHASE 1 INCLUDED A REVIEW OF OTHER ASSESSME NTS, A BROAD COMMUNITY SURVEY AND A PILOT OF ASSESSMENT INTERVIEW AND GROUP DISCUSSION INS TRUMENTS PRELIMINARY DATA GARNERED DURING THIS PHASE WERE PRESENTED TO THE ADVISORY COMMI TTEE WHO FINALIZED THE ASSESSMENT INSTRUMENTS AND PROVIDED INPUT FOR PHASE 2 DURING PHASE 2 A COMMUNITY WIDE SURVEY, MORE INTERVIEWS AND A REVIEW OF SECONDARY DATA WERE CONDUCTED THE ADVISORY GROUP REVIEWED DATA AND PROVIDED INPUT TO THE THIRD PHASE THE THIRD PHASE B EGAN BY AGAIN INVITING A BROAD BASE OF THE COMMUNITY TO PARTICIPATE IN A COLLABORATIVE GRO UP SHARING PROCESS UTILIZING THE WORLD CAF METHODOLOGY DURING THIS MEETING COMMUNITY MEMB ERS 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 ASS ESSMENT AND WILL HELP GUIDE THE CORRESPONDING IMPLEMENTATION PLAN THE DIRECTOR OF COMMUNI TY HEALTH ORGANIZED MEETINGS OF THE ASSESSMENT TEAM, FACILITATED THE DISCUSSIONS, CAPTURED DECISIONS, SHARED THE PROCESS WITH THE LARGER MEMBERSHIP, AND CONNECTED THE HOSPITAL ADMI NISTRATION TO THE PROCESS THE GOAL WAS TO COLLECT QUANTITATIVE AND QUALITATIVE INFORMATIO N FROM EACH OF THE SIX COMMUNITIES IN ORDER TO CREATE A PROFILE OF HEALTH CONCERNS IN THE MAH COMMUNITIES THE FOLLOWING PRINCIPLES GUIDED THE DATA COLLECTION PEOPLE IN OUR COMMUNI TIES SEE THE IDENTIFIED HEALTH CONCERN AS A PROBLE

Form and Line Reference	Explanation
2015 COMMUNITY HEALTH NEEDS ASSESSMENT	M WE ASKED COMMUNITY MEMBERS WHAT THEY SAW AS IMPORTANT ISSUES, WHAT WAS MOST RELEVANT TO THEIR COMMUNITY MEMBERS AND THEIR LIVES A WIDE SAMPLE OF COMMUNITY MEMBERS IN ALL SIX CO MMUNITIES WAS ASKED TWO QUESTIONS WHAT CONCERNS YOU MOST ABOUT YOUR COMMUNITY TODAY? WHAT WOULD MAKE YOUR COMMUNITY A BETTER PLACE TO LIVE?THE WAY THESE QUESTIONS WERE PRESENTED A ND ASKED WAS CRAFTED SPECIFICALLY TO ALLOW THE ANSWERS TO BE BROAD AND INCLUSIVE OF THE SO CIAL DETERMINANTS OF HEALTH THE GOAL WAS NOT TO BIAS PEOPLE'S THINKING TOWARD MEDICAL CAR E OR ILLNESS A THIRD QUESTION, "WHAT IS THE ONE THING YOU WOULD LIKE TO IMPROVE ABOUT YOU R HEALTH?" ELICITED COMMUNITY MEMBERS PERSONAL HEALTH CONCERNS THE 2015 CHNA IDENTIFIED H EALTH CONCERN AFFECTS ALL SIX MAH COMMUNITIES QUANTITATIVE DATA ABOUT MAGNITUDE AND INCID ENCE OF PROBLEMS WERE REVIEWED THE FOCUS OF THIS REVIEW WAS TO IDENTIFY COMMON THEMES ACR OSS THE MAH COMMUNITIES THE ADVISORY GROUP CHOSE TO CONDUCT KEY INFORMANT INTERVIEWS OF L EADERS FROM ORGANIZATIONS THAT WOULD BE ALIKE IN EACH TOWN DEPARTMENTS OF PUBLIC HEALTH, WHICH REPRESENT ALL POPULATIONS, AND COUNCILS ON AGING, WHICH REPRESENT ELDERS, WERE CHOSE N THE GROUP RECOGNIZED THAT YOUTH SERVING ORGANIZATIONS WERE NOT UNIFORM THROUGHOUT EACH CITY AND TOWN AND RELIED ON A REVIEW OF YOUTH BEHAVIOR RISK SURVEY INFORMATION TO REPRESEN T THAT COHORT THROUGHOUT THIS PROCESS ENGAGED COMMUNITY MEMBERS WERE ASKED TO THINK LOCAL LY ABOUT HEALTH CONCERNS AND FOCUS ON DATA PERTAINING TO THE SIX COMMUNITIES MEASURABLE AN D SUSTAINABLE CHANGE CAN BE MADE ON THE IDENTIFIED HEALTH CONCERN IN THREE YEARS THE MEMB ERS OF THE ADVISORY GROUP AND OTHER COMMUNITY MEMBERS WHO PARTICIPATED WERE ASKED TO USE T HEIR COLLECTIVE KNOWLEDGE TO DECIDE THIS A REVIEW OF EVIDENCED BASED PROGRAMS SUCH AS HEA LTHY PEOPLE 2020 (HTTP //WWW HEALTHYPEOPLE GOV/) AND THE CENTER FOR DISEASE CONTROL'S WINN ABLE BATTLES (HTTP //WWW CDC GOV/WINNABLEBATTLES/) WAS SHARED WITH THE ADVISORY GROUP AND WILL BE UTILIZED DURING IMPLEMENTATION PLANNING THERE ARE RESOURCES RELATED TO THE IDENTI FIED HEALTH CONCERN UPON WHICH NEW ACTIVITIES CAN BUILT THE MEMBERS OF THE ADVISORY GROUP AND OTHER COMMUNITY MEMBERS WHO PARTICIPATED WERE ASKED TO BRAINSTORM TOGETHER AND CREATE A LIST OF COMMUNITY RESOURCES THE IDENTIFIED HEALTH CONCERN AFFECTS VULNERABLE POPULATIO NS IT WAS DECIDED THAT INVITATIONS TO PARTICIPATE IN THE ASSESSMENT WOULD BE AS BROAD AS POSSIBLE EVERYONE WAS WELCOME ORGANIZATIONS WHO SERVE IMMIGRANT POPULATIONS SUCH AS ENGL ISH SPEAKERS OF OTHER LANGUAGES (ESOL) AND OTHERS WHO SERVE UNDERSERVED POPULATIONS WERE I NCLUDED THROUGHOUT THE PROCESS PARTICIPANTS WERE ASKED TO CONSIDER AND PRIORITIZE THE NEE DS OF VULNERABLE POPULATIONS THE GOAL WAS TO COLLECT DATA FROM A VARIETY OF SOURCES IN ORD ER TO DEFINE THE MAIN HEALTH CONCERN AND ALSO ARTICULATE WHAT THAT DEFINITION MEANS TO COM MUNITY MEMBERS DATA CAME FROM FOUR MAIN SOURCES REVIEW OF CURRENT MAH COMMUNITY BENEFITS PROGRAMMINGBY REVIEWING THE EVALUATION OF THE 2012 IMPLEMENTATION PLAN AND ASKING THE OPI NIONS OF KEY STAKEHOLDERS, AN EVALUATION OF CURRENT MAH COMMUNITY BENEFITS PROGRAMMING, IN CLUDING A RECOMMENDATION OF WHETHER OR NOT TO CONSIDER CONTINUING THE PROGRAM, WAS COMPLET ED

Form and Line Reference	Explanation
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 ASSESSMENT- 2014 MASS CHIP MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH STATUS OF CHILDHOOD WEIGHT IN MAS SACHUSETTS 2009-2011 MOUNT AUBURN HOSPITAL EMERGENCY ROOM DATA TUFTS HEALTH PLAN FOUNDATIO N HEALTHY AGING DATA REPORT 2015 YOUTH BEHAVIOR RISK SURVEYS ARLINGTON (2013-2014), BELMON T (2011-2012), CAMBRIDGE (2013-2014), SOMERVILLE (2013-2014), WALTHAM (2011-2012), AND WAT ERTOWN (2011-2012) (WHEN POSSIBLE DATA WAS REVIEWED FOR EACH INDIVIDUAL CITY AND TOWN IN T HE MAH COMMUNITIES, OTHERWISE, IT WAS REVIEWED AT THE COUNTY OR CHNA LEVEL QUALITATIVE DA TA INTERVIEWS, GROUPS CONVERSATIONS, SURVEYS AND WORLD CAF THIS ASSESSMENT ATTEMPTED TO S OLICIT BROAD INPUT FROM ALL COMMUNITY MEMBERS WHENEVER POSSIBLE MAH INCLUDED NEEDS OF THE VUNERABLE POPULATIONS AND/OR INDIVIDUALS OR ORGANIZATIONS SERVING OR REPRESENTING SUCH PO PULATIONS A REVIEW OF THE POPULATION CHARACTERISTICS FOR ALL SIX TOWNS HELPED THE ADVISOR Y GROUP DECIDE THAT SPECIAL EMPHASIS WOULD BE PLACED ON ELDERLY COMMUNITY MEMBERS THEY CA ME TO THIS CONCLUSION FOR THREE REASONS ELDERS REPRESENT THE LARGEST GROWING POPULATION O F MAH PATIENTS, THREE OF MAH COMMUNITIES (ARLINGTON, BELMONT AND WATERTOWN) HAVE ELDER POP ULATIONS HIGHER THAN STATE AVERAGE AND COUNCILS ON AGING WERE LOCATED IN EACH TOWN PROVIDI NG A SIMILAR BASE QUALITATIVE DATA WERE COLLECTED FROM OVER 800 COMMUNITY MEMBERS THROUGH THE FOLLOWING METHODS KEY INFORMANT INTERVIEWS (25) GROUPS CONVERSATIONS (7) SURVEYS SIX DIFFERENT SURVEYS WERE UTILIZED TO GATHER INFORMATION O COMMUNITY PAPER SURVEYO ENGLISH AS A SECOND LANGUAGE PROVIDER SURVEYO COLLABORATIONS WITH OTHERS CONDUCTING SURVEYS CHNA 1 7 YOUTH SUMMIT PARTICIPANTS, N=180 HEALTHY WALTHAM HIGH SCHOOL SURVEY, N=89 COMMUNITY DAY CENTER OF WALTHAM HOMELESS SURVEY, N=100 COMMUNITY ELECTRONIC SURVEY (291) WORLD CAF AFTER INITIAL ANALYSIS OF THE ABOVE DATA SOURCES WAS COMPLETED THE RESULTS WERE PRESENTED TO TH E ADVISORY GROUP WITH THE ADVISORY GROUP CONSENSUS MAH ENGAGED COMMUNITY MEMBERS TO FURTH ER DEFINE THE TOP HEALTH CONCERNS FORTY THREE COMMUNITY MEMBERS MET FOR HALF A DAY AND FO R EACH HEALTH TOPIC THEY FINALIZED A DEFINITION, EXPLORED THE UNDERLYING CAUSES, SHARED WH AT IS CURRENTLY BEING DONE AND SUGGESTED WHAT COULD BE DONE IN THE NEXT THREE YEARS WRITT EN COMMENTS SOLICITED ON THE 2012 ASSESMENT AND IMPLEMENTATION PLANAS REQUIRED, THE 2012 C OMMUNITY HEALTH NEEDS ASSESSMENT AND CORRESPONDING 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 WERE ENCOURAGED TO SHARE THEIR THOUGHTS, CONCERN S OR QUESTIONS2015 COMMUNITY HEALTH NEEDS ASSESSMENT -- MAJOR HEALTH NEEDS AND HOW PRIORIT IES WERE DETERMINEDDURING THE DEVELOPMENT OF THE IMPLEMENTATION STRATEGY MAH FIRST REVIEWE D THE MASSACHUSETTS ATTORNEY GENERAL'S AND THE INTERNAL REVENUE SERVICE'S GUIDELINES IN M ASSACHUSETTS HOSPITALS ARE ENCOURAGED TO ADDRESS THE FOLLOWING STATEWIDE HEALTH PRIORITIES SUPPORTING HEALTH CARE REFORM, REDUCING HEALTH DISPARITIES, IMPROVING CHRONIC DISEASE MA NAGEMENT AND PROMOTING WELLNESS IN VULNERABLE POPULATIONS THE INTERNAL REVENUE SERVICE GU IDELINES OUTLINE THE FOLLOWING FEDERAL PRIORITIES IMPROVING ACCESS TO CARE, ADVANCING MED ICAL KNOWLEDGE, ENHANCING COMMUNITY HEALTH AND RELIEVING OR REDUCING GOVERNMENT BURDEN NEX T, MAH CONSIDERED THE SAME PRINCIPLES THAT HAD GUIDED THE ASSESSMENT PROCESS PEOPLE IN MA H COMMUNITIES SEE THE IDENTIFIED HEALTH CONCERN AS A PROBLEM THE IDENTIFIED HEALTH CONCERN AFFECTS ALL SIX MAH COMMUNITIES MEASURABLE AND SUSTAINABLE CHANGE CAN BE MADE ON THE IDEN TIFIED HEALTH CONCERN IN THREE YEARS THERE ARE RESOURCES RELATED TO THE IDENTIFIED HEALTH CONCERN UPON WHICH NEW ACTIVITIES CAN BUILT THE IDENTIFIED HEALTH CONCERN AFFECTS VULNERAB LE POPULATIONSFINALLY, MAH REVIEWED AN EVALUATION OF CURRENT MAH COMMUNITY BENEFIT PROGRAM ING, INCLUDING A RECOMMENDATION OF WHETHER OR NOT TO CONTINUE EACH PROGRAM PHASES 1 AND 2 INVOLVED COLLECTING COMMUNITY WIDE QUANTITATIVE AND QUALITATIVE DATA AND SHARING RESULTS W ITH THE ADVISORY GROUP THE MAIN HEALTH CONCERNS IDENTIFIED DURING THE ASSESSMENT WERE OB ESITY AND INACTIVE LIVING POOR SELF-MANAGEMENT (AND PREVENTION) OF CHRONIC DISEASE MENTAL HEALTH ISSUES SUBSTANCE ABUSE ACCESS TO HEALTH CARE SERVICES AND SUPPORT OF BROAD PUBLIC H EALTH CONCERNSIN PHASE 3 ENGAGED COMMUNITY MEMBERS PARTICIPATED IN A COLLABORATIVE GROUP S HARING PROCESS UTILIZING THE WORLD CAF METHODOLOGY (HTTP //WWW THEWORLDCAFE COM/KEY-CONCEP TS-RESOURCES/WORLD-CAFE-METHOD) DURING THIS MEETING 42 COMMUNITY MEMBERS ARTICULATED A DE EPER UNDERSTANDING OF THE FIRST FOUR IDENTIFIED HEALTH CONCERNS PARTICIPANTS WERE ASKED T O CONSIDER AND PRIORITIZE THE NEEDS OF VULNERABLE POPULATIONS THE FOLLOWING QUESTIONS HEL PED INFORM THE IMPLEMENTATION PLAN WHAT ARE THE U

Form and Line Reference	Explanation
QUANTITATIVE DATA REVIEWING EXISTING SECONDARY DATA	NDERLYING CAUSES SURROUNDING THE IDENTIFIED HEALTH CONCERN? WHAT IS CURRENTLY BEING DONE T O ADDRESS THE IDENTIFIED HEALTH CONCERN THAT IS EFFECTIVE? IN OTHER WORDS, WHAT WORKS WELL ? WHAT COULD BE DONE IN THE NEXT THREE YEARS TO IMPROVE OR SOLVE THE IDENTIFIED HEALTH CON CERN? WHAT IS ACTUALLY DOABLE? WHAT BARRIERS CURRENT EXIST? IN ADDITION TO ANSWERING THESE QUESTIONS COMMUNITY MEMBERS ARTICULATED THAT THERE WAS SYNERGY BETWEEN THE IDENTIFIED HEA LTH CONCERNS A NEED TO ALIGN CURRENT ACTIVITIES ADDRESSING EACH IDENTIFIED HEALTH CONCERN A NEED FOR COMMUNICATION BETWEEN ORGANIZATIONS DOING SIMILAR WORK INCLUDING RESOURCE SHARI NG LIKELY DISPARITIES AMONG COMMUNITY MEMBERS WHO HAVE LANGUAGE AND CULTURAL BARRIERS AND ARE OF LOWER SOCIO-ECONOMIC STATUS2015 COMMUNITY HEALTH NEEDS ASSESSMENT KEY FINDINGSMAH'S CHNA RESULTED IN THE FOLLOWING KEY FINDINGS RELATED TO COMMUNITY HEALTH NEEDS OBESITY AN D INACTIVE LIVING POOR SELF-MANAGEMENT (AND PREVENTION) OF CHRONIC DISEASE MENTAL HEALTH I SSUES SUBSTANCE ABUSE ACCESS TO HEALTH CARE SERVICES SUPPORT OF BROAD PUBLIC HEALTH CONCER NSCOMMUNITY HEALTH NEEDS ASSESSMENT MAKING THE CHNA AND IMPLEMENTATION STRATEGY WIDELY AVA ILABLE MAH STRIVES TO ADDRESS THE PRIORITY AREAS IN ITS CHNA AND IMPLEMENTATION STRATEGY A S NOTED ABOVE, MAH COMPLETED ITS MOST RECENT CHNA DURING ITS FISCAL YEAR ENDED SEPTEMBER 3 0, 2018 (TAX YEAR 2017) THAT CHNA IS AVAILABLE ON THE MAH WEBSITE AT HTTPS //WWW MOUNTAUB URNHOSPITAL ORG/APP/FILES/PUBLIC/1518/2018-COMMUNITY-HEALTH-NEEDS-ASSESSMENT PDFTHE APPEND IX TO THAT CHNA IS AVAILABLE ON THE MAH WEBSITE AT HTTPS //WWW MOUNTAUBURNHOSPITAL ORG/AP P/FILES/PUBLIC/1489/MAH2018CHNA-APPENDICES PDFIN ADDITION, AS NOTED ABOVE, MAH COMPLETED I TS MOST RECENT IMPLEMENTATION STRATEGY (CHIP) DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2 018 (TAX YEAR 2017) THE IMPLEMENTATION STRATEGY IS AVAILABLE ON THE MAH WEBSITE AT HTTPS //WWW MOUNTAUBURNHOSPITAL ORG/APP/FILES/PUBLIC/1517/2018-COMMUNITY-HEALTH-IMPLEMENTATION-P LAN PDFIN ADDITION, AS NOTED ABOVE, MAH COMPLETED ITS PREVIOUS CHNA DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2015 (TAX YEAR 2014) THAT CHNA IS AVAILABLE ON THE MAH WEBSITE AT HT TPS //WWW MOUNTAUBURNHOSPITAL ORG/APP/FILES/PUBLIC/1118/NEEDS-ASSESSMENT-2015 PDFTHE APPEN DIX TO THAT CHNA IS AVAILABLE ON THE MAH WEBSITE AT HTTPS //WWW MOUNTAUBURNHOSPITAL ORG/A PP/FILES/PUBLIC/744/MAH-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-2015-APPENDIX PDFFINALLY, THE IM PLEMENTATION STRATEGY (CHIP) ASSOCIATED WITH THE CHNA COMPLETED DURING MAH'S FISCAL YEAR E NDED SEPTEMBER 30, 2015 (TAX YEAR 2014) IS AVAILABLE ON THE MAH WEBSITE AT HTTPS //WWW MOU NTAUBURNHOSPITAL ORG/APP/FILES/PUBLIC/747/MOUNT-AUBURN-HOSPITAL-IMPLEMENTATION-PLAN-2015 P DFEACH OF THESE DOCUMENTS IS ALSO AVAILABLE ON REQUEST (SCHEDULE H, PART V, SECTION B, LI NE 7A)

Form and Line Reference	Explanation
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 IMPLEMENTATION 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, 2019 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, 2018 A SUMMARY O F MAH'S COMMUNITY BENEFITS ACTIVITIES THAT ADDRESSES THE NEEDS IDENTIFIED IN THE CHNA COMP LETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 AND PRIORITIZED IN THE RELATED IMPLE MENTATION STRATEGY IS PROVIDED HERE ALONG WITH THE ENTITIES THAT THE HOSPITAL PARTNERS WIT H ON THESE EFFORTS FOCUS ON MENTAL HEALTHHERTZSTEIN WELLNESS CENTER THE MISSION OF THE HE RZSTEIN WELLNESS CENTER IS TO PROVIDE A SPACE FOR HEALTH, REVITALIZATION, AND HOPE THROUGH EDUCATION AND INTEGRATIVE CARE FOR CANCER PATIENTS, FAMILY AND THEIR CAREGIVERS MAH OFFE RS PROGRAMS THAT ADDRESS THE WHOLE PERSON, INCLUDING PHYSICAL BODY, MIND-BODY CONNECTION, SPIRITUAL VITALITY, AND SOCIAL SUPPORT TO IMPROVE QUALITY OF LIFE, CANCER SURVIVAL, AND CA NCER PREVENTION ACUPUNCTURE, MASSAGE AND REIKKI THERAPY ARE AVAILABLE ON AN INDIVIDUAL BA SIS FREE OF CHARGE THIS PROGRAM IS MANAGED BY THE WELLNESS COORDINATOR THE HERZSTEIN WEL LNESS CENTER PROVIDED OVER 550 APPOINTMENTS FOR MASSAGE THERAPY, ACUPUNCTURE AND REIKKI TH ERAPY OTHER PROGRAMS OFFERED ARE PET THERAPY, PAMPER AND PROTECT, GENTLE CHAIR YOGA AND R ETURN TO FITNESS THERE WERE OVER 500 PARTICIPANTS WHO TOOK ADVANTAGE OF THESE PROGRAMS TH ROUGHOUT THE YEAR INCREASING CAPACITY OF THE CITY OF CAMBRIDGE TO OFFER MENTAL HEALTH FIRS T AID TRAININGMAH PROVIDED A $2,000 GRANT TO THE CITY OF CAMBRIDGE TO HELP THEM INCREASE T HEIR CAPACITY TO OFFER MENTAL HEALTH FIRST AID (MHFA) TO STAFF AND COMMUNITY MEMBERS CAMB RIDGE SENT A STAFF MEMBER TO COMPLETE THE NATIONAL COUNCIL ON BEHAVIORAL HEALTH FACILITATO R TRAINING PROGRAM FOR MHFA TO DATE OVER 40 STAFF MEMBERS HAVE BEEN TRAINED IN YOUTH MENT AL HEALTH FIRST AID THE MANY FACES PROJECT - TUFTS UNIVERSITY IN SOMERVILLE MAH SUPPORTED THE MANY FACES PROJECT IN COLLABORATION WITH THE SOMERVILLE HEALTH AND HUMAN SERVICES DEPA RTMENT THIS PROJECT SERVED AS A FOUNDATION FOR GENUINE DIALOGUE ABOUT MENTAL HEALTH THE MANY FACES PROJECT INCLUDES PORTRAITS, 33 OF INDIVIDUALS ON THE BIPOLAR DISORDER SPECTRUM, 33 OF INDIVIDUALS ON THE SCHIZOPHRENIA SPECTRUM AND 33 INDIVIDUALS WHO LOVE THEM, ALL WIT HOUT LABELS ADDITIONALLY, SCULPTURES DEPICT THE MENTAL HEALTH SPECTRUM, AND PAINTINGS TRA NSLATE U S CENSUS DATA AND SCIENTIFIC RESEARCH ON MENTAL ILLNESSES IN POIGNANT AND ARTIST IC WAYS THE MANY FACES PROJECT EXHIBIT WAS OPEN TO THE PUBLIC AND 438 COMMUNITY RESIDENTS VISITED, IN ADDITION TO THE 1,200 STUDENTS AND STAFF BELMONT PARENT SERIESTHE CITY OF BE LMONT RECOGNIZED A NEED TO EDUCATE PARENTS ON THE TOPIC OF TEEN STRESS AND ANXIETY MAH FU NDED A PARENT SERIES OF INFORMATIONAL PRESENTATIONS WITH BREAKOUT SESSIONS FOR PARENTS AND COMMUNITY MEMBERS 70 PARTICIPANTS GAINED KNOWLEDGE AND LEARNED STRATEGIES TO HELP THEIR TEENS REDUCE STRESS AND ANXIETY COLLABORATION WITH COMMUNITY HEALTH NETWORK AREA (CHNA) 1 7TO INCREASE THE CAPACITY OF COMMUNITY HEALTH NETWORK AREA (CHNA) 17 MAH COLLABORATES WITH CHNA 17 TO HELP SUPPORT AND FULFILL ITS MISSION CHNA 17'S MISSION IS TO PROMOTE HEALTHIE R PEOPLE AND COMMUNITIES BY FOSTERING COMMUNITY ENGAGEMENT, ELEVATING INNOVATIVE AND BEST PRACTICES, ADVANCING RACIAL EQUITY, AND SUPPORTING RECIPROCAL LEARNING OPPORTUNITIES TO AD DRESS THE NEEDS OF THE MOST MARGINALIZED MEMBERS OF OUR COMMUNITIES MAH PROVIDES FUNDING, TECHNICAL ASSISTANCE AND ACTIVE STEERING COMMITTEE MEMBERSHIP THIS REPORTING PERIOD, MAH PROVIDED CHNA 17 MENTAL HEALTH AND RACIAL EQUITY GRANTS THE GOAL OF THE GRANTS IS TO INC REASE ACCESS AND REDUCE RACIAL INEQUITIES IN MENTAL HEALTH SERVICES FOR AFRICAN AMERICANS IN FY19 THE GRANTS WERE USED TO PLAN EFFECTIVE INITIATIVES FOR FOLLOWING YEARS SUPPORT GR OUPS/BEREAVEMENTTO ADDRESS MENTAL HEALTH, MAH LED A SUPPORT GROUP THAT PROVIDES PEOPLE SPA CE, IN A SAFE AND SUPPORTIVE ENVIRONMENT, TO SHARE THEIR FEELINGS AND STORIES WITH OTHERS WHO ARE GOING, OR HAVE GONE, THROUGH THE LOSS OF A LOVED ONE IT IS OPEN TO ANY ADULT COMM UNITY MEMBER WHO HAS EXPERIENCED THE DEATH OF SOMEONE SIGNIFICANT IN THEIR LIFE A TOTAL O F 43 COMMUNITY MEMBERS PARTICIPATED IN THREE, EIGHT-WEEK LONG SUPPORT GROUP SESSIONS FOCUS ON SUBSTANCE USEADDRESSING THE OPIOID EPIDEMICTHE

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT - ADDRESSING COMMUNITY HEALTH NEEDS	MAH SUBSTANCE USE TASK FORCE PARTNERED WITH THE MIDDLESEX DISTRICT ATTORNEY TO CREATE THE METRO REGION OPIOID TASK FORCE THIS TASK FORCE WAS FORMED THIS REPORTING PERIOD AND PROV IDES A QUARTERLY MEETING FOR STAFF AND COMMUNITY MEMBERS THE MEETINGS ARE HELD AT MAH AND THEY PROVIDE THE SPACE FOR EDUCATION, INFORMATION SHARING AND PARTNERSHIP TO ADDRESS THE GROWING NUMBER OF OVERDOSE PATIENTS IN THE EMERGENCY DEPARTMENT (ED), MAH CREATED AN INTE RNAL SUBSTANCE USE TASK FORCE TO EXPLORE HOW THE ED COULD BETTER SUPPORT PATIENTS STRUGGLI NG WITH SUBSTANCE USE DEPENDENCE THROUGH THE WORK OF THIS TASK FORCE, MAH CREATED A PROCE SS FOR PATIENTS WITH SUBSTANCE USE DEPENDENCE WHEN PATIENTS LEAVE THE ED, THEY ARE GIVEN A WARM HANDOFF AND ARE SEEN IN THE OUTPATIENT CLINIC PATIENTS WHO PRESENT IN THE ED WITH AN OVERDOSE ARE GIVEN A THREE-DAY SUPPLY OF SUBOXONE AND ARE THEN SEEN IN THE OUTPATIENT C LINIC FOR FOLLOW-UP OVER A SHORT PERIOD OF TIME, AND WITH RELATIVELY FEW RESOURCES, THE T ASK FORCE ESTABLISHED A BRIDGE CLINIC IN CONJUNCTION WITH THE START (SUBSTANCE TREATMENT A ND REFERRAL TEAM) PROGRAM, WITHIN THE DEPARTMENT OF PSYCHIATRY TO IMPROVE TRANSITIONS OF C ARE NARCAN TRAINING IN WALTHAMMAH COLLABORATED WITH THE WALTHAM HEALTH DEPARTMENT AND PRO VIDED THEM WITH A $2,000 GRANT THAT THEY USED TO HOST A NARCAN TRAINING AND EXPAND THEIR D ISTRIBUTION PROGRAM IN ADDITION TO HOSTING A NARCAN TRAINING FOR THE COMMUNITY, THE CITY OF WALTHAM PROVIDED ONE ON ONE NARCAN TRAINING AND KITS TO OVERDOSE VICTIMS AND/OR THEIR F AMILIES SMOKING CESSATION WORKMAH CONTINUED TO PROVIDE THE EVIDENCED-BASED PROGRAM FREEDOM FROM SMOKING TO COMMUNITY MEMBERS THIS PROGRAM PROVIDES AN OVERVIEW ON HOW TO OVERCOME T OBACCO ADDICTION BY ADDRESSING THE PHYSICAL, MENTAL AND SOCIAL ASPECTS OF ADDICTION TOPIC S INCLUDE MANAGING STRESS, AVOIDING WEIGHT GAIN, DEVELOPING A NEW SELF-IMAGE, HOW TO STAY SMOKE FREE AND MORE THIS REPORTING PERIOD, MAH COLLABORATED WITH NEWTON WELLESLEY HOSPITA L AND CHARLES RIVER COMMUNITY HEALTH CENTER (CRCH) TO HELP RECRUIT AND SUPPORT THE FREEDOM FROM SMOKING PROGRAM TWO EIGHT-WEEK SESSIONS WERE OFFERED AT CRCH CENTER ADDITIONALLY, MAH PROVIDES A TOBACCO SPECIALIST TO THE CAMBRIDGE AND SOMERVILLE PROGRAMS FOR ADDICTION R ECOVERY (CASPAR) PARTICIPANTS AT THIS PROGRAM ARE GIVEN THE OPPORTUNITY FOR LUNG SCREENIN GS AND TOBACCO CESSATION EDUCATION IS PROVIDED

Form and Line Reference	Explanation
FOCUS ON CHRONIC/COMPLEX CONDITIONS AND THEIR RISK FACTORS	STROKE NAVIGATION AND PREVENTIONMOUNT AUBURN HOSPITAL SUPPORTS A STROKE CERTIFIED NURSE WH O IS A MEMBER OF THE AMERICAN ASSOCIATION OF NEUROLOGICAL NURSES (AANN) THE NURSE PROVIDE S STROKE EDUCATION AND AWARENESS SERVICES TO MAH PATIENTS, THEIR FAMILIES AND STAFF STROK E AND HEART HEALTH EDUCATION WAS PROVIDED IN A VARIETY OF COMMUNITY SETTINGS TO COMMUNITY MEMBERS MAH PROVIDES ANNUAL COMPETENCY TRAINING FOR THE STAFF AT A LOCAL NURSING FACILITY THIS EDUCATION WAS PRESENTED TO OVER 200 STAFF AT VARIOUS SKILLED NURSING FACILITIES IN THE COMMUNITY DURING THIS REPORTING PERIOD MAH COLLABORATED WITH LOCAL PRIVATE EMS, AND L OCAL CITIES AND TOWN FIRE DEPARTMENTS TO PROVIDE STAFF WITH UPDATED INFORMATION AND EDUCAT ION ABOUT RECOGNIZING THE SIGNS OF A STROKE MAH TRAINED RESPONDERS TO PERFORMING NATIONAL STROKE ASSESSMENTS AND TO ALERT THE HOSPITAL PRIOR TO ARRIVAL IN ORDER TO PROVIDE PATIENT S WITH EFFICIENT TIME SENSITIVE CARE OVER 100 EMS STAFF IN THE COMMUNITY HAVE BEEN TRAINE D THROUGH THIS PROGRAM THIS REPORTING PERIOD, THE STROKE EDUCATION PROGRAM AT MAH PARTNER ED WITH WALTHAM HIGH SCHOOL TO CREATE THE STROKE AMBASSADOR PROGRAM STROKE AMBASSADORS CR EATED AN EDUCATION CAMPAIGN WHICH TAUGHT STUDENTS AND THEIR FAMILIES TO RECOGNIZE THE SIGN S OF STROKE AND HOW TO RESPOND 80 STUDENTS REPORTED THAT THEY NOW KNOW HOW TO RECOGNIZE T HE SIGNS OF A STROKE THE STROKE NURSE EDUCATED OVER 70 ELDERS DURING THIS REPORTING PERIO D 100% OF THE ELDERS WHO RECEIVED TRAINING REPORTED THAT THEY ARE NOW ABLE TO RECOGNIZE T HE SIGNS OF A STROKE AND THEY KNOW HOW TO RESPOND TO HELP SAVE A LIFE MAH PROVIDED STROKE EDUCATION AT A LOCAL SENIOR HEALTH FAIR WHERE THERE WERE OVER 800 PARTICIPANTS SUPPORT FO R COMMUNITY MEMBERS WITH CANCERMAH WORKS WITH CANCER PATIENTS TO CREATE A SENSE OF SUPPORT , CONFIDENCE, COURAGE, AND COMMUNITY AMONG CANCER PATIENTS IN ADDITION TO OUR COLLABORATI ON WITH THE AMERICAN CANCER SOCIETY, MAH HAS GARNERED ITS OWN INTERNAL RESOURCES TO PROVID E SUPPORT SERVICES FOR COMMUNITY MEMBERS TOUCHED BY CANCER 80 CANCER SURVIVORS CELEBRATED TOGETHER AT MAH AT OUR "EMBRACING A NEW FUTURE" SURVIVORSHIP DAY HELD IN JUNE TO CELEBRAT E SURVIVORS IN OUR COMMUNITY A LOOK GOOD FEEL BETTER PROGRAM WAS ALSO OFFERED TO COMMUNIT Y MEMBERS TOUCHED BY CANCER THIS YEAR MAH FACILITATED A FARM DAY FOR STAFF AND SURVIVORS AND THEIR FAMILIES AT THE WALTHAM FIELDS COMMUNITY FARM THESE PROGRAMS ARE AIMED AT INCRE ASING HOPE AND IMPROVED MENTAL HEALTH FOR THOSE AFFECTED BY CANCER FOCUS ON HEALTHY AGINGF ALL PREVENTION IN OLDER ADULTS A MATTER OF BALANCE PROGRAMMOUNT AUBURN HOSPITAL CONTINUED TO OFFER THE EVIDENCE-BASED PROGRAM, A MATTER OF BALANCE, WHICH PROVIDES EDUCATION AND INF ORMATION TO ELDERS TO REDUCE THEIR RISK OF FALLING THIS PROGRAM ADDRESSES OBESITY AND INA CTIVE LIVING BY INCORPORATING A LOW IMPACT EXERCISE ROUTINE CLASSES WERE HELD ONSITE AT T HE HOSPITAL AND ARE FREE AND OPEN TO COMMUNITY MEMBERS 50 ADULTS PARTICIPATED IN CLASSES THIS REPORTING PERIOD AND 100% REPORTED THAT AFTER TAKING THE CLASS THEY FELT MORE COMFORT ABLE INCREASING THEIR ACTIVITY LEVELS AND PLAN TO CONTINUE THE EXERCISES ROUTINE ELDER CAR DIOVASCULAR HEALTHTO ADDRESS PREVENTION AND EARLY DETECTION OF ILLNESS, MAH NURSES GO TO C OMMUNITY SETTINGS AND PROVIDE FREE BLOOD PRESSURE SCREENINGS MAH NURSES ALSO TAKE THIS OP PORTUNITY TO TEACH AND REVIEW THE WARNING SIGNS OF HEART ATTACK AND STROKE THIS REPORTING PERIOD, 80 BLOOD PRESSURE CLINICS WERE PROVIDED, AND 2,000 ELDERS ATTENDED AND RECEIVED E DUCATION ON SIGNS AND SYMPTOMS OF HIGH BLOOD PRESSURE IN-HOME SERVICES/LIFELINETO ADDRESS ACCESS TO HEALTHCARE MAH PROVIDES PERSONAL EMERGENCY RESPONSE SERVICES (LIFELINE) TO UNDE RSERVED ELDERS AND DISABLED ADULTS MAH WORKS CLOSELY WITH LOCAL AGING SERVICES ACCESS POI NT AGENCIES AND PROVIDES THE EMERGENCY RESPONSE SYSTEMS BELOW COST TO OVER 1,000 COMMUNITY MEMBERS WHO ARE IN NEED THIS PROGRAM ALLOWS OLDER ADULTS STAY AGE SAFELY IN THEIR HOME F OCUS ON SOCIAL DETERMINANTS OF HEALTHHEALTH EQUITY AND FOOD ACCESSTHIS REPORTING PERIOD, M AH WAS ABLE TO PROVIDE SMALL GRANTS TO SUPPORT HEALTH EQUITY AND FOOD ACCESS FOR THOSE IN NEED LOCAL FOOD MARKETS, FOOD COLLABORATIVES, AS WELL AS THE WATERTOWN BOYS AND GIRLS CLU B RECEIVED $1,000 EACH TO INCREASE ACCESS AND PROVIDE EDUCATION TO HELP UNDERSERVED RESIDE NTS INCREASE THEIR ACCESS TO FRESH FOODS EACH ORGANIZATION TAILORED A PLAN TO FIT THE NEE DS OF THEIR CONSTITUENTS MAH WORKED WITH HEALTHY WALTHAM TO PROVIDE FUNDING TO INCREASE H EALTH EQUITY AMONG OLDER ADULTS WITH LIMITED ENGLISH PROFICIENCY THE GOAL OF THE COLLABOR ATION IS TO REDUCE SOCIAL ISOLATION BY INCREASING OUTREACH AND OFFERING PROGRAMS AT THE LO CAL SENIOR CENTER THIS FUNDING SUPPORTED WATERTOWN WELLNESS AND ALLOWED THEM TO INCREASE THEIR PARTICIPATION IN THE SNAP MATCH FARMERS MARKET PROGRAM BY 38% MAH COLLABORATED WITH ARLINGTONEATS AND SURVEYED THE CHINESE POPULATION TO GAIN KNOWLEDGE ABOUT THEIR NEEDS AS A RESULT, ARLINGTONEATS WERE ADDED CHINESE LABELS

Form and Line Reference	Explanation
FOCUS ON CHRONIC/COMPLEX CONDITIONS AND THEIR RISK FACTORS	TO ALL OF THE SHELVING AND FOOD PRODUCTS AND TRANSLATED ALL OF THEIR PRINTED MATERIAL TO MANDARIN THE BELMONT FOOD COLLABORATIVE ADDED FRESH EGGS TO THEIR OFFERINGS FOR SNAP AND WIC RECIPIENTS AND DOUBLE THE PURCHASING POWER FOR LOW-NCOME SHOPPERS AT THE FARMERS MARKE T AT THE BOYS AND GIRLS CLUB OF WATERTOWN COOKING AND NUTRITIONAL CLASSES WERE OFFERED TO TEENS OVER 40 YOUNG PEOPLE PARTICIPATED IN THE 6-WEEK SERIES, LEARNING HEALTHIER WAYS TO COOK MEALS AND SNACKS 75% OF THE YOUTH PARTICIPANTS SHOWED UNDERSTANDING AND RETENTION O F THE NUTRITION INFORMATION PRESENTED REDUCING HEALTH DISPARITIESTHE MAH DISPARITIES COMMI TTEE IS FOCUSED ON REDUCING IDENTIFIED HEALTH DISPARITIES THIS YEAR THE COMMITTEE IDENTIF IED THE LGBTQ+ COMMUNITY AS A PRIORITY POPULATION IN REDUCING HEALTH DISPARITIES FOR PATIE NTS AND COMMUNITY MEMBERS THIS COMMITTEE REVIEWS NATIONAL, LOCAL AND HOSPITAL DATA TO IDE NTIFY WHERE INEQUITIES IN HEALTHCARE EXIST THE COMMITTEE RECOGNIZES THAT BREAKING DOWN BA RRIERS FOR ANY PRIORITY POPULATION WILL REDUCE DISPARITIES FOR ALL THIS YEAR A LGBTQA+ EM PLOYEE RESOURCE GROUP WAS FORMED TO ASSIST IN CREATING A WELCOMING ENVIRONMENT FOR MAH' LG BTQA+ STAFF, AND TO ENSURE THAT EXCELLENT AND COMPASSIONATE CARE IS PROVIDED TO LGBTQA + P ATIENTS THROUGH THE WORK OF THIS COMMITTEE THE HOSPITAL WAS ABLE TO INCORPORATE A NUMBER OF NEW INITIATIVES THE ABILITY TO RECORD GENDER IDENTITY AND SEXUAL ORIENTATION DATA IN M AH'S NEW ELECTRONIC MEDICAL RECORD WAS COMPLETED DIGNITY TRAINING WAS PROVIDED FOR ALL EM PLOYEES ADDITIONALLY, TO CREATE AWARENESS AND IMPROVE INCLUSIVITY, MAH CELEBRATED PRIDE M ONTH WITH A SOCIAL MEDIA CAMPAIGN PATIENT CLOTHING CLOSETMAH SUPPORTS A PATIENT CLOTHING C LOSET THAT IS ACCESSIBLE 24 HOURS A DAY FOR PATIENTS WHO ARE IN NEED OF ADDITIONAL CLEAN C LOTHING UPON DISCHARGE MAH STAFF DONATE NEW AND USED CLEAN CLOTHES THAT PATIENTS CAN TAKE HOME

Form and Line Reference	Explanation
COLLABORATIONS WITH LOCAL HOUSING AUTHORITIES	RECOGNIZING THE RELATIONSHIP BETWEEN AFFORDABLE SAFE HOUSING AND HEALTH, THIS REPORTING PE RIOD MAH PROVIDED A NON-COMPETITIVE MINI GRANT TO EACH LOCAL HOUSING AUTHORITY IN ITS CBSA THIS GRANT FUNDING WAS DESIGNATED TO ASSIST IN THE IMPROVEMENT OF HOUSING ACCESS, LIVING CONDITIONS WITHIN BUILDINGS, SAFETY AND TO SUPPORT POLICY CHANGES THAT WILL INCREASE ACCE SS TO AFFORDABLE HOUSING SIX GRANTS OF $2,000 EACH WERE AWARDED TO THE LOCAL HOUSING AUTH ORITIES IN THE ARLINGTON, BELMONT, CAMBRIDGE, SOMERVILLE, WALTHAM AND WATERTOWN IN ARLING TON THEIR GOAL WAS TO IMPROVE UPON LANGUAGE ACCESS AND REDUCE BARRIERS FOR THOSE WITH LIMI TED ENGLISH PROFICIENCY BY PURCHASING AN IPAD AND A LANGUAGE TRANSLATION APPLICATION TO SU PPORT RESIDENTS WITH LIMITED ENGLISH PROFICIENCY IN BELMONT THEY WERE ABLE TO ENGAGE RESID ENTS IN COMMUNITY EVENTS AND FOSTER A COMMUNITY OF BELONGING A SERIES OF SOCIAL EVENTS WE RE ORGANIZED TO REDUCE SOCIAL ISOLATION AND DEPRESSION ESPECIALLY FOR SENIOR RESIDENTS CAM BRIDGE COMPLETED THE FIRST PHASE OF A COMMUNITY SURVEY AND ASSESSMENT THIS INFORMATION WI LL INFORM PROPERTY MANAGERS HOW BEST TO ENGAGE RESIDENTS AND IMPROVE CONDITIONS AND EXPERI ENCES IN THEIR HOUSING DEVELOPMENT SOMERVILLE INCREASED THE CAPACITY OF RESIDENTS TO USE O NLINE SERVICES BY PURCHASING A COMMUNITY COMPUTER SYSTEM RESIDENTS ARE NOW ABLE TO UTILIZ E THIS COMPUTER IN THE COMMON AREA OF A RESIDENTIAL BUILDING THE COMPUTER SYSTEM ALSO EXP ANDS INTERNET ACCESS FOR RESIDENTS WALTHAM IMPROVED THE COMMON AREAS OF THE RESIDENTIAL CO MMUNITIES WITH NEW FURNITURE AND COSMETIC UPDATES WATERTOWN WORKED WITH SIX ELDERLY RESIDE NTS AND TWO FAMILY UNITS WHERE HOARDING WAS OCCURRING AND IMPROVED THE SAFETY OF THESE UNI TS THIS PROGRAM ALLOWED PROPERTY MANAGEMENT TO CLEAN UP DANGEROUS UNITS AND ASSIST RESIDE NTS THE SUPPORT GIVEN WILL HELP TO PREVENT FUTURE ISSUES OF HOARDING DONATION DRIVES TO S UPPORT THE MOST VULNERABLE POPULATIONS IN OUR SERVICE AREAMOUNT AUBURN HOSPITAL COORDINATE S AND ORGANIZES A NUMBER OF DONATION DRIVES THROUGHOUT THE YEAR THE GENEROSITY OF THE HOS PITAL WORKFORCE COMES TOGETHER TO SUPPORT COMMUNITY MEMBERS THROUGH PARTNERSHIPS WITH ORGA NIZATIONS WHICH ARE ABLE TO DISTRIBUTE DONATED ITEMS TO THOSE IN NEED THIS PAST YEAR, THE HOSPITAL COORDINATED THREE HOSPITAL WIDE DONATION DRIVES TO SUPPORT VULNERABLE COMMUNITY MEMBERS MAH PARTNERED WITH THE CAMBRIDGE POLICE DEPARTMENT TO SUPPORT ITS HOLIDAY GIVING DRIVE FOR SENIORS THROUGH THE GENEROUS SUPPORT OF EMPLOYEES, THE HOSPITAL DONATED ITEMS T O BE INCLUDED IN OVER 500 GIFT BAGS TO SENIORS FOR THE HOLIDAYS IN PARTNERSHIP WITH THE CA MBRIDGE POLICE DEPARTMENT THROUGH MAH PARTNERSHIP WITH CASPAR'S EMERGENCY SERVICES CENTER IN CAMBRIDGE, OVER 100 WINTER SCARVES, OVER 100 PAIRS OF MITTENS/GLOVES, OVER 150 HATS, A ND OVER150 PAIRS OF SOCKS WERE GENEROUSLY DONATED TO SUPPORT THIS EMERGENCY SHELTER THE A UGUST FOOD AND TOILETRY DRIVE PROVIDED 15 FULL BAGS OF TOILETRIES, 60 BAGS OF NON-PERISHAB LE GROCERIES, 100 LOAVES OF BREAD AND 100 POUNDS OF FRESH PICKED CARROTS WHICH WENT TO SUP PORT WALTHAM COMMUNITY MEMBERS IN NEED MEDICAL RESIDENTS ALSO ADOPTED A FAMILY DURING THE HOLIDAY SEASON TO PROVIDE HOLIDAY GIFTS AND NECESSITIES CANCER DISPARITY WORKTO ADDRESS C ANCER DISPARITIES IN VULNERABLE POPULATIONS IN PARTICULAR WOMEN AND IMMIGRANTS, MAH PROVID ED HEALTH EDUCATION WHICH INCLUDED HEALTHY LIVING INFORMATION TO WOMEN AT THE WALTHAM FAMI LY SCHOOL AND THE CAMBRIDGE LEARNING CENTER MAH MET WITH THESE ADULT ENGLISH LANGUAGE LEA RNERS TO TEACH ABOUT BREAST HEALTH, CANCER PREVENTION AND EARLY DETECTION AS WELL AS HEALT HY LIVING HABITS FORTY-FIVE WOMEN WERE EDUCATED ABOUT BREAST HEALTH AND CANCER PREVENTION DIABETES PREVENTION AND EDUCATION WAS ALSO PRESENTED TO 25 IMMIGRANT WOMEN MAH OFFERED FREE MAMMOGRAPHY SCREENING TO WOMEN FROM CRCHC AND COMMUNITY MEMBERS WHO HAVE LIMITED ACCE SS OR COVERAGE A SPANISH INTERPRETER WAS PRESENT TO TRANSLATE AND IMPROVE UNDERSTANDING O F MATERIAL MAH CONDUCTED A SERIES OF TOBACCO EDUCATION AND CESSATION SESSIONS WHICH INCLU DED LUNG SCREENING EDUCATION AT CASPAR, A HOMELESS SHELTER FOR MEN IN SOMERVILLE WHO ARE I N TREATMENT FOR SUBSTANCE USE DISORDERS WORKFORCE DEVELOPMENTMAH WORKS TO INCREASE THE INT EREST AND OPPORTUNITIES FOR COMMUNITY MEMBERS WHO WANT CAREERS HEALTHCARE PRESENTATIONS A T ENGLISH AS A SECOND OR FOREIGN LANGUAGE CLASSES HELP NON-ENGLISH SPEAKERS UNDERSTAND THE REQUIREMENTS AND FUNCTIONS OF ENTRY LEVEL POSITIONS AND PROVIDES THEM TIPS ON APPLYING FO R JOBS IN THIS REPORTING PERIOD, EIGHTEEN IMMIGRANT STUDENTS AT THE CAMBRIDGE LEARNING CE NTER PARTICIPATED IN THIS PROGRAM THE WATERTOWN MEDICAL SCIENCE PROGRAM IS ONSITE AT MAH AND GIVES WATERTOWN HIGH SCHOOL STUDENTS AN OPPORTUNITY TO ROTATE THROUGH DIFFERENT DEPART MENTS AT THE HOSPITAL LEARNING ABOUT THE DIFFERENT DISCIPLINES IN FY19 TEN STUDENTS PARTI CIPATED IN THE TEN-WEEK LONG CAREER PROGRAM MAH RECOGNIZES THE NEED FOR ADULTS OF ALL PHY SICAL AND DEVELOPMENTAL ABILITIES TO GAIN WORKFORC

Form and Line Reference	Explanation
COLLABORATIONS WITH LOCAL HOUSING AUTHORITIES	E SKILLS, AND PARTNERS WITH BEAVERBROOK STEP PROGRAM, INC AND NASHOBA LEARNING GROUP TO P ROVIDE JOB OPPORTUNITIES FOR PEOPLE WITH DISABILITIES DURING THIS REPORTING PERIOD, SEVEN INDIVIDUALS WERE PLACED IN JOBS AT MAH THROUGH THESE PARTNERSHIPS AND A TOTAL OF 171 HOUR S WERE SPENT IN VARIOUS DEPARTMENTS THE MAH VOLUNTEER DEPARTMENT PROVIDES LOCAL HIGH SCHOO L STUDENTS THE OPPORTUNITY TO PARTICIPATE IN SUMMER INTERNSHIPS FORTY HIGH SCHOOL STUDENT S PARTICIPATED IN THE FY19 VOLUNTEER SUMMER INTERNSHIP PROGRAM FOCUS ON ACCESS TO HEALTH C ARE TRANSPORTATION AS A BARRIER TO MEDICAL CARETRANSPORTATION IS ALL TOO OFTEN A BARRIER T O MEDICAL CARE MAH CLINICIANS WORK WITH PATIENTS WHO REQUIRE TRANSPORTATION TO IDENTIFY S OLUTIONS AND WHEN NECESSARY PROVIDE ASSISTANCE MAH RESPONDS TO COMMUNITY REQUESTS WHERE T HERE IS A NEED FOR TRANSPORTATION OVER 1,500 RIDES FREE OF CHARGE WERE PROVIDED TO THOSE WHERE TRANSPORTATION IS A BARRIER TO MEDICAL CARE PRENATAL/POST-PARTUM SUPPORT FOR WOMEN A T CHARLES RIVER COMMUNITY HEALTH THE MAH LATINA DOULA PROGRAM HAS BEEN OPERATING FOR OVER EIGHT YEARS SERVING OVER 350 OF OUR MOST VULNERABLE PATIENTS AND THEIR FAMILIES IN THE IMP ORTANT MOMENT OF GIVING BIRTH DOULAS ARE TRAINED PROFESSIONALS WHO PROVIDE CONTINUOUS PHY SICAL, EMOTIONAL AND INFORMATIONAL SUPPORT TO A MOTHER BEFORE, DURING AND SHORTLY AFTER CH ILDBIRTH MAH DOULAS ARE CULTURAL LIAISONS WHO HELP THE LABORING PERSON TO UNDERSTAND THE MEDICAL CULTURE AND ASSIST THE MEDICAL TEAM UNDERSTAND THE FAMILY'S CULTURAL BELIEFS THER E IS EXCELLENT CLINICAL DATA SHOWING THE BENEFITS OF DOULAS IN DECREASING C-SECTION RATES AND INCREASING PATIENT SATISFACTION MAH STRIVES TO PROVIDE DOULAS FOR WOMEN WHO HAVE LIMI TED RESOURCES AND SUPPORT THEY ARE OFTEN NON-ENGLISH SPEAKING, UNDOCUMENTED AND/OR HAVE N O PARTNER OR FAMILY WITH THEM IN LABOR MAH PROVIDED A DOULA FOR TWENTY BIRTHS THIS YEAR MOST OF MAH'S PATIENTS WHO RECEIVE DOULA SUPPORT THROUGH THE LATINA DOULA PROGRAM RECEIVE PRENATAL CARE AT THE CHARLES RIVER COMMITTEE HEALTH CENTER THIS PROGRAM PROVIDES A PRENAT AL COMMUNITY OUTREACH WORKER WHO HELPS PATIENTS NAVIGATE THE HEALTHCARE SYSTEM AND PROVIDE S SUPPORT FOR FAMILIES NAVIGATING AND ENROLLING IN GOVERNMENT BENEFIT PROGRAMS THE OUTREA CH WORKER IS AN IMPORTANT BRIDGE BETWEEN THE HOSPITAL'S SOCIAL WORKERS AND THE BEHAVIORAL HEALTH TEAM A POST-PARTUM DROP-IN SUPPORT GROUP IS ALSO AVAILABLE TO COMMUNITY MEMBERS T HERE WERE OVER 150 WOMEN WHO PARTICIPATED IN THE POSTPARTUM PROGRAM ADDITIONALLY, MAH OFF ERS INFANT CAR SEATS TO WOMEN WHO WOULD OTHERWISE NOT HAVE A CAR SEAT TO TRANSPORT THEIR N EWBORN SAFELY HOME AFTER DELIVERY COMMUNITY AND PROFESSIONAL EDUCATION FOR EMERGENCY CAREM AH EMERGENCY ROOM PHYSICIANS WORK WITH LOCAL FIRE DEPARTMENTS AS WELL PRIVATELY OWNED PROF ESSIONAL EMS TO INCREASE THEIR CAPACITY TO SERVE COMMUNITY MEMBERS IN NEED OF EMERGENT CAR E OFTEN TIMES MAH'S MOST VULNERABLE COMMUNITY MEMBERS ARE IN NEED OF EMERGENCY CARE THIS WORK PREPARES OUR LOCAL EMS PROVIDERS TO BRIDGE THE GAP FROM THE COMMUNITY SETTING TO HEA LTHCARE AND IMPROVE ACCESS FOR ALL MAH PROVIDES AN EMS MEDICAL DIRECTOR WHO WORKS WITH AF FILIATED EMS SERVICES TO PROVIDE CREDENTIALING, CONTINUOUS REVIEW/QUALITY ASSURANCE, AND E DUCATION FOR MAH'S AFFILIATED COMMUNITY EMTS AND PARAMEDICS THIS INVOLVES PROTOCOL REVIEW S, MEDICAL CONTROL, MONTHLY EDUCATION SESSIONS, AND OTHER EDUCATIONAL OPPORTUNITIES A TOT AL OF 350 EMERGENCY MEDICAL COMMUNITY STAFF PARTICIPATED IN THESE PROGRAMS MAH ALSO SERVE S AS THE EMS MEDICAL DIRECTOR FOR MASSACHUSETTS INSTITUTE OF TECHNOLOGY EMS AND HARVARD UN IVERSITY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
COALITION BUILDING	TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH AND ACCESS TO CARE, MOUNT AUBURN HOSPITAL CONTINUES TO SUPPORT A WIDE RANGE OF COMMUNITY GROUPS BY ASSISTING THEM WITH TECHNICAL ASSISTANCE AND PARTICIPATION AT REGULAR MEETINGS AT COALITION BUILDING MEETINGS STAKEHOLDERS SHARE EXPERIENCES, IDEAS AND BEST PRACTICES THIS GIVES MAH AN OPPORTUNITY TO LISTEN TO CONCERNS OF THE COMMUNITY IN ORDER TO HELP ALIGN MAH'S COMMUNITY BENEFITS WORK THESE COALITIONS INCLUDE BUT ARE NOT LIMITED TO W A T E R , TOWN TASK FORCE, CITY OF CAMBRIDGE CHIP, WALTHAM CONNECTIONS, ARLINGTON HUMAN SERVICES NETWORK, WALTHAM AGENCY GROUP, CAMBRIDGE COMMUNITY STAKEHOLDERS, AND SOMERVILLE COMMUNITY STAKEHOLDERS THESE MEETINGS REACH MANY COMMUNITY MEMBERS AND ORGANIZATIONS MAH ALSO HOSTS ELDER SERVICE PROVIDER STAKEHOLDER MEETINGS TO HELP HOSPITAL STAFF IMPROVE SERVICES, LISTEN TO NEEDS AND ALSO TO ENGAGE AGENCIES TO SHARE BEST PRACTICES HEALTH COVERAGE AND PUBLIC ASSISTANCE ENROLLMENTMAH RECOGNIZES THAT NAVIGATING HEALTH INSURANCE CAN BE OVERWHELMING AND CUMBERSOME TO ADDRESS ACCESS TO HEALTH CARE, MAH PROVIDES CERTIFIED APPLICATION COUNSELORS (CACS) TO ASSIST COMMUNITY MEMBERS IN APPLYING FOR PUBLIC ASSISTANCE PROGRAMS MAH'S CACSS WORK DIRECTLY AT CHARLES RIVER COMMUNITY HEALTH CENTER TO AUGMENT THEIR ENROLLMENT STAFF FIVE CACS SERVE BOTH MAH AND CHARLES RIVER COMMUNITY HEALTH CENTER MEDICAL INTERPRETER SERVICESTO BRIDGE THE GAP AND IMPROVE ACCESS TO CARE MAH PROVIDES PROFESSIONAL MEDICAL INTERPRETER SERVICES TO NON- ENGLISH SPEAKING, LIMITED-ENGLISH SPEAKING, DEAF, AND HARD OF HEARING PATIENTS THESE FREE INTERPRETER SERVICES ARE PROVIDED IN A VARIETY OF WAYS IN-PERSON (FOR BOTH SPOKEN AND AMERICAN SIGN LANGUAGE), OVER-THE-PHONE, USING A PORTABLE SPEAKER PHONE TO CONNECT PATIENTS TO THEIR CARE TEAM WITH AN INTERPRETER, AND WITH A VIDEO REMOTE INTERPRETER SERVICE, USING A COMPUTER TO CONNECT PATIENTS WITH AN INTERPRETER SERVICES ARE COORDINATED IN A VARIETY OF WAYS TO MEET THE NEEDS OF PATIENTS INCLUDING FULL TIME STAFF, PER-DIEM STAFF, AND AGENCY INTERPRETERS FOR ALL LANGUAGES INCLUDING AMERICAN SIGN LANGUAGE PROFESSIONAL INTERPRETATION FROM AN OVER-THE-PHONE SERVICE OFFERS ACCESS TO HUNDREDS OF LANGUAGES 24/7 THIS REPORTING PERIOD MAH PROVIDED 14,404 INDIVIDUAL ENCOUNTERS EITHER FACE TO FACE, VIDEO, OR TELEPHONIC ENCOUNTERS TO INCREASE ACCESS TO INTERPRETER SERVICES, MAH DEPLOYED FOURTEEN INTERPRETER IPADS THROUGHOUT THE HOSPITAL COMMUNITY PARTNERSTHE HOSPITAL'S COMMUNITY PARTNERS INCLUDE AIDS ACTION COMMITTEE ALCOHOL ANONYMOUS AMERICAN CANCER SOCIETY AMERICAN LUNG ASSOCIATION ARLINGTON COUNCIL ON AGING ARLINGTON EATS ARLINGTON HEALTH AND HUMAN SERVICES ARLINGTON HOUSING AUTHORITY ARLINGTON POLICE DEPARTMENT ARLINGTON SCHOOL DEPT ARLINGTON YOUTH COUNSELING CENTER ARLINGTON YOUTH HEALTH AND SAFETY COALITION BEAVERBROOK STEP BELMONT COUNCIL ON AGING BELMONT DEPARTMENT OF PUBLIC HEALTH BELMONT FIRE DEPARTMENT BELMONT FOOD COLLABORATIVE BELMONT HOUSING AUTHORITY BELMONT POLICE DEPARTMENT CAMBRIDGE COUNCIL ON AGING CAMBRIDGE DEPARTMENT OF PUBLIC HEALTH CAMBRIDGE FAMILY AND CHILDREN SERVICES CAMBRIDGE FIRE DEPARTMENT CAMBRIDGE HEALTH ALLIANCE CAMBRIDGE HOUSING AUTHORITY CAMBRIDGE LEARNING CENTER CAMBRIDGE POLICE DEPARTMENT CASPAR INC CHARLES RIVER COMMUNITY HEALTH CENTER CITY OF CAMBRIDGE COMMUNITY CONVERSATIONS, SISTER TO SISTER COMMUNITY HEALTH NETWORK AREA 17 (CHNA 17) ELDER SERVICES OF MERRIMACK VALLEY HARVARD DIVINITY SCHOOL HARVARD UNIVERSITY EMS HEALTHY LIVING CENTER OF EXCELLENCE HEALTHY WALTHAM HUMAN SERVICE AGENCY LIFELINE IN HOME SERVICES AT MOUNT AUBURN LIVE WELL WATERTOWN MARINO FOUNDATION MASS DEPARTMENT OF PUBLIC HEALTH MASSACHUSETTS TRANSIT AUTHORITY METRO CAB OF BOSTON MIDDLESEX COMMUNITY COLLEGE MIDDLESEX DISTRICT ATTORNEY OFFICE MIDDLESEX HUMAN SERVICE AGENCY MINUTEMAN SENIOR SERVICES NAACP NASHOBA LEARNING GROUP NATIONAL COUNCIL FOR BEHAVIORAL HEALTH NEWTON WELLESLEY HOSPITAL ON THE RISE PAINE SENIOR SERVICES PROFESSIONAL AMBULANCE EMS QUIT WORKS SALVATION ARMY OF WALTHAM SCHENDERIAN PHARMACY SCM COMMUNITY TRANSPORTATION SOMERVILLE CAMBRIDGE ELDER SERVICES SOMERVILLE CENTER FOR ADULT LEARNING EXPERIENCE (SCALE) SOMERVILLE COUNCIL ON AGING SOMERVILLE DEPARTMENT OF HEALTH AND HUMAN SERVICES SOMERVILLE HOUSING AUTHORITY SOMERVILLE POLICE DEPARTMENT SPRINGWELL ELDER SERVICES THE CAMBRIDGE HOMES TUFTS UNIVERSITY WALTHAM CHALLENGER PROGRAM WALTHAM CONNECTIONS WALTHAM COUNCIL ON AGING WALTHAM FAMILY SCHOOL WALTHAM FIELDS COMMUNITY FARM WALTHAM HEALTH DEPARTMENT WALTHAM HOUSING AUTHORITY WALTHAM PARTNERSHIP FOR YOUTH WALTHAM POLICE DEPARTMENT WATERTOWN BOYS AND GIRLS CLUB WATERTOWN COUNCIL ON AGING WATERTOWN FIRE DEPT WATERTOWN HEALTH DEPARTMENT WATERTOWN HIGH SCHOOL WATERTOWN HOUSING AUTHORITY WATERTOWN POLICE DEPARTMENT WAYSIDE YOUTH AND FAMILY SERVICES

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS - OTHER INITIATIVES	AS DESCRIBED IN DETAIL IN THIS SUPPORTING NARRATIVE TO THE FORM 990 SCHEDULE H, MAH IS DEE PLY DEDICATED TO ITS COMMUNITY BENEFITS OPERATIONS AND TO IMPROVING THE HEALTH OF THE COMM UNITIES IT SERVES IN ADDITION, WHERE THE HOSPITAL IS UNABLE TO ADDRESS NEEDS BECAUSE OF L IMITED FINANCIAL RESOURCES, THE HOSPITAL EXPLORES A RANGE OF OTHER FUNDING OPPORTUNITIES T O MEET HELP MEET COMMUNITY NEEDS HOWEVER, IN RESPONSE TO THIS SCHEDULE H, PART V, SECTION B, QUESTION 11, EVEN THOUGH THE TOP HEALTH CONCERNS HAVE ALL BEEN ADDRESSED IN THE IMPLEM ENTATION STRATEGY, THERE WERE SOME SPECIFIC NEEDS IDENTIFIED IN THE CHNA THAT ARE NOT INCL UDED IN THE STRATEGY THE FOLLOWING IDENTIFIED NEEDS WERE NOT ADDRESSED IN THE IMPLEMENTAT ION STRATEGY 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 IS (SCHEDULE H PART VI QUESTION 2) FORM 990 SCHEDULE H PART VI SU PPLEMENTAL INFORMATIONTHE PURPOSE OF THIS FORM 990 SCHEDULE H NARRATIVE DISCLOSURE IS TO H ELP THE READER UNDERSTAND IN MORE DETAIL HOW MOUNT AUBURN HOSPITAL (MAH OR HOSPITAL) CARES FOR ITS COMMUNITY BY PROVIDING FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AS DEMONSTRATED IN THIS SCHEDULE H, 10 44% OF MAH'S TOTAL EXPENSES AS REPORTED ON FORM 99 0 PART IX, LINE 24, ARE INCURRED IN PROVIDING FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMU NITY BENEFITS AT COST COMMUNITY BENEFITS - ANNUAL COMMUNITY BENEFITS REPORTIN ADDITION TO MAH'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND COMMUNITY HEALTH IMPLEMENT ATION STRATEGY/PLAN (CHIP) WHICH, AS PREVIOUSLY NOTED IN THIS FILING, WERE APPROVED BY THE BOARD OF TRUSTEES DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2018 (TAX YEAR 2017) WHICH I S THE PERIOD COVERED BY THIS FILING, AS NOTED IN THIS FORM 990 SCHEDULE H, PART I, LINES 6 A AND 6B, MAH PREPARES AN ANNUAL COMMUNITY BENEFITS 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 EMERGENCY CARE ACCESSIN ADDITION, AS NOTED IN THIS FORM 990, SCHEDULE H, PART V, SECTION A, MAH IS A GENERAL MEDICAL AND SURGI CAL HOSPITAL AND TEACHING HOSPITAL, PROVIDING 24-HOUR EMERGENCY MEDICAL CARE TO ALL PATIEN TS WITHOUT REGARD TO ABILITY TO PAY FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENE FITS - CHARITY CARE AND MEANS TESTED GOVERNMENT PROGRAMSFINANCIAL ASSISTANCEMAH'S NET COST OF CHARITY CARE, INCLUDING CARE FOR EMERGENT SERVICES PROVIDED TO NON-PAYING PATIENTS AND INCLUDING PAYMENTS TO THE HEALTH SAFETY NET TRUST, WAS $4,644,356 FOR THE FISCAL YEAR END ED SEPTEMBER 30, 2018 AND HAS BEEN REPORTED ON THIS SCHEDULE H, PART I, LINE 7A AS REPORT ED IN SCHEDULE H PART I LINE 3 AND AGAIN IN SCHEDULE H PART V SECTION B LINE 13, ELIGIBILI TY FOR FREE CARE TO LOW-INCOME INDIVIDUALS IS DETERMINED USING FEDERAL POVERTY 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 MONTH LY EXPENSES, INCLUDING MEDICAL HARDSHIP REVIEW SEE ADDITIONAL INFORMATION IN THIS SCHEDUL E H NARRATIVE OTHER UNCOMPENSATED CHARITY CARE - MEDICAID AND MEDICAREIN ADDITION TO THE CHARITY CARE REPORTED ABOVE, MAH ALSO PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN OTHER P ROGRAMS DESIGNED TO SUPPORT LOW-INCOME FAMILIES, INCLUDING PARTICULARLY THE MEDICAID PROGR AM, WHICH IS JOINTLY FUNDED BY FEDERAL AND STATE GOVERNMENTS THE MASSACHUSETTS HEALTH REF ORM LAW PROVIDED AN INITIATIVE FOR EXPANSION OF MEDICAID COVERAGE TO GREATER POPULATIONS A ND FOR ENROLLMENT OF UNINSURED PATIENTS IN OTHER INSURANCE PROGRAMS PAYMENTS FROM MEDICAI D AND OTHER PROGRAMS THAT INSURE LOW-INCOME POPULATIONS DO NOT COVER THE COST OF SERVICES PROVIDED DURING THE FISCAL PERIOD COVERED BY THIS FILING, MAH GENERATED $22,092,546 RELAT ED TO TREATING MEDICAID PATIENTS WHICH WAS LESS THAN THE COST OF CARE PROVIDED BY MAH FOR SUCH SERVICES BY $29,410,648 AS REPORTED ON THIS SCHEDULE H, PART I LINE 7B MEDICARE IS T HE FEDERALLY SPONSORED HEALTH INSURANCE PROGRAM FO

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS - OTHER INITIATIVES	R ELDERLY OR DISABLED PATIENTS, AND MAH PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN THE M EDICARE PROGRAM DURING THE FISCAL PERIOD COVERED BY THIS FILING, MAH GENERATED $101,237,5 09 RELATED TO TREATING MEDICARE PATIENTS IN RESPONSE TO THE FORM 990, SCHEDULE H, PART II I, LINE 8, ALTHOUGH MAH CONSIDERS THE PROVISION OF CLINICAL CARE TO ALL MEDICARE PATIENTS AS PART OF ITS COMMUNITY BENEFITS, THE REMAINING CARE TO MEDICARE PATIENTS IS NOT QUANTIFI ED ON PAGE 1 OF THE SCHEDULE H INSTEAD, PER THE IRS INSTRUCTIONS TO SCHEDULE H, MAH HAS S EPARATELY REPORTED THIS AMOUNT IN SCHEDULE H, PART III, LINE 7, AS REQUIRED BAD DEBTSIN A DDITION TO CHARITY CARE AND SHORTFALLS IN PROVIDING SERVICES TO PATIENTS INSURED UNDER STA TE AND FEDERAL PROGRAMS, MAH ALSO INCURS LOSSES RELATED TO SELF-PAY PATIENTS WHO FAIL TO M AKE PAYMENTS FOR SERVICES OR INSURED PATIENTS WHO FAIL TO PAY COINSURANCE OR DEDUCTIBLES F OR WHICH THEY ARE RESPONSIBLE UNDER INSURANCE CONTRACTS BAD DEBT EXPENSE IS INCLUDED IN U NCOMPENSATED CARE EXPENSE IN THE CONSOLIDATED FINANCIAL STATEMENTS AND INCLUDES THE PROVIS ION FOR ACCOUNTS ANTICIPATED TO BE UNCOLLECTIBLE CHARGES FOR THOSE SERVICES DURING THE FI SCAL PERIOD COVERED BY THIS FILING OF $7,331,466 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 ASSIS TANCE AND CERTAIN OTHER COMMUNITY BENEFITS IN SCHEDULE H PART I LINE 7 RATHER IT HAS BEEN SEPARATELY REPORTED IN SCHEDULE H PART III AS REQUIRED THE PERCENTAGES CALCULATED IN PAR T I, LINE 7, COLUMN F WERE BASED ON EACH ITEM OF FINANCIAL ASSISTANCE AND COMMUNITY BENEFI TS AS A PERCENTAGE OF TOTAL EXPENSES REPORTED IN PART IX OF THIS FORM 990 THE CONSOLIDATE D AUDITED FINANCIAL STATEMENTS OF THE BETH ISRAEL LAHEY HEALTH, INC AND AFFILIATES FOR TH E SEVEN MONTHS ENDED SEPTEMBER 30, 2019 INCLUDE THE ACCOUNTS OF BETH ISRAEL DEACONESS MED ICAL CENTER, INC (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC (MILTON), BETH ISRAEL DEACONESS HOSPITAL NE EDHAM, INC (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC (PLYMOUTH), LAHEY CLI NIC FOUNDATION, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NORTHEAS T), ANNA JAQUES HOSPITAL (AJH) AND AFFILIATES THE FINANCIAL STATEMENTS OF THE SYSTEM ALSO INCLUDE A CONTROLLED AFFILIATE, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONE SS MEDICAL CENTER, INC (HMFP) THE BETH ISRAEL LAHEY HEALTH INC CONSOLIDATED FINANCIAL ST ATEMENTS DO NOT INCLUDE A FOOTNOTE REGARDING BAD DEBT EXPENSE EMERGENCY CARE ACCESSMOUNT A UBURN HOSPITAL EMERGENCY DEPARTMENT (ED) IS A FULL-SERVICE ED STAFFED BY PROFESSIONAL NURS ES AND PHYSICIANS SPECIALIZING IN EMERGENCY MEDICINE THE ED'S MISSION IS TO PROVIDE EXPER T EMERGENCY MEDICAL CARE WHILE MAINTAINING COMPASSIONATE CONCERN FOR ALL PATIENTS AND THEI R FAMILIES THE MOUNT AUBURN HOSPITAL EMERGENCY DEPARTMENT STAFF PHYSICIANS ARE EMERGENCY MEDICINE BOARD CERTIFIED AND ARE ON THE HARVARD SCHOOL FACULTY THE MAH DEPARTMENT OF EMER GENCY MEDICINE, PROVIDES MEDICALLY NECESSARY CARE FOR ALL PEOPLE REGARDLESS OF THEIR ABILI TY TO PAY THE HOSPITAL OFFERS THIS CARE FOR ALL PATIENTS THAT COME TO THIS FACILITY 24 HO URS A DAY, SEVEN DAYS A WEEK, AND 365 DAYS A YEAR (SCHEDULE H, PART V, SECTION A AND SECTI ON B QUESTION 21)

Form and Line Reference	Explanation
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 PART V SECTION B QUESTION 21) THE FAP INCLUDES A LIST OF PROVIDERS OTHER THAN THE HOSPITAL IT SELF, WHICH ARE COVERED BY THE FAP AND SPECIFIES ELIGIBILITY CRITERIA FOR BOTH FREE AND DI SCOUNTED CARE THE FAP ALSO INCLUDES THE BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS 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 A ND COLLECTION POLICY IS REFERENCED WITHIN THE FAP AS REQUIRED, ALONG WITH INFORMATION ON H OW TO OBTAIN A FREE COPY OF THE CREDIT AND COLLECTION POLICY (SCHEDULE H PART III SECTION C QUESTIONS 9A AND 9B AND PART V SECTION B QUESTION 17) THE HOSPITAL'S FAP AND CREDIT & C OLLECTION POLICY WERE ADOPTED BY THE HOSPITAL'S BOARD PRIOR TO SEPTEMBER 30, 2017 AND THES E DOCUMENTS WERE ALL EFFECTIVE AS OF OCTOBER 1, 2017, THE FIRST DAY OF THE HOSPITAL'S FISC AL YEAR IN WHICH THE HOSPITAL WAS REQUIRED TO BE IN COMPLIANCE WITH THE REGULATIONS PROMUL GATED BY THE TREASURY AND RELATED TO IRC SECTION 501(R) FINANCIAL ASSISTANCE POLICY APPLY ING 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 APPLI CATION INCLUDES A LIST OF INFORMATION/DOCUMENTATION REQUIRED AS PART OF A PATIENT'S APPLIC ATION FOR FINANCIAL ASSISTANCE (SCHEDULE H PART V SECTION B QUESTION 15)FINANCIAL ASSISTA NCE POLICY ELIGIBILITY GUIDELINES THE HOSPITAL'S FAP USES THE FEDERAL POVERTY GUIDELINES I N 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 FINANC IAL ASSISTANCE BASED ON MEDICAL HARDSHIP AND ASSET LEVEL (SCHEDULE H PART I QUESTIONS 3C A ND 4, PART V SECTION B QUESTION 13 AND PART VI QUESTION 3) FINALLY, THE HOSPITAL UNDERSTA NDS THAT NOT ALL PATIENTS ARE ABLE TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION OR COMPL Y WITH REQUESTS FOR DOCUMENTATION THERE MAY BE INSTANCES UNDER WHICH A PATIENT/GUARANTOR' S QUALIFICATION FOR FINANCIAL ASSISTANCE IS ESTABLISHED WITHOUT COMPLETING THE APPLICATION FORM OTHER INFORMATION MAY BE USED BY THE HOSPITAL TO DETERMINE WHETHER A PATIENT/GUARAN TOR'S ACCOUNT IS UNCOLLECTIBLE, AND THIS INFORMATION WILL BE USED TO DETERMINE PRESUMPTIVE ELIGIBILITY AS OUTLINED IN THE HOSPITAL'S FAP (SCHEDULE H PART I QUESTIONS 3C) FINANCIAL ASSISTANCE PUBLIC ASSISTANCE PROGRAMS (SCHEDULE H PART I QUESTION 3C)IN ADDITION TO FINANC IAL ASSISTANCE ELIGIBILITY UNDER THE HOSPITAL'S FAP, FOR THOSE INDIVIDUALS WHO ARE UNINSUR ED OR UNDERINSURED, THE HOSPITAL WILL WORK WITH PATIENTS TO ASSIST THEM IN APPLYING FOR PU BLIC ASSISTANCE AND/OR HOSPITAL FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER SOME OR ALL O F THEIR UNPAID HOSPITAL BILLS IN ORDER TO HELP UNINSURED AND UNDERINSURED INDIVIDUALS FIN D AVAILABLE AND APPROPRIATE OPTIONS, THE HOSPITAL WILL PROVIDE ALL INDIVIDUALS WITH A GENE RAL NOTICE OF THE AVAILABILITY OF PUBLIC ASSISTANCE AND FINANCIAL ASSISTANCE PROGRAMS DURI NG THE PATIENT'S INITIAL IN-PERSON REGISTRATION AT A HOSPITAL LOCATION FOR A SERVICE, IN A LL BILLING INVOICES THAT ARE SENT TO A PATIENT OR GUARANTOR, AND WHEN THE PROVIDER IS NOTI FIED OR THROUGH ITS OWN DUE DILIGENCE BECOMES AWARE OF A CHANGE IN THE PATIENT'S ELIGIBILI TY STATUS FOR PUBLIC OR PRIVATE INSURANCE COVERAGE HOSPITAL PATIENTS MAY BE ELIGIBLE FOR F REE OR REDUCED COST OF HEALTH CARE SERVICES THROUGH VARIOUS STATE PUBLIC ASSISTANCE PROGRA MS AS WELL AS THE HOSPITAL FINANCIAL ASSISTANCE PR

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE POLICY INTERNAL REVENUE CODE SECTION 501(R)(4)	OGRAMS (INCLUDING BUT NOT LIMITED TO MASSHEALTH, THE PREMIUM ASSISTANCE PAYMENT PROGRAM OP ERATED BY THE HEALTH CONNECTOR, THE CHILDREN'S MEDICAL SECURITY PROGRAM, THE HEALTH SAFETY NET, AND MEDICAL HARDSHIP) SUCH PROGRAMS ARE INTENDED TO ASSIST LOW-INCOME PATIENTS TAKI NG INTO ACCOUNT EACH INDIVIDUAL'S ABILITY TO CONTRIBUTE TO THE COST OF HIS OR HER CARE FO R THOSE INDIVIDUALS THAT ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WILL, WHEN REQUESTED, HELP THEM WITH APPLYING FOR EITHER COVERAGE THROUGH PUBLIC ASSISTANCE PROGRAMS OR HOSPITA L FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER ALL OR SOME OF THEIR UNPAID HOSPITAL BILLS THE HOSPITAL IS AVAILABLE TO ASSIST PATIENTS IN ENROLLING INTO STATE HEALTH COVERAGE PROGR AMS THESE INCLUDE MASSHEALTH, THE PREMIUM ASSISTANCE PAYMENT PROGRAM OPERATED BY THE STAT E'S HEALTH CONNECTOR, AND THE CHILDREN'S MEDICAL SECURITY PLAN FOR THESE PROGRAMS, APPLIC ANTS CAN SUBMIT AN APPLICATION THROUGH AN ONLINE WEBSITE (WHICH IS CENTRALLY LOCATED ON TH E STATE'S HEALTH CONNECTOR WEBSITE), A PAPER APPLICATION, OR OVER THE PHONE WITH A CUSTOME R SERVICE REPRESENTATIVE LOCATED AT EITHER MASSHEALTH OR THE CONNECTOR INDIVIDUALS MAY AL SO ASK FOR ASSISTANCE FROM HOSPITAL FINANCIAL COUNSELORS (ALSO CALLED CERTIFIED APPLICATIO N COUNSELORS) WITH SUBMITTING THE APPLICATION EITHER ON THE WEBSITE OR THROUGH A PAPER APP LICATION FINANCIAL ASSISTANCE POLICY TRANSLATIONS THE HOSPITAL'S FAP, CREDIT AND COLLECTIO N 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 COMMUNICATE IN A L ANGUAGE 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 PERSO NS, WHICHEVER IS LESS, IN ACCORDANCE WITH THE REGULATIONS PROMULGATED UNDER IRC SECTION 50 1(R) BASED ON THE HOSPITAL'S REVIEW OF THIS SAFE HARBOR, THE HOSPITAL HAS TRANSLATED THES E DOCUMENTS INTO THE FOLLOWING LANGUAGES SPANISH (SCHEDULE H PART V SECTION B QUESTION 1 6I)FINANCIAL ASSISTANCE POLICY WIDELY PUBLICIZING AND AVAILABILITYCOPIES OF THE FAP, CREDI T AND COLLECTION POLICY, FAP SUMMARY AND APPLICATION FOR FINANCIAL ASSISTANCE ARE ALL AVAI LABLE IN BOTH ENGLISH AND ALL LEP LANGUAGES AT THE HOSPITAL, BY MAIL FREE OF CHARGE AND/OR ON THE HOSPITAL'S WEBSITE AT LINKS PROVIDED BELOW IN THIS NARRATIVE (SCHEDULE H PART V SE CTION B QUESTIONS 16A, 16B, 16C, 16D, 16E, 16H) IN ADDITION, THE FAP, CREDIT AND COLLECTI ON POLICY, FAP SUMMARY AND APPLICATION FOR FINANCIAL ASSISTANCE ARE ALL AVAILABLE IN THE H OSPITAL'S EMERGENCY DEPARTMENT AND FINANCIAL COUNSELING OFFICE (SCHEDULE H PART V SECTION B QUESTION 16F AND SCHEDULE H PART VI QUESTION 3) THE HOSPITAL MAINTAINS SIGNAGE AND CONS PICUOUS PUBLIC DISPLAYS ABOUT FINANCIAL ASSISTANCE AND THE FAP DESIGNED TO ATTRACT THE ATT ENTION OF PATIENTS AND VISITORS, INCLUDING BOTH THE EMERGENCY DEPARTMENT AND ADMISSIONS S UCH SIGNAGE IS POSTED BOTH IN ENGLISH AND THE LEP LANGUAGES NOTED ABOVE IN ADDITION, FINA NCIAL COUNSELING PERSONNEL ROUTINELY VISIT LOCATIONS DESIGNATED FOR SIGNAGE TO ENSURE THAT SUCH SIGNAGE REMAINS VISIBLE TO PATIENTS AND VISITORS AS ATTENDED THE HOSPITAL PROVIDES INFORMATION ABOUT THE FAP TO PATIENTS BEFORE DISCHARGE AND CONSPICUOUSLY WITHIN BILLING ST ATEMENTS INFORMATION PROVIDED TO PATIENTS IN THESE COMMUNICATIONS INCLUDE CONTACT INFORMA TION FOR THOSE THAT CAN HELP PROVIDE ADDITIONAL INFORMATION ABOUT THE FAP, INFORMATION ON THE APPLICATION PROCESS AND THE WEBSITE WHERE THE FAP CAN BE OBTAINED ADDITIONALLY, A PLA IN LANGUAGE SUMMARY OF THE FAP IS PROVIDED TO PATIENTS AS PART OF THE INTAKE PROCESS (SCHE DULE 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 PDFHTTPS //WWW MOUNTAUBURNHOSPITAL ORG/APP/FILES/PUBLIC/1037/SPANISH-FAP PDFTHE 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 PROFESSI ONS EDUCATIONMOUNT AUBURN HOSPITAL'S CENTRAL LONGSTANDING ACADEMIC FOCUS IS MEDICAL EDUCAT ION, AND A COMMITMENT TO TEACHING STUDENTS AND TRAINEES IN A RESPECTFUL AND COLLABORATIVE ACADEMIC ENVIRONMENT THIS COMMITMENT, COUPLED WITH THE INSTITUTION'S WILLINGNESS TO EMBRA CE TECHNOLOGICAL AND CLINICAL PRACTICE INNOVATION, MAKE MAH A TOP CHOICE AMONG STUDENTS AN D 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 M AH HAS SEVERAL RESIDENCY AND FELLOWSHIP PROGRAMS, WITH APPROXIMATELY 56 INTERNAL MEDICINE INTERNS AND RESIDENTS, 13 RADIOLOGY RESIDENTS, SIX PODIATRY RESIDENTS, AND THREE UROGYNECO LOGY FELLOWS DURING MAH'S ACADEMIC YEAR JULY 1, 2018JUNE 30, 2019, WHICH OVERLAPS WITH A P ORTION OF MAH'S FISCAL YEAR ACTIVITIES REPORTED IN THIS FILING THE HOSPITAL ALSO HOSTS RO TATING RESIDENTS AND FELLOWS IN SURGERY, EMERGENCY MEDICINE, GERIATRICS, GENETICS, OBSTETR ICS AND GYNECOLOGY, NEONATOLOGY, AND ANESTHESIA, AND SUPPORTS THE EDUCATION OF MEDICAL STU DENTS FROM HARVARD MEDICAL SCHOOL, TUFTS MEDICAL SCHOOL, AND THE BOSTON UNIVERSITY SCHOOL OF MEDICINE FINALLY, THE HOSPITAL SERVES AS A TRAINING SITE FOR PHARMACY STUDENTS FROM TH E MASSACHUSETTS COLLEGE OF PHARMACY, PHYSICIAN'S ASSISTANT STUDENTS FROM NORTHEASTERN UNIV ERSITY, CLINICAL NURSE ANESTHETISTS FROM BOSTON COLLEGE, AND CLINICAL NURSE MIDWIVES FROM MULTIPLE PROGRAMS ACROSS THE NORTHEAST STAFF PHYSICIANS AT MAH WHO HOLD FACULTY APPOINTME NTS AT HARVARD MEDICAL SCHOOL INSTRUCT THE DOCTORS OF TOMORROW THROUGH SUPERVISION OF DAIL Y PATIENT CARE AND A RANGE OF INTERACTIVE LEARNING EXPERIENCES AS PART OF THE HOSPITAL'S COMMITMENT TO MEDICAL STUDENT EDUCATION AND LONGSTANDING AFFILIATION WITH HARVARD MEDICAL SCHOOL, MAH IS A CORE SITE FOR THE HARVARD MEDICAL SCHOOL SUB-INTERNSHIP IN MEDICINE, THE HOSPITAL ALSO PARTICIPATES IN THE INTRODUCTORY COURSES IN CLINICAL MEDICINE FOR PRE-CLINIC AL HARVARD MEDICAL SCHOOL STUDENTS, AS WELL AS IMMERSIVE TRAINING IN CLINICAL MEDICINE FOR BIOMEDICAL DOCTORAL STUDENTS FROM THE JOINT HARVARD MEDICAL SCHOOL / MASSACHUSETTS INSTIT UTE OF TECHNOLOGY'S HEALTH SCIENCES AND TECHNOLOGY PROGRAM IN ADDITION, THE HOSPITAL HOST S THIRD-YEAR MEDICAL STUDENTS FROM THE BOSTON UNIVERSITY SCHOOL OF MEDICINE ON THE OBSTETR ICS, PSYCHIATRY AND NEUROLOGY SERVICES AS WELL AS MEDICAL STUDENTS FROM HARVARD AND OTHER SCHOOLS WHO CHOOSE TO DO SUB-INTERNSHIPS AND SUBSPECIALTY ELECTIVES DURING THEIR THIRD AND FOURTH YEAR THE MAH INTERNAL MEDICINE TRAINING PROGRAM, THE LARGEST OF ALL MAH RESIDENCIE S, OFFERS A THREE-YEAR CATEGORICAL MEDICINE TRACK AND A ONE-YEAR PRELIMINARY MEDICINE TRAC K THE THREE-YEAR CATEGORICAL TRACK PREPARES RESIDENTS FOR CERTIFICATION BY THE AMERICAN B OARD OF INTERNAL MEDICINE AND CAREERS THAT COVER THE FULL SPECTRUM OF OPPORTUNITIES IN BOT H GENERAL INTERNAL MEDICINE AND THE MEDICAL SUB-SPECIALTIES RESIDENTS ARE ABLE TO TAILOR THEIR 36 MONTHS OF TRAINING TO OBTAIN THE KNOWLEDGE, SKILLS, AND INSIGHT REQUIRED TO PURSU E SUBSEQUENT CAREERS IN PRIMARY CARE OR HOSPITALIST MEDICINE, IN ADDITION, THEY ARE PREPAR ED TO CONTINUE THEIR TRAINING IN COMPETITIVE SUB-SPECIALTY FELLOWSHIP TRAINING PROGRAMS AC ROSS 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-SPECIALTY MEDICINE, OUTLINE THE MILESTONES THAT THE TRAINEE SHOULD MEET THROUGHOUT THE COURSE OF TRA INING THE PRELIMINARY MEDICINE INTERNSHIP TRACK OFFERS ONE YEAR OF TRAINING IN MEDICINE F OR PHYSICIANS WHO WILL CONTINUE THEIR TRAINING IN SPECIALTIES OTHER THAN INTERNAL MEDICINE , SUCH AS RADIOLOGY, OPHTHALMOLOGY, ANESTHESIOLOGY, RADIATION ONCOLOGY, NEUROLOGY, DERMATO LOGY, PHYSICAL MEDICINE AND REHABILITATION, AND OTHERS THIS PROGRAM IS HIGHLY SOUGHT AFTE R BY TOP STUDENTS FROM MEDICAL SCHOOLS AROUND THE COUNTRY, AND A MAJOR STRENGTH, AS WELL A S A MAJOR ATTRACTION, IS THE FACT THAT THE YEAR IS VIRTUALLY IDENTICAL IN STRUCTURE AND CO NTENT TO THE FIRST YEAR FOR PHYSICIANS WHO TRAIN AT MOUNT AUBURN HOSPITAL FOR THREE YEARS IN THE CATEGORICAL INTERNAL MEDICINE TRACK, THE ONLY DIFFERENCE BEING THE QUANTITY OF AMBU LATORY MEDICINE EXPERIENCE, AS PRELIMINARY INTERNS

Form and Line Reference	Explanation
BILLING AND COLLECTIONS 501(R)(6)	ARE NOT ASSIGNED A CONTINUITY CLINIC DURING THEIR YEAR THE MAH RADIOLOGY RESIDENCY PROGRA M HAS A LONG AND PROUD HISTORY AS AN ELITE PROGRAM AND EXCEPTIONAL PLACE TO TRAIN RESIDEN TS 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 THE PROTOCOLLING AND INTERPRETATION OF PATIENT EXAMINATIONS, AND TO PARTICIPATE IN DISCUSSIONS CONCERNING DIAGNOSTIC PROBLEMS RESIDENTS ADVANCE TO INCREASED LEVELS OF RESPONSIBILITY, AND SOUND JUDGMENT AS A RADIOLOGIST IS ESTABLISHED DURING OVERNIGHT CALL THREE RESIDENTS ARE CHOSEN EACH YEAR FOR A FOUR-YEAR PROGRAM, AND ARE APPOINTED AS CLINICAL FELLOWS AT HAR VARD MEDICAL SCHOOL THE HIGH RATIO OF STAFF RADIOLOGISTS TO RESIDENTS RESULTS IN CLOSE CO NTACT BETWEEN THE STAFF AND RESIDENTS THROUGHOUT THE TRAINING PROGRAM AFTER THE RESIDENT 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 EXAMINATIONS AND PROCEDURES THE MAJORITY OF OUR RESIDENTS PURSUE SUBSPECIALTY FELLOWSHIP TRAINING, HO WEVER, THE GOAL OF THE RADIOLOGY RESIDENCY PROGRAM IS TO TRAIN RESIDENTS TO BE FULLY QUALI FIED IN DIAGNOSTIC RADIOLOGY AND SPECIAL PROCEDURES BY THE TIME THEY HAVE COMPLETED THE FO UR-YEAR PROGRAM GRADUATES HAVE PURSUED CAREERS IN ACADEMIA AND PRIVATE PRACTICE IN ADDITI ON TO THE INTERNAL MEDICINE AND RADIOLOGY TRAINING PROGRAMS, MOUNT AUBURN HOSPITAL HAS A N ATIONALLY RECOGNIZED TRAINING PROGRAM IN PODIATRY, AND IS A SITE FOR OTHER POST-GRADUATE M EDICAL EDUCATION DISCIPLINES IT IS A CORE SITE FOR THE BETH ISRAEL DEACONESS MEDICAL CENT ER SURGICAL TRAINING PROGRAM, AND TWO HARVARD-AFFILIATED EMERGENCY MEDICINE PROGRAMS MAH ALSO WELCOMES ROTATING GERIATRIC FELLOWS FROM THE BETH ISRAEL DEACONESS / HARVARD MEDICAL SCHOOL DIVISION ON AGING PROGRAM, AND PEDIATRIC AND NEONATOLOGY RESIDENTS FROM MASSACHUSET TS GENERAL HOSPITAL / CAMBRIDGE HOSPITAL PROGRAM DURING THE FISCAL YEAR COVERED BY THIS F ILING, MAH HAD NET EXPENDITURES OF $7,913,442 REPORTED ON THIS SCHEDULE H RELATED TO MAH'S RESIDENCY PROGRAM AND TO TEACHING OTHER STUDENTS RELATED TO ALLIED HEALTH PROFESSIONS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
MOUNT AUBURN HOSPITAL ADDITIONAL INFORMATION	REGARDING PROMOTING THE HEALTH OF THE COMMUNITY (SCHEDULE H, PART VI, QUESTIONS 5 AND 6) THE HOSPITAL MAINTAINS AN OPEN MEDICAL STAFF AND AS NOTED IN THIS FORM 990 PARTS I AND VI, THE MAJORITY OF BOARD MEMBERS ARE INDEPENDENT COMMUNITY MEMBERS ON MARCH 1, 2019, THE BETH ISRAEL LAHEY HEALTH SYSTEM WAS FORMED THROUGH THE COMBINATION OF THE HOSPITALS AND OTHER AFFILIATES OF THREE LEGACY HEALTH CARE SYSTEMS BASED PRIMARILY IN EASTERN MASSACHUSETTS, INCLUDING THE FORMER CAREGROUP HEALTH SYSTEM, THE FORMER LAHEY HEALTH SYSTEM, AND THE SEACOAST HEALTH SYSTEM BETH ISRAEL LAHEY HEALTH, INC (BILH) IS NOW THE SOLE MEMBER OF THE HOSPITAL AND NINE ADDITIONAL AFFILIATED HOSPITALS EACH OF THESE ENTITIES MAY HAVE, IN TURN, SERVED AS THE SOLE MEMBER OF ADDITIONAL AFFILIATES THE BILH HEALTH SYSTEM IS COMMITTED TO IMPROVING THE HEALTH OF THE COMMUNITIES IT SERVES AFFILIATED HEALTH CARE SYSTEMAS NOTED IN VARIOUS NARRATIVE DISCLOSURES THAT SUPPORT THIS FORM 990 AND RELATED SCHEDULES FOR THE PERIOD COVERED BY THIS FILING, BILH IS A MASSACHUSETTS NON-PROFIT CORPORATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED BILH IS AN INTEGRATED HEALTH CARE SYSTEM COMMITTED TO EXPANDING ACCESS TO EXTRAORDINARY PATIENT CARE ACROSS EASTERN MASSACHUSETTS AND ADVANCING THE SCIENCE AND PRACTICE OF MEDICINE THROUGH GROUNDBREAKING RESEARCH AND EDUCATION THE BILH SYSTEM IS COMPRISED OF ACADEMIC AND TEACHING HOSPITALS, A PREMIER ORTHOPEDICS HOSPITAL, PRIMARY CARE AND SPECIALTY CARE PROVIDERS, AMBULATORY SURGERY CENTERS, URGENT CARE CENTERS, COMMUNITY HOSPITALS, HOMECARE SERVICES, OUTPATIENT BEHAVIORAL HEALTH CENTERS, ADDICTION TREATMENT PROGRAMS BILH'S COMMUNITY OF CLINICIANS, CAREGIVERS AND STAFF INCLUDES APPROXIMATELY 4,000 PHYSICIANS AND 35,000 EMPLOYEES BILH SERVES AS SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC (PLYMOUTH), LAHEY CLINIC FOUNDATION, LAHEY HEALTH SHARED SERVICES, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BEHAVIORAL HEALTH CORPORATION (NBHC) AND ANNA JAQUES HOSPITAL) LAHEY CLINIC FOUNDATION SERVES AS THE SOLE MEMBER OF LAHEY CLINIC, INC AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER EACH OF THESE AFFILIATES MAY IN TURN SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE NETWORK OF AFFILIATES

Additional Data

Software ID:

Software Version:

EIN: 04-2103606

Name: MOUNT AUBURN HOSPITAL

Form 990 Schedule H, Part V Section A. Hospital Facilities

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

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

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) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" 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	AS PREVIOUSLY NOTED IN THE FILING MOUNT AUBURN HOSPITAL, MAINTAINS STRONG RELATIONSHIP WITH MANY PARTNERS AND MOUNT AUBURN HOSPITAL WORKS WITH THOSE PARTNERS AS PART OF ITS COMMUNITY BENEFIT MISSION AND ACTIVITIES PURSUANT TO THOSE RELATIONSHIPS, GRANTS MAY BE DISTRIBUTED TO THESE PARTNERS MOUNT AUBURN HOSPITAL ENSURES THAT FUNDS GRANTED ARE USED FOR THE INTENDED PURPOSES AS PART OF ITS ON-GOING AND CLOSE CONNECTIONS WITH THESE COMMUNITY PARTNERS

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHARLES RIVER COMMUNITY HEALTH 495 WESTERN AVENUE BOSTON, MA 02135	23-7221597	501(C)(3)	232,495				SUPPORT HEALTHCARE ACCESS
PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1033 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	409,431				SUPPORT MEDICAL EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WALTHAM PARTNERSHIP FOR YOUTH 617 LEXINGTON STREET WALTHAM, MA 02452	04-3399437	501(C)(3)	23,616				SUPPORT FOR COMMUNITY ENGAGEMENT IN MARGINALIZED COMMUNITIES

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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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

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							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 4B	DURING THE 2018 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, IN ACCORDANCE WITH THE INSTRUCTIONS TO THE FORM 990, COMPENSATION REPORTED IN THIS FILING FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 IS CALENDAR YEAR 2018 COMPENSATION FOR THE CALENDAR YEAR 2018, CAREGROUP, INC (CAREGROUP) SERVED AS THE SOLE MEMBER OF MOUNT AUBURN HOSPITAL DURING CALENDAR YEAR 2018,, THE CHIEF EXECUTIVE OFFICER OF MAH/MAPS RECEIVED COMPENSATION FROM BOTH MAH AND CAREGROUP CAREGROUP WAS A PARTICIPATING EMPLOYER IN THE BETH ISRAEL DEACONESS MEDICAL CENTER EXECUTIVE RETIREMENT PROGRAM WHICH IS A NON-QUALIFIED DEFERRED COMPENSATION PLAN AND PURSUANT TO THE PLAN, ELIGIBLE EMPLOYEES RECEIVE CERTAIN RETIREMENT BENEFITS AMOUNTS 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
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	THE FILING ORGANIZATION HAS PROVIDED DETAILED NARRATIVE DISCLOSURE FOR EACH INDIVIDUAL LISTED IN PART VII NOTE, HOWEVER, THAT THE ORDER OF THE NARRATIVE DISCLOSURE INCLUDED BELOW MAY NOT COINCIDE WITH THE ORDER OF THE INDIVIDUALS LISTED IN PART VII AS REQUIRED BY FORM 990, COMPENSATION REPORTED FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 IS CALENDAR YEAR 2018 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 CALANO, DANIEL V TRUSTEE - MOUNT AUBURN HOSPITAL CANEPA, JOHN J TRUSTEE AND BOARD CO-CHAIR - MOUNT AUBURN HOSPITAL TRUSTEE - MOUNT AUBURN PROFESSIONAL SERVICES TRUSTEE - CAREGROUP PARMENTER HOME CARE & HOSPICE TRUSTEE - BETH ISRAEL LAHEY HEALTH CLOUGH, JEANNETTE G PRESIDENT AND TRUSTEE (EX-OFFICIO - MOUNT AUBURN HOSPITAL PRESIDENT AND TRUSTEE (EX-OFFICIO) - MOUNT AUBURN PROFESSIONAL SERVICES DIRECTOR - CAREGROUP PARMENTER HOME CARE & HOSPICE IN HER POSITIONS AS PRESIDENT 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 CALENDAR YEAR 2018, 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 612,715 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 227,868 DEFERRED COMPENSATION 17,292 NON-TAXABLE BENEFITS 30,361 PAYMENTS REPORTED BY MAPS BASE COMPENSATION 134,498 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 50,020 DEFERRED COMPENSATION 3,796 NON-TAXABLE BENEFITS 6,665 OTHER REPORTABLE COMPENSATION REPORTED BY MAH AND MAPS FOR THE 2018 CALENDAR YEAR INCLUDES RETENTION PAYMENTS OF $213,204 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 $44,283

Return Reference	Explanation
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	CUTLER, M D , ANDREW TRUSTEE MOUNT AUBURN HOSPITAL TRUSTEE MOUNT AUBURN PROFESSIONAL SERVICES PHYSICIAN, INTERNAL MEDICINE MOUNT AUBURN PROFESSIONAL SERVICES 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 11,827 INCENTIVE COMPENSATION 2,280 OTHER REPORTABLE COMPENSATION 74 DEFERRED COMPENSATION 1,100 NON-TAXABLE BENEFITS 1,171 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 224,704 INCENTIVE COMPENSATION 43,315 OTHER REPORTABLE COMPENSATION 1,414 DEFERRED COMPENSATION 20,900 NON-TAXABLE BENEFITS 22,246 GORDON, LISA TRUSTEE - MOUNT AUBURN HOSPITAL 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 PERFORMS SERVICES FOR BOTH MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES 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 262,400 INCENTIVE COMPENSATION 62,250 OTHER REPORTABLE COMPENSATION (7,368) DEFERRED COMPENSATION 15,150 NON-TAXABLE BENEFITS 16,552 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 174,933 INCENTIVE COMPENSATION 41,500 OTHER REPORTABLE COMPENSATION (4,912) DEFERRED COMPENSATION 10,100 NON-TAXABLE BENEFITS 11,035 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 $(13,849) KATZ, J D , JAMIE EFFECTIVE MARCH 1, 2019, MR KATZ HELD THE FOLLOWING POSITIONS GENERAL COUNSEL AND CLERK (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH, INC CLERK (EX-OFFICIO) BETH ISRAEL DEACONESS MEDICAL CENTER, INC DIRECTOR AND CLERK BETH ISRAEL DEACONESS MEDICAL CENTER PHARMACY, INC CLERK (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL NEEDHAM CLERK (EX-OFFICIO) MOUNT AUBURN HOSPITAL CLERK (EX-OFFICIO) NEW ENGLAND BAPTIST HOSPITAL CLERK (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL MILTON CLERK COMMUNITY PHYSICIANS ASSOCIATION, INC CLERK BETH ISRAEL DEACONESS MILTON PHYSICIAN ASSOCIATES F/K/A MILTON HOSPITAL FOUNDATION CLERK (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH CLERK (EX-OFFICIO) JORDAN PHYSICIANS ASSOCIATES, INC CLERK JORDAN HEALTH SYSTEMS CLERK (EX-OFFICIO) ANNA JACQUES HOSPITAL CLERK (EX-OFFICIO) SEACOAST AFFILIATED GROUP PRACTICE TRUSTEE AND CLERK LAHEY HEALTH SHARED SERVICES, INC TRUSTEE, CHAIR, PRESIDENT AND CLERK BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC CLERK (EX-OFFICIO) ADDISON GILBERT SOCIETY, INC TRUSTEE (EX-OFFICIO) AND CLERK NORTHEAST HEALTH SYSTEM, INC CLERK NORTHEAST PROFESSIONAL REGISTRY OF NURSES TRUSTEE (EX-OFFICIO) AND CLERK NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND CLERK SEACOAST NURSING & REHABILITATION CENTER, INC CLERK (EX-OFFICIO) WINCHESTER HOSPITAL FOUNDATION, INC CLERK WINCHESTER HEALTHCARE MANAGEMENT, INC CLERK (EX-OFFICIO) LAHEY CLINIC FOUNDATION, INC CLERK (EX-OFFICIO) LAHEY CLINIC, INC CLERK (EX-OFFICIO) LAHEY CLINIC HOSPITAL, INC D/B/A LAHEY HOSPITAL AND MEDICAL CENTER CLERK (EX-OFFICIO) NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) AND CLERK NORTHEAST MEDICAL PRACTICE, INC TRUSTEE (EX-OFFICIO) AND CLERK NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE AND CLERK CAB HEALTH & RECOVERY SERVICES, INC TRUSTEE AND CLERK HEALTH & EDUCATION HOUSING SERVICES, INC CLERK (EX-OFFICIO) WINCHESTER HOSPITAL MR KATZ HELD THE FOLLOWING POSITIONS FROM OCTOBER 1, 2018 UNTIL MARCH 1, 2019 SENIOR VICE PRESIDENT AND GENERAL COUNSEL BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR AND CLERK BETH ISRAEL DEACONESS MEDICAL CENTER PHARMACY, INC PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 415,671 INCENTIVE COMPENSATION 111,276 OTHER REPORTABLE COMPENSATION 33,516 DEFERRED COMPENSATION 17,792 NON-TAXABLE BENEFITS 26,216 OTHER REPORTABLE COMPENSATION FOR MR KATZ INCLUDES COMBINED PAYMENTS RELATED TO NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF $30,123

Return Reference	Explanation
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	KETTYLE, M D , WILLIAM TRUSTEE - MOUNT AUBURN HOSPITAL TRUSTEE - MOUNT AUBURN PROFESSIONAL SERVICES KIM, KIJA TRUSTEE - MOUNT AUBURN HOSPITAL TRUSTEE - CAREGROUP PARMENTER HOME CARE & HOSPICE LEWIS, M D , STANLEY CHIEF OF STRATEGY - BETH ISRAEL LAHEY HEALTH (EFFECTIVE MARCH 1, 2019) SENIOR VICE PRESIDENT AND CHIEF SYSTEM DEVELOPMENT & STRATEGY OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER (THROUGH MARCH 1, 2019) TRUSTEE (EX-OFFICIO, CEO DESIGNATE) - NEW ENGLAND BAPTIST HOSPITAL (EFFECTIVE MARCH 1, 2019) TRUSTEE - BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH (THROUGH MARCH 1,2019) TRUSTEE - JORDAN HEALTH SYSTEMS, INC (THROUGH MARCH 1, 2019) DIRECTOR (EX-OFFICIO) - MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION D/B/A BETH ISRAEL DEACONESS HEALTHCARE A/K/A AFFILIATED PHYSICIANS GROUP TRUSTEE (EX-OFFICIO, CEO DESIGNATE) - BETH ISRAEL DEACONESS HOSPITAL NEEDHAM (EFFECTIVE MARCH 1, 2019) TRUSTEE (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL MILTON (THROUGH MARCH 1, 2019) DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS MILTON PHYSICIANS ASSOCIATES F/K/A MILTON HOSPITAL FOUNDATION (THROUGH MARCH 1, 2019) DIRECTOR (EX-OFFICIO) - COMMUNITY PHYSICIANS ASSOCIATES (THROUGH MARCH 1, 2019) TRUSTEE (EX-OFFICIO, CEO DESIGNATE) - MOUNT AUBURN HOSPITAL (EFFECTIVE MARCH 1, 2019) ASSOCIATE PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 539,594 INCENTIVE COMPENSATION 145,095 OTHER REPORTABLE COMPENSATION 47,414 DEFERRED COMPENSATION 20,100 NON-TAXABLE BENEFITS 52,482 OTHER REPORTABLE COMPENSATION FOR DR LEWIS INCLUDES COMBINED PAYMENTS RELATED TO NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF $42,720 LUCCHINO, DAVID L TRUSTEE - MOUNT AUBURN HOSPITAL MAMBRINO, M D LAWRENCE J TRUSTEE - MOUNT AUBURN HOSPITAL INTERIM CHAIR, CREDENTIALS COMMITTEE - MOUNT AUBURN HOSPITAL CLINICAL INSTRUCTOR, OTOLOGY AND LARYNGOLOGY - HARVARD MEDICAL SCHOOL PAYMENTS REPORTED BY MAH BASE COMPENSATION 30,000 PALANDJIAN, LEON TRUSTEE AND TREASURER/ASSISTANT TREASURE - MOUNT AUBURN HOSPITAL MR PALANDJIAN SERVED AS TREASURER THROUGH MARCH 1, 2019 AT WHICH TIME HE ASSUMED THE ROLE OF ASSISTANT TREASURER RAFFERTY, JAMES J TRUSTEE AND CO-CHAIR - MOUNT AUBURN HOSPITAL REARDON, GERALD TRUSTEE - MOUNT AUBURN HOSPITAL SHACHOY, CHRISTOPHER TRUSTEE (EX-OFFICIO) AND PRESIDENT OF THE BOARD OF OVERSEERS - MOUNT AUBURN HOSPITAL SHAPIRO, M D , DEBRA S TRUSTEE - MOUNT AUBURN HOSPITAL SHORTSLEEVE, M D , MICHAEL TRUSTEE - MOUNT AUBURN HOSPITAL CHAIR, DEPARTMENT OF RADIOLOGY - MOUNT AUBURN HOSPITAL ASSISTANT CLINICAL PROFESSOR OF RADIOLOGY - HARVARD MEDICAL SCHOOL PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 23,261 AS REQUIRED BY THIS FORM 990, COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2018 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 (EX-OFFICIO) AND PRESIDENT OF THE AUXILIARY - MOUNT AUBURN HOSPITAL STEVENSON, HOWARD H TRUSTEE AND VICE CHAIR - MOUNT AUBURN HOSPITAL SWANN, ERIC TRUSTEE - MOUNT AUBURN HOSPITAL WILSON, WILLIAM TRUSTEE AND CLERK/ASSISTANT CLERK - MOUNT AUBURN HOSPITAL MR WILSON SERVED AS CLERK THROUGH MARCH 1, 2019 AT WHICH TIME HE ASSUMED THE ROLE OF ASSISTANT CLERK DILESO, NICHOLAS CHIEF OPERATING OFFICER - MOUNT AUBURN HOSPITAL MR DILESO RETIRED ON SEPTEMBER 30, 2019 PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 412,985 INCENTIVE COMPENSATION 51,444 OTHER REPORTABLE COMPENSATION 2,541,678 DEFERRED COMPENSATION 22,000 NON-TAXABLE BENEFITS 26,652 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2018 CALENDAR YEAR IN THE AMOUNT OF $51,444 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 OTHER REPORTABLE COMPENSATION REPORTED BY MAH FOR THE 2018 CALENDAR YEAR INCLUDES PAYMENT OF MR DILESO'S SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) OF $2,533,410, WHICH VESTED IN 2018 AND WHICH ACCRUED OVER MORE THAN TEN YEARS AS REQUIRED BY FORM 990, THIS AMOUNT HAS BEEN PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN EACH YEAR AS ACCRUED, EVEN THOUGH WHEN REPORTED AS DEFERRED COMPENSATION THE AMOUNTS WERE NOT VESTED OTHER REPORTABLE COMPENSATION INCLUDES 457(B) DEFERRALS AND THE CHANGE IN THE PLAN'S VALUE WHICH, COMBINED FOR MR DIIESO, TOTALED $(10,231) 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 PERFORMS SERVICES FOR MOUNT AUBURN HOSPITAL, MOUNT AUBURN PROFESSIONAL SERVICES AND CAREGROUP PARMENTER HOME CARE & HOSPICE ALTHOUGH MR SULLIVAN IS PAID DIRECTLY BY MOUNT AUBURN HOSPITAL, THE PORTION OF MR SULLIVAN'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 278,099 INCENTIVE COMPENSATION 35,496 OTHER REPORTABLE COMPENSATION 285,276 DEFERRED COMPENSATION 15,015 NON-TAXABLE BENEFITS 20,204 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 60,611 INCENTIVE COMPENSATION 7,736 OTHER REPORTABLE COMPENSATION 62,176 DEFERRED COMPENSATION 3,273 NON-TAXABLE BENEFITS 4,403 PAYMENTS REPORTED BY CAREGROUP PARMENTER HOME CARE & HOSPICE BASE COMPENSATION 17,827 INCENTIVE COMPENSATION 2,275 OTHER REPORTABLE COMPENSATION 18,287 DEFERRED COMPENSATION 963 NON-TAXABLE BENEFITS 1,295 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2018 CALENDAR YEAR IN THE AMOUNT OF $45,508 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 OTHER REPORTABLE COMPENSATION REPORTED BY MAH FOR THE 2018 CALENDAR YEAR INCLUDES PAYMENT OF MR SULLIVAN'S SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) OF $349,907, WHICH VESTED IN 2018 AND WHICH ACCRUED OVER FIVE YEARS AS REQUIRED BY FORM 990, THIS AMOUNT HAS BEEN PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN EACH YEAR AS ACCRUED, EVEN THOUGH WHEN REPORTED AS DEFERRED COMPENSATION THE AMOUNTS WERE NOT VESTED

Return Reference	Explanation
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	BAKER, R N , DEBORAH VICE PRESIDENT PATIENT CARE SERVICES - MOUNT AUBURN HOSPITAL PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 262,167 INCENTIVE COMPENSATION 33,777 OTHER REPORTABLE COMPENSATION 12,977 DEFERRED COMPENSATION 19,250 NON-TAXABLE BENEFITS 25,902 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2018 CALENDAR YEAR IN THE AMOUNT OF $33,777 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 BRIDGEMAN, JOHN VICE PRESIDENT CLINICAL SERVICES - MOUNT AUBURN HOSPITAL PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 215,185 INCENTIVE COMPENSATION 28,135 OTHER REPORTABLE COMPENSATION 3,421 DEFERRED COMPENSATION 19,116 NON-TAXABLE BENEFITS 27,748 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2018 CALENDAR YEAR IN THE AMOUNT OF $28,135 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 BURKE, KATHRYN VICE PRESIDENT CONTRACTING AND BUSINESS DEVELOPMENT - MOUNT AUBURN HOSPITAL MS BURKE SERVED IN HER ROLE AS VICE PRESIDENT, CONTRACTING AND BUSINESS FOR MOUNT AUBURN HOSPITAL UNTIL SEPTEMBER 30, 2019 AT THAT TIME SHE ASSUMED THE POSITION AS VICE PRESIDENT, CONTRACTING FOR THE BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 295,935 INCENTIVE COMPENSATION 38,189 OTHER REPORTABLE COMPENSATION 3,686 DEFERRED COMPENSATION 19,250 NON-TAXABLE BENEFITS 27,902 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2018 CALENDAR YEAR IN THE AMOUNT OF $38,189 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 CHEUNG, M D , YVONNE Y CHAIR, QUALITY AND SAFETY - MOUNT AUBURN HOSPITAL PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 282,132 INCENTIVE COMPENSATION 37,487 OTHER REPORTABLE COMPENSATION 1,830 DEFERRED COMPENSATION 13,750 NON-TAXABLE BENEFITS 35,173 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2018 CALENDAR YEAR IN THE AMOUNT OF $37,487 WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 O'CONNELL, MICHAEL L FORMER VICE PRESIDENT PLANNING AND MARKETING - MOUNT AUBURN HOSPITAL MR O'CONNELL RETIRED EFFECTIVE SEPTEMBER 30, 2018 PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 162,589 INCENTIVE COMPENSATION 29,172 OTHER REPORTABLE COMPENSATION (12,906) DEFERRED COMPENSATION 14,756 NON-TAXABLE BENEFITS 18,536 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2018 CALENDAR YEAR IN THE AMOUNT OF $29,172 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 $(23,858) MACOMBER, JOHN TRUSTEE - MOUNT AUBURN HOSPITAL MR MACOMBER'S TERM ON THE MOUNT AUBURN HOSPITAL BOARD BEGAN ON JANUARY 1, 2019 GUARINO, RICHARD CHIEF OPERATING OFFICER - MOUNT AUBURN HOSPITAL WHITE, KENDALL CHIEF INFORMATION OFFICER - MOUNT AUBURN HOSPITAL PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 299,929 INCENTIVE COMPENSATION 38,251 OTHER REPORTABLE COMPENSATION 2,670 DEFERRED COMPENSATION 177 NON-TAXABLE BENEFITS 24,058 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2018 CALENDAR YEAR IN THE AMOUNT OF $38,251 WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 STONE, M D , VALERIE CHAIR, DEPARTMENT OF MEDICINE - MOUNT AUBURN HOSPITAL CHAIR, DEPARTMENT OF MEDICINE - MOUNT AUBURN PROFESSIONAL SERVICES DR STONE PERFORMS SERVICES FOR BOTH MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES 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 344,918 INCENTIVE COMPENSATION 65,600 OTHER REPORTABLE COMPENSATION 12,120 DEFERRED COMPENSATION 6,765 NON-TAXABLE BENEFITS 75 PAYMENTS REPORTED BY MAPS BASE COMPENSATION 75,714 INCENTIVE COMPENSATION 14,400 OTHER REPORTABLE COMPENSATION 2,661 DEFERRED COMPENSATION 1,485 NON-TAXABLE BENEFITS 16 OTHER REPORTABLE COMPENSATION INCLUDES 457(B) DEFERRALS AND THE CHANGE IN THE PLAN'S VALUE WHICH, COMBINED FOR DR STONE, TOTALED $11,238 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 PERFORMS SERVICES FOR BOTH MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES 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 353,788 INCENTIVE COMPENSATION 87,000 OTHER REPORTABLE COMPENSATION 944 DEFERRED COMPENSATION 31,463 NON-TAXABLE BENEFITS 26,312 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 88,447 INCENTIVE COMPENSATION 21,750 OTHER REPORTABLE COMPENSATION 236 DEFERRED COMPENSATION 7,866 NON-TAXABLE BENEFITS 6,578 OTHER REPORTABLE COMPENSATION INCLUDES CONTRIBUTIONS TO ANON-QUALIFIED PLAN AND THE CHANGE IN THE PLAN'S VALUE WHICH, COMBINED FOR DR NAURA TOTALED $14,276 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 PERFORMS SERVICES FOR BOTH MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES 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 198,776 INCENTIVE COMPENSATION 47,025 OTHER REPORTABLE COMPENSATION 7,397 DEFERRED COMPENSATION 22,200 NON-TAXABLE BENEFITS 14,562 PAYMENTS REPORTED BY MAPS BASE COMPENSATION 132,517 INCENTIVE COMPENSATION 31,350 OTHER REPORTABLE COMPENSATION 4,932 DEFERRED COMPENSATION 14,800 NON-TAXABLE BENEFITS 9,708 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2018 CALENDAR YEAR IN THE AMOUNT OF $78,375 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 $2,464 CLARDY, M D , PETER CHAIR MEDICAL EDUCATION - MOUNT AUBURN HOSPITAL CHAIR MEDICAL EDUCATION - MOUNT AUBURN PROFESSIONAL SERVICES DR CLARDY PERFORMS SERVICES FOR BOTH MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES ALTHOUGH DR CLARDY IS DIRECTLY PAID BY MOUNT AUBURN HOSPITAL, THE PORTION OF DR CLARDY'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY MAH BASE COMPENSATION 209,092 INCENTIVE COMPENSATION 88,269 OTHER REPORTABLE COMPENSATION 956 DEFERRED COMPENSATION 9,625 NON-TAXABLE BENEFITS 20,150 PAYMENTS REPORTED BY MAPS BASE COMPENSATION 89,611 INCENTIVE COMPENSATION 37,829 OTHER REPORTABLE COMPENSATION 410 DEFERRED COMPENSATION 4,125 NON-TAXABLE BENEFITS 8 636 BROWN, M D , JENNIFER CHAIR, DEPARTMENT OF PSYCHIATRY - MOUNT AUBURN HOSPITAL PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 311,361 INCENTIVE COMPENSATION 75,000 OTHER REPORTABLE COMPENSATION 1,134 DEFERRED COMPENSATION 8,250 NON-TAXABLE BENEFITS 26,185

Return Reference	Explanation
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	TABB, M D , KEVIN EFFECTIVE MARCH 1, 2019 DR TABB HELD THE FOLLOWING POSITIONS PRESIDENT, CHIEF EXECUTIVE OFFICER, AND TRUSTEE (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH, INC DIRECTOR AND CHIEF EXECUTIVE OFFICER BETH ISRAEL DEACONESS MEDICAL CENTER, INC TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER LAHEY CLINIC HOSPITAL, INC D/B/A LAHEY HOSPITAL AND MEDICAL CENTER TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER LAHEY CLINIC, INC TRUSTEE, PRESIDENT, AND CHIEF EXECUTIVE OFFICER LAHEY HEALTH SHARED SERVICES, INC DIRECTOR AND PRESIDENT BIDMC PHARMACY, INC TRUSTEE (EX-OFFICIO), CHAIRMAN, AND PRESIDENT NORTHEAST HEALTH SYSTEM, INC TRUSTEE (EX-OFFICIO), PRESIDENT, CHAIRMAN AND CHIEF EXECUTIVE OFFICER NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE (EX-OFFICIO), CHAIRMAN AND PRESIDENT SEACOAST NURSING & REHABILITATION CENTER, INC TRUSTEE (EX-OFFICIO) AND PRESIDENT WINCHESTER HOSPITAL FOUNDATION, INC CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER WINCHESTER HEALTHCARE MANAGEMENT, INC TRUSTEE (EX-OFFICIO), CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER LAHEY CLINIC FOUNDATION, INC CHIEF EXECUTIVE OFFICER NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER CAB HEALTH & RECOVERY SERVICES, INC CHIEF EXECUTIVE OFFICER BETH ISRAEL DEACONESS HOSPITAL MILTON CHIEF EXECUTIVE OFFICER MILTON HOSPITAL FOUNDATION CHIEF EXECUTIVE OFFICER COMMUNITY PHYSICIANS ASSOCIATION CHIEF EXECUTIVE OFFICER BETH ISRAEL DEACONESS HOSPITAL NEEDHAM CHIEF EXECUTIVE OFFICER BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH CHIEF EXECUTIVE OFFICER MOUNT AUBURN HOSPITAL CHIEF EXECUTIVE OFFICER NEW ENGLAND BAPTIST HOSPITAL CHIEF EXECUTIVE OFFICER JORDAN HEALTH SYSTEMS, INC CHIEF EXECUTIVE OFFICER JORDAN PHYSICIAN ASSOCIATES, INC TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER HEALTH & EDUCATION HOUSING SERVICES, INC PROFESSOR OF MEDICINE, HARVARD MEDICAL SCHOOL IN ADDITION TO THE POSITIONS NOTED ABOVE, EFFECTIVE MARCH 1, 2019 DR TABB HELD THE FOLLOWING POSITIONS FOR WHICH HE WAS ENTITLED TO AND DID APPOINT A DESIGNATE TRUSTEE (EX-OFFICIO NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO BETH ISRAEL DEACONESS HOSPITAL MILTON, BETH ISRAEL DEACONESS MILTON PHYSICIAN ASSOCIATES AND COMMUNITY PHYSICIANS ASSOCIATION TRUSTEE (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL NEEDHAM TRUSTEE (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, JORDAN HEALTH SYSTEMS, INC AND JORDAN PHYSICIAN ASSOCIATES, INC TRUSTEE (EX-OFFICIO) MOUNT AUBURN HOSPITAL TRUSTEE (EX-OFFICIO) NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO) WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO) ANNA JACQUES HOSPITAL, INC TRUSTEE (EX-OFFICIO) SEACOAST AFFILIATED GROUP PRACTICES, INC DR TABB HELD THE FOLLOWING POSITIONS FROM OCTOBER 1, 2018 UNTIL MARCH 1, 2019 DIRECTOR AND CHIEF EXECUTIVE OFFICER BETH ISRAEL DEACONESS MEDICAL CENTER, INC DIRECTOR (EX-OFFICIO) HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR BETH ISRAEL DEACONESS HOSPITAL MILTON DIRECTOR MILTON HOSPITAL FOUNDATION DIRECTOR COMMUNITY PHYSICIANS ASSOCIATES DIRECTOR JORDAN HEALTH SYSTEMS, INC DIRECTOR JORDAN PHYSICIAN ASSOCIATES, INC DIRECTOR BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH DIRECTOR AND PRESIDENT BIDMC PHARMACY, INC TRUSTEE (EX-OFFICIO) AND CO-CHAIR CARL J SHAPIRO INSTITUTE FOR EDUCATION & RESEARCH AT HARVARD MEDICAL SCHOOL & BETH ISRAEL DEACONESS MEDICAL CENTER, INC PROFESSOR OF MEDICINE HARVARD MEDICAL SCHOOL AS NOTED IN THIS FILING, AND AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 IS CALENDAR YEAR 2018 COMPENSATION PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 1,184,748 INCENTIVE COMPENSATION 552,000 OTHER REPORTABLE COMPENSATION 20,206 DEFERRED COMPENSATION 93,674 NON-TAXABLE BENEFITS 50,030 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR DR TABB INCLUDES $94,326 COMBINED PAYMENTS TO NONQUALIFIED RETIREMENT PLANS PLUS THE INCREASE/DECREASE IN VALUE OF THOSE ACCOUNTS DURING THE 2018 CALENDAR YEAR OF THIS AMOUNT, $80,324 WAS UNVESTED AT SEPTEMBER 30, 2019

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 TRUSTEE, PRESIDENT & CEO	(I)	612,715	0	227,868	17,292	30,361	888,236	0
	(II)	134,498	0	50,020	3,796	6,665	194,979	0
CUTLER MD ANDREW TRUSTEE	(I)	11,827	2,280	74	1,100	1,171	16,452	0
	(II)	224,703	43,315	1,414	20,900	22,246	312,578	0
HUANG MD EDWIN TRUSTEE AND CHAIR-OB/GYN	(I)	262,400	62,250	-7,368	15,150	16,552	348,984	0
	(II)	174,933	41,500	-4,912	10,100	11,035	232,656	0
LEWIS MD STANLEY M TRUSTEE (CEO DESIGNATE)	(I)	0	0	0	0	0	0	0
	(II)	539,594	145,095	47,414	20,100	52,482	804,685	0
TABB MD KEVIN TRUSTEE (EX-OFFICIO), CEO	(I)	0	0	0	0	0	0	0
	(II)	1,184,747	552,000	20,206	93,674	50,030	1,900,657	0
DILESO NICHOLAS COO	(I)	412,985	51,444	2,541,678	22,000	26,652	3,054,759	0
	(II)	0	0	0	0	0	0	0
SULLIVAN WILLIAM J VP & CFO	(I)	278,100	35,496	285,276	15,015	20,204	634,091	0
	(II)	78,438	10,011	80,463	4,236	5,698	178,846	0
KATZ JAMIE CLERK (EX-OFFICIO)	(I)	0	0	0	0	0	0	0
	(II)	415,671	111,276	33,516	17,792	26,216	604,471	0
BAKER RN DEBORAH VP, PATIENT CARE SERVICES	(I)	262,167	33,777	12,977	19,250	25,902	354,073	0
	(II)	0	0	0	0	0	0	0
BRIDGEMAN JOHN VP, CLINICAL SERVICES	(I)	215,185	28,135	3,421	19,116	27,748	293,605	0
	(II)	0	0	0	0	0	0	0
BURKE KATHRYN VP, CONTRACTING & BUS DEV	(I)	295,935	38,189	3,686	19,250	27,902	384,962	0
	(II)	0	0	0	0	0	0	0
CHEUNG MD YVONNE Y CHAIR QUALITY & SAFETY	(I)	282,132	37,487	1,830	13,750	35,173	370,372	0
	(II)	0	0	0	0	0	0	0
WHITE KENDALL CIO	(I)	299,929	38,251	2,670	177	24,058	365,085	0
	(II)	0	0	0	0	0	0	0
BROWN JENNIFER CHAIR, DEPT OF PSYCHIATRY	(I)	311,361	75,000	1,134	8,250	26,185	421,930	0
	(II)	0	0	0	0	0	0	0
CLARDY PETER MD, CHAIR MEDICAL EDUCATION	(I)	209,091	88,269	956	9,625	20,150	328,091	0
	(II)	89,611	37,829	410	4,125	8,636	140,611	0
NAUTA RUSSELL FRMR TTEE, CHAIR SURGERY DEPT	(I)	353,788	87,000	944	31,463	26,312	499,507	0
	(II)	88,447	21,750	236	7,866	6,578	124,877	0
SETNIK MD GARY S TTEE, MD CHAIR EMER MEDICINE	(I)	198,776	47,025	7,397	22,200	14,562	289,960	0
	(II)	132,517	31,350	4,932	14,800	9,708	193,307	0
STONE MD VALERIE CHAIR DEPT OF MEDICINE	(I)	344,919	65,600	12,120	6,765	75	429,479	0
	(II)	75,714	14,400	2,661	1,485	16	94,276	0
O'CONNELL MICHAEL L FORMER VP, MARKETING	(I)	162,589	29,172	-12,906	14,756	18,536	212,147	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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	MDFA - SERIES 2019K	04-3431814	57584YTK5	07-31-2019	211,922,775	SEE PART VI		X		X		X
B	MDFA - SERIES 2018J-1 J-2	04-3431814	57584YJW0	06-13-2018	479,594,374	SEE PART VI		X		X		X
C	MDFA - SERIES 2016I	04-3431814	57584XMT5	05-12-2016	257,611,877	SEE PART VI		X		X		X
D	MDFA - LAHEY SERIES F	04-2323457	NONEXXXXX	10-21-2015	262,828,878	RETIRE BONDS & CAP ACQUISITION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired			8,805,000	28,000,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	211,922,775	493,298,411	257,618,370	261,009,548
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				4,857,465
6	Proceeds in refunding escrows				160,202,232
7	Issuance costs from proceeds	2,931,137	4,594,374	2,515,889	1,310,144
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	208,991,638	114,836,435	19,006,493	64,587,388
11	Other spent proceeds			236,095,988	
12	Other unspent proceeds		362,998,912		31,060,330
13	Year of substantial completion			2016	2017

		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?				X				
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		0 %
6	Total of lines 4 and 5		0 %		0 %		0 %		0 %
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
BOND A, ENTITY 1	PART I, ROW A, COLUMN F, DESCRIPTION OF PURPOSE THE ISSUE REFUNDED ISSUES DATED 06/09/2008, 11/30/2005, 6/16/2003, AND 6/4/1998

Return Reference	Explanation
BOND B, ENTITY 1	PART I, ROW B, COLUMN F THE ISSUE'S PURPOSE WAS TO FINANCE CAPITAL PROJECTS AND REFUND ISSUES DATED 6/9/2008, 7/13/2004, 2/11/1998 PART II, COLUMN B, LINE 3 THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE $13,704,037 OF INVESTMENT EARNINGS

Return Reference	Explanation
BOND C, ENTITY 1	PART I, ROW C, COLUMN F THE ISSUE'S PURPOSE WAS TO FINANCE AN OUTPATIENT AMBULATORY CARE BUILDING, FACILITY UPGRADES, AND COMPUTER UPGRADES AT CERTAIN BIDMC AFFILIATES PART II, COLUMN C, LINE 3 THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE $26,884,283 OF INVESTMENT EARNINGS PART II, COLUMN C, LINE 11 THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW

Return Reference	Explanation
BOND D, ENTITY 1	PART III, COLUMN D, LINE 9 AS OF FISCAL YEAR END 2019, BETH ISRAEL LAHEY HEALTH HAS PLANS TO INCLUDE BOTH LAHEY SERIES F AND LAHEY SERIES E UNDER ITS WRITTEN POLICIES AND PROCEDURES TO ENSURE THAT ALL NONQUALIFIED BONDS OF THE THESE ISSUES ARE REMEDIATED IN ACCORDANCE WITH THE REQUIREMENTS UNDER REGULATIONS SECTIONS 1 141-12 AND 1 145-2 THE DELAY IN ADOPTING UPDATED POLICIES AND PROCEDURES HAS RESULTED, IN LARGE PART, DUE TO COMPLICATIONS RESULTING FROM COVID-19 PART V, COLUMN D AS OF FISCAL YEAR END 2019, BETH ISRAEL LAHEY HEALTH HAS PLANS TO INCLUDE BOTH LAHEY SERIES F AND LAHEY SERIES E UNDER ITS WRITTEN POLICIES AND PROCEDURES TO ENSURE VIOLATIONS OF FEDERAL TAX REQUIREMENTS ARE TIMELY IDENTIFIED AND CORRECTED THROUGH VOLUNTARY CLOSING AGREEMENT PROGRAM AND SELF-REMEDIATION ISN'T AVAILABLE THE DELAY IN ADOPTING UPDATED POLICIES AND PROCEDURES HAS RESULTED, IN LARGE PART, DUE TO COMPLICATIONS RESULTING FROM COVID-19

Return Reference	Explanation
BOND A, ENTITY 2	PART I, ROW A, COLUMN F THE ISSUE'S PURPOSE WAS TO REFINANCE SEVERAL DIFFERENT ISSUES, FUND TERMINATION PAYMENTS, AND FUND BUILDING IMPROVEMENTS, EQUIPMENT AND LAND IMPROVEMENTS PART IV, COLUMN A, LINE 2(C) ARBITRAGE REBATE & YIELD RESTRICTION LIABILITY CALCULATION PERFORMED ON OCTOBER 29, 2019

Return Reference	Explanation
BOND B, ENTITY 2	PART I, ROW B, COLUMN F DESCRIPTION OF PURPOSE CONSTRUCTION & EQUIPPING OF A POWER PLANT AND ACQUISITION OF CAPITAL ASSETS PART III, COLUMN D, LINE 9 AS OF FISCAL YEAR END 2019, BETH ISRAEL LAHEY HEALTH HAS PLANS TO INCLUDE BOTH LAHEY SERIES F AND LAHEY SERIES E UNDER ITS WRITTEN POLICIES AND PROCEDURES TO ENSURE THAT ALL NONQUALIFIED BONDS OF THE THESE ISSUES ARE REMEDIATED IN ACCORDANCE WITH THE REQUIREMENTS UNDER REGULATIONS SECTIONS 1 141-12 AND 1 145-2 THE DELAY IN ADOPTING UPDATED POLICIES AND PROCEDURES HAS RESULTED, IN LARGE PART, DUE TO COMPLICATIONS RESULTING FROM COVID-19 PART V, COLUMN B AS OF FISCAL YEAR END 2019, BETH ISRAEL LAHEY HEALTH HAS PLANS TO INCLUDE BOTH LAHEY SERIES F AND LAHEY SERIES E UNDER ITS WRITTEN POLICIES AND PROCEDURES TO ENSURE VIOLATIONS OF FEDERAL TAX REQUIREMENTS ARE TIMELY IDENTIFIED AND CORRECTED THROUGH VOLUNTARY CLOSING AGREEMENT PROGRAM AND SELF-REMEDIATION ISN'T AVAILABLE THE DELAY IN ADOPTING UPDATED POLICIES AND PROCEDURES HAS RESULTED, IN LARGE PART, DUE TO COMPLICATIONS RESULTING FROM COVID-19

Return Reference	Explanation
BOND C, ENTITY 2	PART II, COLUMN C, 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 PART III, COLUMN C THE 2012 ISSUE ARE EXEMPT FROM COMPLETING PART III AS THE ISSUE ARE REFUNDINGS OF BONDS ISSUED PRIOR TO 12/31/2002

Return Reference	Explanation
BOND D, ENTITY 2	PART II, COLUMNS D, LINE 11 THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW PART III, COLUMN C THE 2011 ISSUE ARE EXEMPT FROM COMPLETING PART III AS THE ISSUE ARE REFUNDINGS OF BONDS ISSUED PRIOR TO 12/31/2002

Return Reference	Explanation
BOND A, ENTITY 3	PART III, COLUMN D, LINE 9 AS OF FISCAL YEAR END 2019, BETH ISRAEL LAHEY HEALTH HAS PLANS TO INCLUDE BOTH LAHEY SERIES F AND LAHEY SERIES E UNDER ITS WRITTEN POLICIES AND PROCEDURES TO ENSURE THAT ALL NONQUALIFIED BONDS OF THE THESE ISSUES ARE REMEDIATED IN ACCORDANCE WITH THE REQUIREMENTS UNDER REGULATIONS SECTIONS 1 141-12 AND 1 145-2 THE DELAY IN ADOPTING UPDATED POLICIES AND PROCEDURES HAS RESULTED, IN LARGE PART, DUE TO COMPLICATIONS RESULTING FROM COVID-19 PART V, COLUMN B AS OF FISCAL YEAR END 2019, BETH ISRAEL LAHEY HEALTH HAS PLANS TO INCLUDE BOTH LAHEY SERIES F AND LAHEY SERIES E UNDER ITS WRITTEN POLICIES AND PROCEDURES TO ENSURE VIOLATIONS OF FEDERAL TAX REQUIREMENTS ARE TIMELY IDENTIFIED AND CORRECTED THROUGH VOLUNTARY CLOSING AGREEMENT PROGRAM AND SELF-REMEDIATION ISN'T AVAILABLE THE DELAY IN ADOPTING UPDATED POLICIES AND PROCEDURES HAS RESULTED, IN LARGE PART, DUE TO COMPLICATIONS RESULTING FROM COVID-19

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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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

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	MDFA - SERIES 2015 H-1	04-3431814	57584XDH1	09-02-2015	203,702,204	SEE PART VI		X		X		X
B	MDFA - LAHEY SERIES E	04-3431814	NONEXXXXX	03-07-2013	130,000,000	POWER PLANT & CAPITAL ACQUISITION		X		X		X
C	MDFA - SERIES 2012G	04-3431814	NONEXXXXX	07-11-2012	49,910,000	REFUND ISSUE DATED 02/11/1998		X		X		X
D	MDFA - SERIES 2011F-1 F-2 F-3	04-3431814	NONEXXXXX	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	42,965,000	77,815,000		88,820,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	230,702,204	130,050,301	49,910,000	120,280,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	2,348,479	500,000	368,094	290,672
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		129,550,301		
11	Other spent proceeds	201,353,725		49,541,906	119,989,328
12	Other unspent proceeds				
13	Year of substantial completion		2015		

		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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?	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		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X		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 %		0 %				
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 ▶		0 400 %		0 %				
6	Total of lines 4 and 5		0 900 %		0 %				
7	Does the bond issue meet the private security or payment test?		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		
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		

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).

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

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	MHEFA - WINCHESTER SERIES F	04-2456011	57586CDD4	07-08-2004	30,340,000	SERIAL BOND SERIES F - ADV REFUND		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,330,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	30,340,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	412,448			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	29,927,552			
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 ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
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?								
b	Exception to rebate?								
c	No rebate due?								
	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	MORGAN STANLEY							
c	Term of hedge	2000 0000000000 %							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total				▶ $								

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation
PART IV COLUMN (D) DESCRIPTION OF TRANSACTIONS INVOLVING INTERESTED PERSONS	VARIOUS CURRENT AND FORMER OFFICERS, DIRECTORS/TRUSTEES AND KEY EMPLOYEES OF MOUNT AUBURN HOSPITAL (MAH) MAY ALSO HOLD POSITIONS WITH OTHER ENTITIES WHICH MAKE CHARITABLE CONTRIBUTIONS TO MAH SUCH CONTRIBUTIONS HAVE NOT BEEN INCLUDED IN THE DISCLOSURES ABOVE 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 AT ARMS-LENGTH AND IN ACCORDANCE WITH THE MAH CONFLICT OF INTEREST POLICY

Additional Data

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR#11	SUBSTANTIAL CONTRIBUTOR	73,309	BANK FEES		No
SUBSTANTIAL CONTRIBUTOR#13	SUBSTANTIAL CONTRIBUTOR	2,194,769	CAPITAL PROJECT & REONVIATION		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR#14	SUBSTANTIAL CONTRIBUTOR	1,355,167	CASE MGMT/RISK CONTRACT SHARING/IT FEES		No
SUBSTANTIAL CONTRIBUTOR#17	SUBSTANTIAL CONTRIBUTOR	1,442,420	RESIDENT TRAINING/IT SVCS/PATIENT SVCS		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR#18	SUBSTANTIAL CONTRIBUTOR	9,670	PATIENT TRANSPORT		No
SUBSTANTIAL CONTRIBUTOR#32	SUBSTANTIAL CONTRIBUTOR	1,347,060	ANESTHESIA SERVICES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR#38	SUBSTANTIAL CONTRIBUTOR	28,019	BANK & TRUST FEES		No
SUBSTANTIAL CONTRIBUTOR#45	SUBSTANTIAL CONTRIBUTOR	302,793	MD 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
SUBSTANTIAL CONTRIBUTOR#58	SUBSTANTIAL CONTRIBUTOR	3,310,337	SOFTWARE PURCHASE/SOFTWARE MAINT/TRAINING		No
SUBSTANTIAL CONTRIBUTOR#61	SUBSTANTIAL CONTRIBUTOR	10,000	CONSULTING		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR#65	SUBSTANTIAL CONTRIBUTOR	575,448	CATERING EVENTS/MEDICAL SCHOOL SUPPORT		No
SUBSTANTIAL CONTRIBUTOR#66	SUBSTANTIAL CONTRIBUTOR	128,736	CAPITAL PROJECT & RENOVATION		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR#82	SUBSTANTIAL CONTRIBUTOR	208,000	MD FEES		No
SUBSTANTIAL CONTRIBUTOR#86	SUBSTANTIAL CONTRIBUTOR	15,725,948	EMPLOYEE HLTH INSURANCE ASO FEES/CLAIMS		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR#99	SUBSTANTIAL CONTRIBUTOR	19,500	AUDIT FEES		No
SUBSTANTIAL CONTRIBUTOR#103	SUBSTANTIAL CONTRIBUTOR	85,500	REIMB MERGER COSTS		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.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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	6	49,637	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 ▶ (_____)				

			Yes	No
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
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

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

Return Reference	Explanation

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.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

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 ON MARCH 1, 2019, THE CAREGROUP SYSTEM OF AFFILIATES INCLUDING MOUNT AUBURN HOSPITAL, BETH ISRAEL DEACONESS MEDICAL CENTER, BETH ISRAEL DEACONESS MILTON, BETH ISRAEL DEACONESS NEEDHAM AND BETH ISRAEL DEACONESS PLYMOUTH AND NEW ENGLAND BAPTIST HOSPITAL, THE LAHEY HEALTH SYSTEM INCLUDING THE LAHEY CLINIC AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER, WINCHESTER HOSPITAL, NORTHEAST HOSPITAL CORPORATION D/B/A BEVERLY HOSPITAL, ADDISON GILBERT HOSPITAL AND BAYRIDGE HOSPITAL, ANNA JAQUES HOSPITAL AS WELL AS ENTITIES FOR WHICH THESE LISTED ORGANIZATIONS SERVE AS SOLE MEMBER AND ADDITIONAL AFFILIATES CAME TOGETHER TO FORM BETH ISRAEL LAHEY HEALTH (BILH) PRIOR TO MARCH 1, 2019, THE MOUNT AUBURN HOSPITAL, MOUNT AUBURN PROFESSIONAL SERVICES AND CAREGROUP PARMENTER HOME CARE AND HOSPICE WERE ALL PART OF THE CAREGROUP SYSTEM BILH IS AN INTEGRATED HEALTH CARE SYSTEM COMMITTED TO EXPANDING ACCESS TO EXTRAORDINARY PATIENT CARE ACROSS EASTERN MASSACHUSETTS AND ADVANCING THE SCIENCE AND PRACTICE OF MEDICINE THROUGH GROUNDBREAKING RESEARCH AND EDUCATION THE BILH SYSTEM IS COMPRISED OF ACADEMIC AND TEACHING HOSPITALS, A PREMIER ORTHOPEDICS HOSPITAL, PRIMARY CARE AND SPECIALTY CARE PROVIDERS, AMBULATORY SURGERY CENTERS, URGENT CARE CENTERS, COMMUNITY HOSPITALS, HOMECARE SERVICES, OUTPATIENT BEHAVIORAL HEALTH CENTERS AND ADDICTION TREATMENT PROGRAMS BILH'S COMMUNITY OF CLINICIANS, CAREGIVERS AND STAFF INCLUDES APPROXIMATELY 4,000 PHYSICIANS AND 35,000 EMPLOYEES

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 PREPARATION AND RECOVERY THE HOSPITAL IS ENRICHED BY THE ENTHUSIASM OF OUR MEDICAL RESIDENTS ALONG WITH PRIMARY CARE (INTERNAL MEDICINE) AND GENERAL SURGERY, MOUNT AUBURN HOSPITAL STAFFS PHYSICIANS WHO SPECIALIZE IN A WIDE VARIETY OF MEDICAL AND SURGICAL DISCIPLINES INCLUDING, ALLERGY, ANESTHESIOLOGY, CARDIOLOGY, CARDIOVASCULAR AND THORACIC SURGERY, DERMATOLOGY, EAR NOSE AND THROAT, EMERGENCY MEDICINE, ENDOCRINOLOGY AND METABOLISM, FAMILY MEDICINE, GASTROENTEROLOGY, GERIATRIC MEDICINE, HAND SURGERY, HEMATOLOGY/ONCOLOGY, INFECTIOUS DISEASES, NEPHROLOGY, NEUROLOGY, NEUROSURGERY, OCCUPATIONAL HEALTH, OPHTHALMOLOGY, ORAL SURGERY, ORTHOPEDIC SURGERY, PATHOLOGY, PLASTIC SURGERY, PODIATRY, PULMONARY MEDICINE, RHEUMATOLOGY, UROLOGY AND VASCULAR SURGERY DURING THE PERIOD COVERED BY THIS FILING, MOUNT AUBURN HOSPITAL HAD 183 LICENSED MEDICAL/SURGICAL BEDS, AND PROVIDED INPATIENT MEDICAL SERVICES TO 6,351 PATIENTS, AND INPATIENT SURGICAL SERVICES TO 1,841 PATIENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III LINE 4B - OUTPATIENT SURGERY	MOUNT AUBURN HOSPITAL PROVIDES SAME DAY SURGICAL SERVICES IN BOTH THE MAIN OPERATING ROOM WHERE WE HAVE 10 OPERATING ROOMS AND A DEDICATED PRE-SURGICAL AREA AND (POST-ACUTE CARE UNIT) PACU AS WELL AS IN A SEPARATE SURGICAL DAY CARE AREA WITH AN ADDITIONAL 3 OPERATING ROOMS AND DEDICATED PACU SPACE SAME DAY OUTPATIENT SURGERIES INCLUDE PROCEDURES IN THE FOLLOWING SPECIALTIES OPTHAMOLOGY, PODIATRY, GENERAL SURGERY, ORTHOPEDIC, GYNECOLOGY, HAND, UROLOGY, ENT AND PLASTICS/COSMETICS DURING FISCAL 2019, MOUNT AUBURN HOSPITAL PERFORMED 6,312 SURGERIES ON AN OUTPATIENT BASIS

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 CHILDBIR TH, THEY HAVE THE TRAINING TO PROVIDE THE FULL SCOPE OF OBSTETRICAL PRACTICE, INCLUDING PE RFORMING CESAREAN SECTIONS NURSE-MIDWIVES - NURSES WHO SPECIALIZE IN NORMAL PREGNANCY AND CHILDBIRTH AND COLLABORATE WITH OBSTETRICIANS IN CASES WHERE COMPLICATIONS ARISE, NURSE-MI DWIVES SUPPORT WOMEN THROUGHOUT LABOR AND ENCOURAGE FAMILY INVOLVEMENT NURSE PRACTITIONERS - NURSES WITH SPECIALIZED EXPERIENCE IN OBSTETRICS WHO PRACTICE IN COLLABORATION WITH OBS TETRICIANS AND NURSE-MIDWIVES IN PROVIDING PRENATAL CARE MATERNAL-FETAL MEDICINE SPECIALIS TS - OBSTETRICIANS WHO HAVE SPECIAL TRAINING IN THE COMPLICATIONS OF PREGNANCY AND CHILDBI RTH MOUNT AUBURN HOSPITAL HAS A TALENTED NURSING STAFF IN PRENATAL/ANTENATAL TESTING, LABO R AND DELIVERY, ON THE POSTPARTUM UNIT AND IN THE NURSERY ANESTHESIOLOGISTS ARE AVAILABLE 24 HOURS A DAY TO PROVIDE PAIN RELIEF DURING LABOR IN ADDITION, NEONATOLOGISTS, WHO SPEC IALIZE IN CARING FOR NEWBORNS, AND PEDIATRICIANS ARE ON SITE AROUND THE CLOCK TO CARE FOR NEWBORNS MOUNT AUBURN ALSO OFFERS ADDITIONAL SERVICES TO WOMEN WHO ARE PLANNING TO HAVE T HEIR BABIES AT OUR HOSPITAL FERTILITY SERVICES, INCLUDING OPTIONS, TESTING AND TREATMENT MANY COUPLES NEED THE EXPERTI

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Return Reference	Explanation
FORM 990, PART III LINE 4C - INPATIENT OBSTETRICS / NEWBORN SERVICES	SE OF A FERTILITY SPECIALIST MOUNT AUBURN HOSPITAL HAS FERTILITY SPECIALISTS ON STAFF THA T COUNSEL COUPLES ON THE MOST CURRENT AVAILABLE OPTIONS AND DIRECT THE NECESSARY TESTING A ND TREATMENT AIMED AT A HEALTHY PREGNANCY AND BIRTH THIS INCLUDES ACCESS TO IN VITRO FERT ILIZATION AND OTHER PROCEDURES HIGH-RISK PREGNANCY SPECIALISTS A FULL RANGE OF SERVICES IS AVAILABLE FOR WOMEN WHO ARE EXPERIENCING HIGH-RISK PREGNANCIES IN THOSE INSTANCES, A M ATERNAL-FETAL MEDICINE SPECIALIST, A PHYSICIAN WHO SPECIALIZES IN THE COMPLICATIONS OF PRE GNANCY AND CHILDBIRTH, BECOMES PART OF THE TEAM AND SEES THE WOMAN ON A REGULAR BASIS NUR SERIES, CARING FOR YOUR BABY MOST NEWBORNS SPEND MOST OF THE DAY WITH THEIR MOTHERS WHEN NEWBORNS NEED SPECIAL CARE, THEY STAY IN THE HOSPITAL'S LEVEL II NURSERY, WHICH IS STAFFE D 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 PEDIATRICIA N IS AROUND THE CORNER IF NEEDED IN ALL PREGNANCIES, A SAFE AND HEALTHY DELIVERY FOR MOTH ER AND BABY IS THE PRIORITY THE ADDITIONAL GOAL IS TO MAKE PRENATAL CARE AND CHILDBIRTH A SMOOTH, WELL-COORDINATED EXPERIENCE THE BAIN BIRTHING CENTER THE BAIN BIRTHING CENTER AT MOUNT AUBURN HOSPITAL PROVIDES A COMFORTABLE, HOME-LIKE SETTING FOR CHILDBIRTH, WITH ALL THE ADVANCED TECHNOLOGY THAT MIGHT BE NEEDED MOUNT AUBURN IS PROUD TO OFFER TOP-NOTCH PRE NATAL AND ANTENATAL FACILITIES IN AN INTIMATE SETTING BIRTH AT MOUNT AUBURN IS AN INCLUSI VE EXPERIENCE THE BAIN BIRTHING CENTER FEATURES A WARM, PERSONAL AND NURTURING ATMOSPHERE , PAYING SPECIAL ATTENTION TO THE COMFORT OF THE MOTHER BY OFFERING SPECIAL FEATURES LIKE JACUZZI TUBS, RESTAURANT-STYLE MEALS, PARTNER CHAIRS THAT RECLINE INTO BEDS FOR FATHERS OR OTHER SUPPORT PERSONS, AND ROOMS FEATURING VIEWS OF THE CHARLES RIVER AND BOSTON SKYLINE IN CASES WHERE A CAESARIAN SECTION NEEDS TO BE PERFORMED, SURGICAL SUITES ARE LOCATED ADJ ACENT TO THE LABOR AND DELIVERY AREA A STATE-OF-THE-ART MONITORING SYSTEM ALLOWS WOMEN TO SAFELY WALK AROUND THE UNIT WHILE THEY ARE IN LABOR AT THE MOUNT AUBURN HOSPITAL BAIN BI RTHING CENTER, A PATIENT'S CHOICE IS PARAMOUNT PAIN RELIEF DURING LABOR IS AN ISSUE THAT EACH WOMAN SHOULD EXPLORE WITH HER PROVIDER MANY WOMEN CHOOSE TO HAVE AN EPIDURAL, BUT PR OVIDERS AT MOUNT AUBURN, ESPECIALLY NURSE-MIDWIVES, ALSO SUPPORT ALTERNATIVE METHODS SUCH AS PRESSURE-POINT MASSAGE, AND HYPNO-BIRTHING (SELF-HYPNOSIS DURING THE BIRTH PROCESS) WO MEN WHO SEEK AN ALTERNATIVE APPROACH TO CHILDBIRTH ITSELF, SUCH AS A WATER BIRTH, WILL ALS O FIND NURSE-MIDWIVES TO HELP THEM WITH SUCH OPTIONS MOUNT AUBURN HOSPITAL STRIVES TO PRO VIDE SUPPORT AND INFORMATION, PRIVACY AND CHOICE THE POSTPARTUM NURSING STAFF PROVIDE NEW MOTHERS WITH ONE-ON-ONE CARE AND EDUCATION THE BAIN BIRTHING CENTER OFFERS A VARIETY OF SERVICES FOR PREGNANT AND NEW MOTHERS, INCLUDING CHILDBIRTH EDUCATION CLASSES, BIRTHPLACE TOURS AND BREAST PUMP RENTALS

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Return Reference	Explanation
FORM 990, PART III LINE 4C - INPATIENT OBSTETRICS / NEWBORN SERVICES	SERVICES FOR NON-ENGLISH SPEAKING PATIENTS INCLUDE STAFF INTERPRETERS, SPANISH-SPEAKING N URSE-MIDWIVES AND INTERPRETER SERVICES FOR VARIOUS LANGUAGES AND ACCESS TO 24-HOUR TELEPHO NE INTERPRETER SERVICES FOR MORE THAN 100 LANGUAGES ONCE FAMILIES LEAVE THE BAIN BIRTHING CENTER, THEY HEAD HOME KNOWING THAT THE NURSING STAFF IS AVAILABLE AFTER DISCHARGE TO ANS WER ANY QUESTIONS THAT MAY ARISE ABOUT THE HEALTH OF MOTHER AND BABY 24 HOURS A DAY LEVEL II NURSERY IF A NEWBORN NEEDS SPECIAL CARE, MOUNT AUBURN'S LEVEL II NURSERY IS EQUIPPED T O ADDRESS ANY INFANT'S CRITICAL HEALTH ISSUES, INCLUDING PREMATURITY, MEDICAL AND FEEDING DIFFICULTIES THIS SEVEN-BED NURSERY IS STAFFED BY A HIGHLY SKILLED TEAM OF NEONATOLOGISTS AND NEONATAL NURSES WHO ARE CERTIFIED TO RESUSCITATE AND ALSO TO STABILIZE AND PREPARE CR ITICALLY ILL INFANTS FOR TRANSFER TO A BOSTON-AREA LEVEL III NURSERY IN THE EVENT OF AN EM ERGENCY MAH'S NURSERY HAS A SPECIALIST PEDIATRICIAN ON CALL 24 HOURS A DAY, AS WELL AS AR OUND THE CLOCK NEONATAL BACKUP COVERAGE ANESTHESIA IS AVAILABLE 24 HOURS A DAY, AS WELL IN ADDITION TO THE EXPERT OBSTETRIC TEAM, MOUNT AUBURN'S LEVEL II NURSERY FEATURES STATE-O F-THE-ART MONITORING EQUIPMENT FOR NEONATES IF A NEWBORN IS SERIOUSLY ILL, HIS/HER PARENT S CAN BE ASSURED THAT HE OR SHE WILL RECEIVE THE BEST CARE POSSIBLE IN MOUNT AUBURN'S LEVE L II NURSERY DURING FISCAL 2019, MOUNT AUBURN HOSPITAL HAD 28 LICENSED OB/GYN BEDS PROVID ING SERVICES TO 2,515 PATIENTS AND 35 BASSINETS PROVIDING INPATIENT SERVICES TO 2540 NEWBO RNS

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Return Reference	Explanation
FORM 990, PART IV QUESTION 12A	THE BOSTON, MA OFFICE OF KPMG ISSUED AN UNQUALIFIED OPINION ON THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE BETH ISRAEL LAHEY HEALTH, INC AND AFFILIATES FOR FISCAL PERIOD ENDED SEPTEMBER 30, 2019 THESE STATEMENTS WERE PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) AND INCLUDED THE ACCOUNTS OF THE BETH ISRAEL LAHEY HEALTH, INC (BILH), AND THE ENTITIES FOR WHICH BETH ISRAEL LAHEY HEALTH, INC (BILH) SERVED AS SOLE MEMBER DURING THE FISCAL PERIOD COVERED BY THIS FILING, (BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC (PLYMOUTH), LAHEY CLINIC FOUNDATION, LAHEY HEALTH SHARED SERVICES, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BEHAVIORAL HEALTH CORPORATION (NBHC) AND ANNA JAQUES HOSPITAL) EACH OF THESE AFFILIATES MAY IN TURN SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE NETWORK OF AFFILIATES, AND WHOSE ACCOUNTS ARE INCLUDED IN THE BILH AUDITED FINANCIAL STATEMENTS THE FINANCIAL STATEMENTS ALSO INCLUDE THE ACCOUNTS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC (HMFP), THE DEDICATED PHYSICIAN PRACTICE OF BETH ISRAEL DEACONESS MEDICAL CENTER AND AN ENTITY INTEGRALLY RELATED TO HELPING BIDMC ACCOMPLISH ITS CHARITABLE PURPOSES, AS WELL AS ALL ENTITIES FOR WHICH THESE ENTITIES SERVE AS MEMBER

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Return Reference	Explanation
FORM 990, PART IV QUESTION 24A	AS DESCRIBED IN THIS FORM 990, FOR THE PERIOD COVERED BY THIS FILING, BETH ISRAEL LAHEY HEALTH, 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 SOLE MEMBER OF MOUNT AUBURN HOSPITAL (MAH) DURING THIS SAME PERIOD MAH WAS A MEMBER OF THE BETH ISRAEL LAHEY HEALTH, INC OBLIGATED GROUP AND ITS TAX EXEMPT BOND FINANCING WASS ISSUED THROUGH BETH ISRAEL LAHEY HEALTH, INC THE SCHEDULE K AS INCLUDED IN THIS FORM 990 INCLUDES ALL OF THE BETH ISRAEL LAHEY HEALTH, INC OBLIGATED GROUP OUTSTANDING DEBT FOR BONDS ISSUED AFTER DECEMBER 31, 2002 ONLY A PORTION OF WHICH IS ALLOCABLE TO AND REPORTED ON MAH'S BALANCE SHEET

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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

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FORM 990, PART V QUESTION 7G	CONTRIBUTIONS OF INTELLECTUAL PROPERTY MOUNT AUBURN HOSPITAL DID NOT RECEIVE ANY CONTRIBUTIONS OF INTELLECTUAL PROPERTY AND AS SUCH, WAS NOT REQUIRED TO FILE FORM 8899

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

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FOR THE PERIOD COVERED BY THIS FILING, BETH ISRAEL LAHEY HEALTH, INC SERVED AS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC (PLYMOUTH), LAHEY HEALTH SHARED SERVICES, LAHEY CLINIC FOUNDATION, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BEHAVIORAL CORPORATION (NBC), AND ANNA JAQUES HOSPITAL THE LAHEY CLINIC FOUNDATION IN TURN SERVES AS SOLE MEMBER TO LAHEY CLINIC INC, AND LAHEY CLINIC HOSPITAL DBA LAHEY HOSPITAL AND MEDICAL CENTER (LHMC) ADDITIONAL ENTITIES LISTED HERE MAY ALSO IN TURN SERVE AS MEMBER TO OTHER NETWORK 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

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FORM 990, PART VI, SECTION A, LINE 4	MOUNT AUBURN HOSPITAL MADE CHANGES TO ITS BYLAWS DURING THE FISCAL PERIOD ENDED SEPTEMBER 30, 2019 AS PART OF THE CREATION OF THE BETH ISRAEL LAHEY HEALTH (BILH), AN INTEGRATED HEALTH CARE SYSTEM PROVIDING PATIENT CARE INFORMED BY WORLD-CLASS RESEARCH AND EDUCATION BETH ISRAEL LAHEY HEALTH, INC BECAME THE SOLE MEMBER OF MOUNT AUBURN HOSPITAL CHANGES TO THE BYLAWS AFFECT - FREQUENCY OF MEETINGS - MINIMUM & MAXIMUM NUMBER OF TRUSTEES - EX-OFFICIO TRUSTEES - APPOINTMENT, REAPPOINTMENT AND REMOVAL OF TRUSTEES - COMMITTEES - OFFICERS - TERMS AND TERM LIMITS

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	EFFECTIVE MARCH 1, 2019, BETH ISRAEL LAHEY HEALTH, INC (BILH) IS THE SOLE MEMBER OF MOUNT AUBURN HOSPITAL, THE MEMBER OF MOUNT AUBURN HOSPITAL

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBER HAS THE EXCLUSIVE AUTHORITY TO (A) APPOINT AND REAPPOINT TRUSTEES, (B) FILL ANY VACANCIES IN THE OFFICES OF TRUSTEES, AND (C) ACTING BY VOTE OF NOT LESS THAN THREE QUARTERS (3/4) OF THE MEMBER'S TRUSTEES THEN IN OFFICE, REMOVE, WITH OR WITHOUT CAUSE, A TRUSTEE

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBER OF MOUNT AUBURN HOSPITAL HAS THE FOLLOWING RIGHTS, AS DESIGNATED IN MOUNT AUBUR N HOSPITAL'S BY-LAWS SUBJECT TO THE PROVISIONS OF THE ARTICLES OF ORGANIZATION AND THESE BYLAWS, THE MEMBER SHALL HAVE THE RIGHT TO EXERCISE ALL POWERS, BOTH POSITIVE AND NEGATIVE , CONFERRED BY MASSACHUSETTS GENERAL LAWS ("M G L ") CHAPTER 180, AS AMENDED, ON MEMBERS O F CORPORATIONS ORGANIZED UNDER M G L CHAPTER 180 IN ADDITION, EXCEPT AS ARE EXPRESSLY GR ANTED TO THE BOARD OF TRUSTEES OF THE CORPORATION ("BOARD") IN THESE BYLAWS, THE MEMBER SH ALL HAVE THE RIGHT TO EXERCISE ALL POWERS, POSITIVE AND NEGATIVE, CONFERRED BY M G L CHAP TER 180 ON BOARDS OF CORPORATIONS ORGANIZED UNDER M G L CHAPTER 180 NOTWITHSTANDING THE FOREGOING, THE MEMBER MAY NOT TAKE ANY OF THE FOLLOWING ACTIONS WITHOUT THE APPROVAL OF TH E BOARD (A) APPROVE OR REQUIRE ANY CHANGE IN, OR CONSOLIDATION OF PHILANTHROPIC GIFTS, AS SETS, AND PROGRAMS OF THE CORPORATION, WHICH SHALL REMAIN UNDER THE CORPORATION'S CONTROL AND BE USED FOR THE BENEFIT OF THE CORPORATION AND NOT FOR OTHER COMPONENTS OF THE MEMBER' S SYSTEM, EXCEPT TO THE EXTENT THAT SUCH CHANGES INVOLVE BACK-OFFICE CONSOLIDATION WITH OT HER DIRECT OR INDIRECT SUBSIDIARIES OF THE MEMBER, (B) APPROVE OR REQUIRE ANY CHANGE IN TH E NAME, BRAND, OR TRADEMARK OF THE CORPORATION OR ANY OF ITS SUBSIDIARIES, EXCEPT SUCH COM PLEMENTARY CHANGES AS THE MEMBER MAY DETERMINE ARE REASONABLY APPROPRIATE IN ESTABLISHING A SYSTEM-WIDE IDENTITY FOR THE AFFILIATED ENTITIES, OR (C) AMEND OR RESTATE THESE BYLAWS T O CHANGE OR ELIMINATE EITHER OF THE FOREGOING LIMITATIONS ON ITS POWERS FOR THE PERIOD EN DING ON THE THIRD ANNIVERSARY OF THE DATE THE MEMBER BECOMES THE SOLE CORPORATE MEMBER OF THE CORPORATION, THE MEMBER'S AUTHORITY TO CHANGE THE MEDICAL SCHOOL AFFILIATION OF THE CO RPORATION OR ANY OF ITS SUBSIDIARIES IS SUBJECT TO THE REQUIREMENT THAT IT OBTAIN THE UNAN IMOUS CONSENT OF THE CORPORATION'S DESIGNATED TRUSTEES (AS DEFINED IN THE BYLAWS OF THE ME MBER) AND THE APPROVAL OF THE MEMBER'S BOARD OF TRUSTEES (THE "MEMBER'S BOARD") THE MEMBE R MAY NOT CAUSE THE CORPORATION TO CEASE OPERATING A SEPARATELY LICENSED HOSPITAL FACILITY , OR CLOSE ANY ESSENTIAL SERVICE OF SUCH HOSPITAL FACILITY, WITHOUT CONSULTING WITH THE BO ARD PRIOR TO TAKING SUCH ACTION THE POWERS AND RESPONSIBILITIES OF THE BOARD INCLUDE THE FOLLOWING (A) PROVIDING RECOMMENDATIONS TO THE MEMBER REGARDING (I) APPOINTMENT, REAPPOIN TMENT AND REMOVAL OF TRUSTEES, (II) THE ESTABLISHMENT OF THE CORPORATION'S POLICIES, (III) THE MAINTENANCE OF PATIENT CARE QUALITY, AND (IV) THE PROVISION OF CLINICAL SERVICES AND COMMUNITY SERVICE PLANNING IN A MANNER RESPONSIVE TO LOCAL COMMUNITY NEEDS, (B) ENSURING C OMPLIANCE WITH ALL LICENSURE AND ACCREDITATION REQUIREMENTS, INCLUDING CREDENTIALING AND O THER MEDICAL STAFF MATTERS, (C) PROVIDING OVERSIGHT FOR INSTITUTIONAL PLANNING, MAKING REC OMMENDATIONS FOR NEW CLINICAL SERVICES, AND PARTICIPATING IN AN ANNUAL REVIEW OF THE CORPO RATION'S STRATEGIC AND FINANCI

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FORM 990, PART VI, SECTION A, LINE 7B	AL PLAN AND GOALS, (D) REVIEWING AND RECOMMENDING APPROVAL OF OPERATING AND CAPITAL BUDGET S AS WELL AS MAKING RECOMMENDATIONS WITH RESPECT TO CAPITAL EXPENDITURES, (E) MAKING RECOM MENDATIONS WITH RESPECT TO QUALITY ASSESSMENT AND IMPROVEMENT PROGRAMS, (F) PROVIDING OVER SIGHT OF RISK MANAGEMENT PROGRAMS RELATING TO PATIENT CARE AND SAFETY, (G) REVIEWING DISAS TER PLANS THAT DEAL WITH BOTH INTERNAL (E G , FIRE) AND EXTERNAL DISASTERS, AND (H) EVALUA TING RECRUITMENT NEEDS TO ENSURE ADEQUATE MEDICAL STAFF CAPACITY TO CONTINUE TO MEET COMMU NITY NEEDS EXCEPT AS OTHERWISE PROVIDED IN THESE BYLAWS, THE BOARD SHALL ACT IN AN ADVISO RY CAPACITY AND CONSISTENT THEREWITH SHALL HAVE ONLY THE FOLLOWING POWERS (A) POWERS EXPR ESSLY GRANTED BY THE MEMBER FROM TIME TO TIME, (B) POWER TO EXERCISE ITS AUTHORITY AS A ME MBER OF OTHER CORPORATIONS, (C) POWER TO ENFORCE ANY RIGHTS VESTED IN THE CORPORATION UNDE R THE BYLAWS OF THE MEMBER (AS DEFINED UNDER THE BYLAWS OF THE MEMBER) OR UNDER THESE BYLA WS WITH RESPECT TO THE MEMBER, AND (D) POWERS TO ENFORCE ANY RIGHTS VESTED IN THE CORPORAT ION UNDER THAT AGREEMENT DATED JUNE 30, 2017 BY AND AMONG LAHEY HEALTH SYSTEM, INC , BETH ISRAEL DEACONESS MEDICAL CENTER, INC , NEW ENGLAND BAPTIST HOSPITAL, INC , MOUNT AUBURN HO SPITAL, CAREGROUP, INC , AND SEACOAST REGIONAL HEALTH SYSTEMS, INC THE POWERS OF THE BOAR D IN CLAUSES (A) AND (B) OF THE PRECEDING SENTENCE SHALL BE SUBJECT TO THE RESERVED POWERS OF THE MEMBER AS NOTED ABOVE THE POWERS OF THE BOARD IN CLAUSE (C) AND (D) OF THE FIRST SENTENCE OF THIS PARAGRAPH SHALL BE INDEPENDENT OF THE MEMBER AND NOT SUBJECT TO THE RESER VED POWERS OF THE MEMBER AS NOTED ABOVE NOTWITHSTANDING CLAUSE (B) ABOVE, THE POWER OF TH E CORPORATION TO EXERCISE ITS AUTHORITY AS A MEMBER OF ANOTHER CORPORATION SHALL BE SUBJEC T TO THE FOLLOWING LIMITATIONS (X) ALL STATUTORY POWERS THAT RESIDE IN THE CORPORATION AS A MEMBER OF ANOTHER CORPORATION UNDER MASSACHUSETTS LAW MAY BE EXERCISED BY THE CORPORATI ON ONLY AT THE EXPRESS AND EXPLICIT DIRECTION OF, AND WITH THE APPROVAL OF, THE MEMBER, (Y) ALL STATUTORY POWERS THAT RESIDE IN THE CORPORATION AS A MEMBER OF ANOTHER CORPORATION U NDER MASSACHUSETTS LAW MAY BE EXERCISED DIRECTLY BY THE MEMBER AFTER CONSULTATION WITH THE CHAIR BUT OTHERWISE WITHOUT THE APPROVAL OR PARTICIPATION OF THE CORPORATION, AND (Z) OTH ER THAN STATUTORY POWERS, THE CORPORATION SHALL HAVE ONLY THOSE POWERS AND AUTHORITIES OVE R AND WITH RESPECT TO THE CORPORATIONS OF WHICH IT IS A MEMBER AS ARE EXPRESSLY AND EXPLIC ITLY DELEGATED OR DIRECTED TO THE CORPORATION BY ACTION OF THE MEMBER'S BOARD

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FORM 990, PART VI, SECTION B, LINE 11B	AS NOTED IN VARIOUS DISCLOSURES THROUGHOUT THIS FILING, EFFECTIVE MARCH 1, 2019, BETH ISRAEL LAHEY HEALTH, INC (BILH) BECAME THE SOLE MEMBER OF MOUNT AUBURN HOSPITAL THIS FORM 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER OF MOUNT AUBURN HOSPITAL, THE TAX DIRECTOR OF BILH AND DELOITTE TAX, LLP A COPY OF THE COMPLETE RETURN IS THEN PROVIDED TO EACH MEMBER OF THE MOUNT AUBURN HOSPITAL BOARD PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	MOUNT AUBURN HOSPITAL (MAH) MAINTAINS A COMPREHENSIVE CONFLICT OF INTEREST POLICY APPLICABLE TO MAH, MOUNT AUBURN PROFESSIONAL SERVICES (MAPS) AND CAREGROUP PARMENTER HOME CARE & HOSPICE (CPHCH), FOR WHICH MAH SERVED AS SOLE MEMBER DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 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, EFFECTIVE MARCH 1, 2019, BETH ISRAEL LAHEY HEALTH (BILH) BECAME THE SOLE MEMBER OF MAH IN ADDITION TO THE CONFLICT OF INTEREST PROCESS OUTLINED ABOVE, THE BILH TAX DEPARTMENT 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

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AS NOTED THROUGHOUT THIS FILING, MOUNT AUBURN HOSPITAL, MOUNT AUBURN PROFESSIONAL SERVICES AND CAREGROUP PARMENTER HOME CARE AND HOSPICE (MAH, MAPS AND CPHCH RESPECTIVELY) BECAME M EMBERS OF THE BETH ISRAEL LAHEY HEALTH NETWORK OF AFFILIATES WITH BILH SERVING AS MAH'S SO LE MEMBER EFFECTIVE MARCH 1, 2019 MAH CONTINUED TO SERVE AS THE SOLE MEMBER OF BOTH MAPS AND CPHCH FOR THE REMAINDER OF THE PERIOD COVERED BY THIS FILING PRIOR TO MARCH 1, 2019 M AH MAINTAINED A COMPENSATION COMMITTEE (THE "COMMITTEE") COMPRISED OF MEMBERS OF THE HOSPI TAL'S BOARD OF TRUSTEES MAH'S THEN CEO ALSO ATTENDED COMMITTEE MEETINGS, OTHER THAN WITH RESPECT TO THE CEO'S COMPENSATION, WITHOUT VOTING RIGHTS ALL OTHER MEMBERS OF THE COMMITT EE WERE INDEPENDENT AS REQUIRED BY THIS FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019, COMPENSATION REPORTED HEREIN IS CALENDAR YEAR 2018 COMPENSATION AS SUCH, COMPENSATI ON REPORTED IN THIS FORM 990 FOR MAH, MAPS AND CPHCH OFFICERS, TRUSTEES AND KEY EMPLOYEES WAS SET BY THE MAH COMPENSATION COMMITTEE AND GUIDED BY THE COMMITTEE'S OBLIGATIONS AS OUT LINED BELOW THE COMMITTEE OPERATED TO FULFILL THE FOLLOWING RESPONSIBILITIES - TO REVIEW AND APPROVE THE TOTAL COMPENSATION OF EACH MEMBER OF THE HOSPITAL'S SENIOR MANAGEMENT TEA M SO AS TO ENSURE THAT SUCH COMPENSATION REMAINS COMPETITIVE IN THE MARKETPLACE, REPRESENT S GOOD VALUE TO THE HOSPITAL FOR THE QUALITY AND QUANTITY OF SERVICES PROVIDED AND CONSTIT UTES REASONABLE TOTAL COMPENSATION TO THE EMPLOYEE IN LIGHT OF THE EMPLOYEE'S POSITION, RE SPONSIBILITIES, QUALIFICATIONS AND PERFORMANCE IN ACCORDANCE WITH INTERNAL AND EXTERNAL RE ASONABLE COMPENSATION STANDARDS APPLICABLE TO THIS TAX EXEMPT HOSPITAL, - TO RECOMMEND TO THE BOARD OF TRUSTEES THE TERMS AND CONDITIONS OF ANY EMPLOYMENT AGREEMENTS BETWEEN THE HO SPITAL AND ITS PRESIDENT/CHIEF EXECUTIVE OFFICER INCLUDING BASE SALARIES, INCENTIVE COMPEN SATION, SUPPLEMENTAL EMPLOYEE RETIREMENT PLANS, BENEFITS AND OTHER LAWFUL METHODS OF REASO NABLE COMPENSATION, - TO RECOMMEND TO THE BOARD OF TRUSTEES FOR THE BOARD'S APPROVAL THE T ERMS AND CONDITIONS OF ANY SUPPLEMENTAL EMPLOYEE RETIREMENT PLANS FOR HOSPITAL EXECUTIVES, - TO REVIEW AND APPROVE THOSE PORTIONS OF THE FEDERAL FORM 990 AND THE MASSACHUSETTS FORM PC, OR THEIR EQUIVALENTS, PERTAINING TO THE COMPENSATION OF HOSPITAL EMPLOYEES PRIOR TO T HE HOSPITAL'S FILING OF SUCH FORMS WITH THE REGULATORY AUTHORITIES, - AS DETERMINED TO BE ADVISABLE BY THE COMMITTEE FROM TIME TO TIME, TO ENGAGE OUTSIDE COMPENSATION CONSULTANTS A ND LEGAL AND OTHER ADVISORS TO PROVIDE TO THE COMMITTEE APPROPRIATE AND RELIABLE COMPARABL E COMPENSATION DATA FOR SIMILARLY SITUATED EMPLOYEES OF NATIONAL, REGIONAL AND LOCAL PEER INSTITUTIONS AND OTHER EXPERT ADVICE TO ASSIST THE COMMITTEE IN FULFILLING ITS RESPONSIBIL ITIES, - TO WORK WITH THE HOSPITAL'S MANAGEMENT AND AUDITORS TO RESOLVE, OR TO RECOMMEND T O THE BOARD OF TRUSTEES RESOLUTION OF, ANY ISSUES OF CONCERN PERTAINING TO THE COMPENSATIO N OF HOSPITAL EMPLOYEES THAT M

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AY ARISE DURING THE COURSE OF THE HOSPITAL'S INDEPENDENT AUDIT OR MAY BE PRESENTED IN THE INDEPENDENT AUDITOR'S MANAGEMENT LETTER TO THE HOSPITAL, - TO REVIEW AND APPROVE EMPLOYEE BENEFITS PROGRAMS INCLUDING WELFARE, FRINGE AND RETIREMENT PLANS AND PROGRAMS, AND ANY MAT ERIAL AMENDMENTS THERETO, - TO ADOPT SUCH POLICIES AND PROCEDURES AS THE COMMITTEE MAY DET ERMINE FROM TIME TO TIME TO BE NECESSARY OR USEFUL TO ENSURE THAT THE HOSPITAL PAYS REASON ABLE AND COMPETITIVE COMPENSATION TO ITS MANAGEMENT TEAM WHILE PRESERVING THE TAX EXEMPT S TATUS OF THE HOSPITAL, AND - TO REVIEW AND REASSESS THE COMMITTEE'S CHARTER FROM TIME TO T IME AND TO RECOMMEND ANY PROPOSED CHANGES TO THE HOSPITAL'S BOARD OF TRUSTEES FOR ITS CONS IDERATION AND APPROVAL THE COMMITTEE MET PERIODICALLY DURING THE CALENDAR YEAR 2018 AND T HE PORTION OF THE FISCAL YEAR PRIOR TO MARCH 1, 2019 TO REVIEW AND APPROVE INDIVIDUAL PERF ORMANCE GOALS FOR MANAGEMENT AND THE CEO, TO REVIEW PERFORMANCE AGAINST SUCH GOALS, TO APP ROVE INCENTIVE COMPENSATION PAYMENTS TO MANAGEMENT, TO RECOMMEND COMPENSATION PAYMENTS TO THE CEO FOR APPROVAL BY THE TRUSTEES AND TO APPROVE SALARY ADJUSTMENTS FOR THE NEXT YEAR FURTHER, THE COMMITTEE ADDRESSED AS REQUIRED ANY CHANGES IN INDIVIDUAL OR GROUP COMPENSATI ON ARRANGEMENTS AT SUCH MEETINGS THE COMMITTEE UNDERSTOOD THAT ONE OF ITS CORE RESPONSIBI LITIES WAS TO ENSURE THAT THE TOTAL COMPENSATION PROVIDED TO THESE INDIVIDUALS WAS FAIR AN D REASONABLE USING CURRENT AND CREDIBLE MARKET PRACTICE INFORMATION AND THAT ALL ARRANGEME NTS COMPLY WITH APPLICABLE LEGAL AND REGULATORY GUIDELINES THE COMPENSATION COMMITTEE HIS TORICALLY RELIED UPON GUIDANCE OUTLINED IN WRITTEN COMPENSATION SURVEYS/STUDIES PRODUCED U NDER AN ARRANGEMENT WITH AN INDEPENDENT COMPENSATION CONSULTING FIRM THAT ASSESSED EXECUTI VE COMPENSATION AND BENEFITS OF ORGANIZATIONS SIMILAR TO MAH THE COMMITTEE HISTORICALLY H AD A FULL STUDY CONDUCTED BY SUCH FIRM BIENNIALLY WITH AN UPDATED STUDY IN THE OTHER YEARS THIS SURVEY HAS FORMED THE BASIS FOR THE COMMITTEE FULFILLING ITS RESPONSIBILITY IN THIS REGARD FOR THE PERIODS COVERED IN THIS FORM 990, THE COMMITTEE MET TO REVIEW THE COMPENS ATION OF EACH OF THE INDIVIDUALS DESCRIBED ABOVE TOOLS UTILIZED FOR THIS REVIEW INCLUDED THE COMPENSATION STUDY PREPARED BY THE INDEPENDENT COMPENSATION CONSULTING FIRM CONTRACTED BY THE COMMITTEE FURTHER, PERFORMANCE OF EACH INDIVIDUAL WAS MEASURED AGAINST PREVIOUSLY APPROVED GOALS AND OBJECTIVES IN DETERMINING INCENTIVE COMPENSATION PAYMENTS AFTER DISCU SSION AND ANALYSIS, THE COMPENSATION COMMITTEE VOTED TO APPROVE THE COMPENSATION ARRANGEME NTS OF ALL INDIVIDUALS DESCRIBED ABOVE EXCEPT FOR THE CEO WHEN THE CEO WAS NOT PRESENT, T HE COMPENSATION COMMITTEE DISCUSSED THE COMPENSATION OF THE CEO AND THE PERFORMANCE OF THE CEO AGAINST PREVIOUSLY APPROVED GOALS AND OBJECTIVES WITH THE INPUT OF THE COMPENSATION STUDY, THE COMMITTEE VOTED TO RECOMMEND FOR APPROVAL BY THE BOARD OF TRUSTEES THE COMPENSA TION ARRANGEMENT OF THE CEO A

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	T A SUBSEQUENT EXECUTIVE SESSION OF THE HOSPITAL'S BOARD OF TRUSTEES, FROM WHICH ALL TRUST EES IN THE EMPLOY OF THE HOSPITAL WERE EXCUSED, THE CHAIR OF THE COMPENSATION COMMITTEE MA DE A FULL REPORT OF THE COMMITTEE'S ANALYSIS OF CEO COMPENSATION TO THE INDEPENDENT TRUSTE ES AND AFTER DISCUSSION RECOMMENDED THAT THE TRUSTEES APPROVE THE THEN CEO'S COMPENSATION THE TRUSTEES VOTED AND APPROVED THE COMPENSATION ALL DELIBERATIONS WERE CONTEMPORANEOUSL Y DOCUMENTED IN MINUTES THE COMPENSATION OF THE MAH CEO WAS THEN ALSO REPORTED TO THE CAR EGROUP EXECUTIVE COMMITTEE CAREGROUP SERVED AS THE SOLE MEMBER OF MAH PRIOR TO MARCH 1, 2 019

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	MOUNT AUBURN HOSPITAL'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST AT THE FOLLOWING LOCATION BETH ISRAEL LAHEY HEALTH TAX DEPARTMENT 109 BROOKLINE AVENUE, SUITE 300 BOSTON, MA 02215

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFER TO AFFILIATES -16,226,199 FAS 158 35,998 INVESTMENT INCOME & GAINS-CIP UNREALIZED CHANGE IN EQUITY INTEREST IN LPS -1,982,151 ROUNDING -3

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	ON MARCH 1, 2019, LAHEY HEALTH SYSTEM INCLUDING THE LAHEY CLINIC AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER, WINCHESTER HOSPITAL, NORTHEAST HOSPITAL CORPORATION D/B/A BEVERLY HOSPITAL, ADDISON GILBERT HOSPITAL AND BAYRIDGE HOSPITAL, THE BETH ISRAEL DEACONESS SYSTEM INCLUDING BETH ISRAEL DEACONESS MEDICAL CENTER, BETH ISRAEL DEACONESS MILTON, BETH ISRAEL DEACONESS NEEDHAM AND BETH ISRAEL DEACONESS PLYMOUTH, MOUNT AUBURN HOSPITAL, NEW ENGLAND BAPTIST HOSPITAL, ANNA JAQUES HOSPITAL AS WELL AS ENTITIES FOR WHICH THESE LISTED ORGANIZATIONS SERVE AS SOLE MEMBER AND ADDITIONAL AFFILIATES CAME TOGETHER TO FORM BETH ISRAEL LAHEY HEALTH (BILH) AS A NEWLY CREATED HEALTHCARE SYSTEM, BILH ENGAGED KPMG TO PERFORM A FINANCIAL AUDIT OF THE SYSTEM THE BOSTON, MA OFFICE OF KPMG ISSUED AN UNQUALIFIED OPINION ON THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE BETH ISRAEL LAHEY HEALTH, INC AND AFFILIATES FOR FISCAL PERIOD ENDED SEPTEMBER 30, 2019 THESE STATEMENTS WERE PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) AND INCLUDED THE ACCOUNTS OF THE BETH ISRAEL LAHEY HEALTH, INC AND ITS AFFILIATES

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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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

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

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

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

See Additional Data Table

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

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

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

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.

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) 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

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	Yes	
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

See Additional Data Table

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

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation
PART I - V	AS NOTED THROUGHOUT THIS FILING, ON MARCH 1, 2019, BETH ISRAEL LAHEY HEALTH (BILH) BECAME SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC (PLYMOUTH), LAHEY HEALTH SHARED SERVICES, LAHEY CLINIC FOUNDATION, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BEHAVIORAL CORPORATION (NBC), AND ANNA JAQUES HOSPITAL THE LAHEY CLINIC FOUNDATION IN TURN SERVES AS SOLE MEMBER TO LAHEY CLINIC INC, AND LAHEY CLINIC HOSPITAL DBA LAHEY HOSPITAL AND MEDICAL CENTER (LHMC) ADDITIONAL ENTITIES LISTED HERE MAY ALSO IN TURN SERVE AS MEMBER TO OTHER NETWORK AFFILIATES BY-LAW CHANGES WERE MADE TO REFLECT THE CENTRALIZATION OF THE SYSTEM, AND AS SUCH, AFFILIATES WITHIN THE BILH SYSTEM ARE CONSIDERED CONTROLLED ENTITIES UNDER IRC SECTION 512(B)(13), AS EACH AFFILIATE IS UNDER COMMON GOVERNANCE CONTROL, AS DESCRIBED IN TREAS REGS 1 512(B)-1(L)(4) UNDER IRC SEC 512, CONTROL MEANS THAT MORE THAN 50 PERCENT OF THE DIRECTORS OR TRUSTEES OF AN ORGANIZATION ARE EITHER REPRESENTATIVES OF, OR DIRECTLY OR INDIRECTLY CONTROLLED, BY AN EXEMPT ORGANIZATION A TRUSTEE OR DIRECTOR IS A REPRESENTATIVE OF AN EXEMPT ORGANIZATION IF THEY ARE A TRUSTEE, DIRECTOR, AGENT, OR EMPLOYEE OF SUCH EXEMPT ORGANIZATION UNDER THIS DEFINITION, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC AND AFFILIATES ARE INCLUDED IN MOUNT AUBURN HOSPITAL'S FORM 990, SCHEDULE R FOR THE CURRENT TAX YEAR

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
41 MALL ROAD BURLINGTON, MA 01805 46-4371382	SUPPORT	MA	501(C)(3)	7	LAHEY HEALTH SHARED SERVICES INC	Yes	
25 HIGHLAND AVE NEWBURYPORT, MA 01950 04-3318952	FUNDRSG ORG	MA	501(C)(3)	12A, I	ANNA JAQUES HOSPITAL INC	Yes	
25 HIGHLAND AVE NEWBURYPORT, MA 01950 04-2104338	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
375 LONGWOOD AVE BOSTON, MA 02215 32-0058309	TO PROVIDE EMERGENCY MEDICAL SERVICES	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
930 COMMONWEALTH AVE BOSTON, MA 02215 04-3521077	SCIENTIFIC & MEDICAL RESEARCH	MA	501(C)(3)	7	N/A	Yes	
199 REEDSDALE RD MILTON, MA 02186 04-2103604	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
148 CHESTNUT ST NEEDHAM, MA 02492 04-3229679	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
275 SANDWICH ST PLYMOUTH, MA 02360 22-2667354	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 04-2103881	THE OPERATION OF A WORLD CLASS ACADEMIC MEDICAL CENTER IN BOSTON, MA	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
41 MALL ROAD BURLINGTON, MA 01805 47-2248298	HEALTHCARE	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC	Yes	
20 UNIVERSITY ROAD CAMBRIDGE, MA 02138 83-2671600	SUPPORT	MA	501(C)(3)	12A, I	N/A	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 04-2997215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
330 BROOKLINE AVE STE 300 BOSTON, MA 02215 04-2776678	INACTIVE CORPORATION	MA	501(C)(3)	7	N/A	Yes	
330 BROOKLINE AVE W/CC-2 BOSTON, MA 02215 36-4803234	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 04-3079630	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 20-8253452	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 04-3030397	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 20-4974585	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 02-0671240	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 04-3117601	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	

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
482 BEDFORD STREET LEXINGTON, MA 02420 04-3200113	SUPPORT	MA	501(C)(3)	12A, I	N/A		No
330 BROOKLINE AVE BOSTON, MA 02215 04-2794855	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 82-2526816	OPERATE A SPECIALTY PHARMACY	MA	501(C)(3)	12A, I	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
199 REEDSDALE RD MILTON, MA 02186 22-2566792	PROMOTE HEALTHCARE	MA	501(C)(3)	12A, I	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 22-2548374	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 04-2571853	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
199 ROSEWOOD DRIVE SUITE 250 DANVERS, MA 01923 04-2400270	SUBSTANCE ABUSE	MA	501(C)(3)	10	NORTHEAST BEHAVIORAL HEALTH CORPORATION	Yes	
330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 47-3111453	HOME CARE & HOSPICE	MA	501(C)(3)	12A, I	MOUNT AUBURN HOSPITAL	Yes	
109 BROOKLINE AVE STE 300 BOSTON, MA 02215 22-2629185	OVERSEE FINANCIAL HEALTH OF AFFILIATES	MA	501(C)(3)	12C, III-FI	N/A		No
330 BROOKLINE AVE BOSTON, MA 02215 04-3326928	DEVELOP INNOVATIVE PROG AND MODELS FOR TEACHING AND RESEARCH	MA	501(C)(3)	12A, I	N/A		No
199 REEDSDALE RD MILTON, MA 02186 04-3243146	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	3	MILTON HOSPITAL FOUNDATION	Yes	
185 PILGRIM ROAD BOSTON, MA 02215 04-3242952	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
375 LONGWOOD AVE BOSTON, MA 02215 22-2768204	GENERAL AND SPECIALIZED MEDICAL SERVICES TO THE PATIENTS OF BIDMC AND OTHERS	MA	501(C)(3)	10	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
199 ROSEWOOD DRIVE DANVERS, MA 01923 22-3232914	HUD HOUSING	MA	501(C)(3)	10	NORTHEAST BEHAVIORAL HEALTH CORPORATION	Yes	
275 SANDWICH ST PLYMOUTH, MA 02360 04-2103805	PROMOTE HEALTHCARE	MA	501(C)(3)	7	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
275 SANDWICH ST PLYMOUTH, MA 02360 04-3228556	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	10	JORDAN HEALTH SYSTEMS INC	Yes	
130 KING STREET WEST TORONTO CA	FUNDRSG ORG	CA	NON-US		N/A		No
41 MALL ROAD BURLINGTON, MA 01805 04-2323457	SUPPORT	MA	501(C)(3)	7	BETH ISRAEL LAHEY HEALTH INC	Yes	
41 MALL ROAD BURLINGTON, MA 018050001 04-2704686	HEALTHCARE	MA	501(C)(3)	3	LAHEY CLINIC FOUNDATION INC	Yes	
41 MALL ROAD BURLINGTON, MA 018050001 04-2704683	HEALTHCARE	MA	501(C)(3)	10	LAHEY CLINIC FOUNDATION INC	Yes	

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
41 MALL ROAD BURLINGTON, MA 01805 04-3178972	ADMINISTRATION	MA	501(C)(3)	10	BETH ISRAEL LAHEY HEALTH INC	Yes	
41 MALL ROAD BURLINGTON, MA 01805 61-1665701	SUPPORT	MA	501(C)(3)	12C, III-FI	N/A		No
160 LONGWOOD AVENUE BOSTON, MA 02215 04-3476764	COORDINATE AND PROVIDE STATEGIC PLANNING OPP FOR HMS	MA	501(C)(3)	12A, I	N/A	Yes	
375 LONGWOOD AVENUE BOSTON, MA 02215 04-3208878	INACTIVE CORPORATION	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
400 HUNNEWELL ST NEEDHAM, MA 02494 04-2810972	OUTPATIENT, PRIMARY CARE AND SPECIALTY SERVICES	MA	501(C)(3)	10	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-2103606	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-3026897	OFFERING MEDICAL CARE IN GENERAL AND SPECIALIZED PRACTICES	MA	501(C)(3)	12A, I	MOUNT AUBURN HOSPITAL	Yes	
125 PARKER HILL AVE BOSTON, MA 02120 04-2103612	ORTHOPEDIC SPECIALTY HOSPITAL	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
125 PARKER HILL AVE BOSTON, MA 02120 04-3235796	OUTPATIENT MEDICAL SERVICES TO THE VARIOUS COMMUNITIES SERVICED BY NEBH	MA	501(C)(3)	3	NEW ENGLAND BAPTIST HOSPITAL	Yes	
199 ROSEWOOD DRIVE DANVERS, MA 01923 04-2777145	HEALTHCARE	MA	501(C)(3)	10	BETH ISRAEL LAHEY HEALTH INC	Yes	
85 HERRICK ST BEVERLY, MA 01915 04-3240453	SUPPORT	MA	501(C)(3)	12A, I	LAHEY HEALTH SHARED SERVICES INC	Yes	
85 HERRICK STREET BEVERLY, MA 01915 04-2121317	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
85 HERRICK ST BEVERLY, MA 01915 04-3201853	HEALTHCARE	MA	501(C)(3)	10	NORTHEAST HOSPITAL CORPORATION	Yes	
800NCUMMINGS CENTER BEVERLY, MA 01915 20-1287349	HEALTHCARE	MA	501(C)(3)	10	NORTHEAST SENIOR HEALTH CORPORATION	Yes	
85 HERRICK STREET BEVERLY, MA 01915 04-2731137	HEALTHCARE	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC	Yes	
25 HIGHLAND AVE NEWBURYPORT, MA 01915 04-3485648	PHYSICIAN GROUP	MA	501(C)(3)	10	ANNA JAQUES HOSPITAL INC	Yes	
300 WASHINGTON ST GLOUCESTER, MA 01930 04-1305001	HEALTHCARE	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC	Yes	
25 HIGHLAND AVE NEWBURYPORT, MA 01915 22-2814214	SUPPORT ORG	MA	501(C)(3)	12A, I	N/A		No
25 HIGHLAND AVE NEWBURYPORT, MA 01915 32-0443663	HEALTH SVCS	MA	501(C)(3)	10	N/A		No
41 HIGHLAND AVENUE WINCHESTER, MA 01890 22-3137856	ACO	MA	501(C)(3)	12A, I	WINCHESTER HEALTHCARE MANAGEMENT INC	Yes	

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
41 HIGHLAND AVENUE WINCHESTER, MA 01890 22-2701817	MANAGEMENT	MA	501(C)(3)	12A, I	LAHEY HEALTH SHARED SERVICES INC	Yes	
41 HIGHLAND AVENUE WINCHESTER, MA 018900000 04-2104434	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
41 HIGHLAND AVENUE WINCHESTER, MA 01890 04-3399570	SUPPORT	MA	501(C)(3)	12A, I	WINCHESTER HEALTHCARE MANAGEMENT INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BIDCO PHYSICIAN LLC ONE UNIVERSITY AVE NORTH ENTRANCE WESTWOOD, MA 02090 46-1589743	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A									
(1) BIDCO HOSPITAL LLC 247 STATION DRIVE NORTHWEST 1 WESTWOOD, MA 02090 46-1643790	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A									
(2) CAREGROUP CLINICAL RESEARCH LLC 109 BROOKLINE AVENUE BOSTON, MA 02215 30-0228711	TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP	MA	N/A									
(3) CAREGROUP INVESTMENT PARTNERSHIP LLP 109 BROOKLINE AVENUE BOSTON, MA 02215 04-3278109	INVESTMENT PARTNERSHIP	MA	N/A	EXCLUDED	4,092,619	85,557,125		No	-204,025		No	9 080 %
(4) PHYSICIAN PROFESSIONAL SERVICES LLP 10 CABOT ROAD MEDFORD, MA 02215 04-3275078	TO PROVIDE MEDICAL BILLING SERVICES	MA	N/A									
(5) NEW ENGLAND BAPTIST ORTHOPEDIC NETWORK LLC 125 PARKER HILL AVE BOSTON, MA 02120 46-5120176	TO PROVIDE ORTHOPEDIC MEDICAL SERVICES	MA	N/A									
(6) WINCHESTER HOSPITALSHIELDS MRI LLC 700 CONGRESS ST QUINCY, MA 02169 46-2523117	MRI SERVICES	MA	N/A									
(7) SHIELDS IMAGING AT ANNA JAQUES HOSPITAL LLC 700 CONGRESS ST STE 204 QUINCY, MA 02169 38-3989358	MRI SERVICES	MA	N/A									
(8) HAVERHILL MOB LLC 50 CHESTNUT ST NEEDHAM, MA 02492 81-2856118	MEDICAL OFFICE BUILDING	MA	N/A									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) JORDAN COMMUNITY ACO INC 275 SANDWICH ST PLYMOUTH, MA 02360 45-4047430	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BID-PLYMOUTH	MA	N/A	C				Yes	
(1) GREATER NEWBURYPORT MANAGEMENT SERVICES ORGANIZATION INC 25 HIGHLAND AVE NEWBURYPORT, MA 01950 16-1744477	MANAGEMENT SERVICES	MA	N/A	C				Yes	
(2) LAHEY CLINIC INSURANCE CO LTD CRAIG APPIN HOUSE PO BOX HM 2450 HAMILTON BD	INSURANCE	BD	N/A	C				Yes	
(3) LEDGEWOOD HEALTHCARE CORPORATION 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 04-2855189	NURSING HOME	KY	N/A	C				Yes	
(4) NORTHEAST PROPRIETARY CORP 85 HERRICK STREET BEVERLY, MA 01915 04-2855191	MEDICAL SERVICES	MA	N/A	C				Yes	
(5) WINCHESTER PHYSICIAN ASSOCIATES INC 41 HIGHLAND AVE WINCHESTER, MA 01890 04-3262963	MANAGEMENT SERVICES	MA	N/A	C				Yes	
(6) WINCHESTER HEALTHCARE ENTERPRISES INC 41 HIGHLAND AVE WINCHESTER, MA 01890 04-2932059	MANAGEMENT SERVICES	MA	N/A	C				Yes	
(7) WINCHESTER PHYSICIAN HOSPITAL ORGANIZATION INC 41 HIGHLAND AVE WINCHESTER, MA 01890 47-2646454	PHYS HOSP ORG	MA	N/A	C				Yes	
(8) NORTHEAST HEALTH SYSTEMS PHYSICIAN HOSPITAL ORGANIZATION INC 500 CUMMINGS CENTER STE 6500 BEVERLY, MA 01915 04-3258053	MEDICAL SERVICES	MA	N/A	C				Yes	
(9) NORTHEAST PHYSICIAN PRACTICE 85 HERRICK STREET BEVERLY, MA 01915 04-3285837	PHYSICIAN OFFICE	MA	N/A	C				Yes	
(10) NPP SUPPORT SERVICES 85 HERRICK STREET BEVERLY, MA 01915 04-2721511	PHYSICIAN OFFICE	MA	N/A	C				Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	BETH ISRAEL LAHEY HEALTH INC	R	1,330,000	FMV
(1)	BETH ISRAEL LAHEY HEALTH INC	R	555,877	FMV
(2)	BETH ISRAEL DEACONESS MEDICAL CENTER	P	990,966	FMV
(3)	BETH ISRAEL DEACONESS MEDICAL CENTER	P	96,120	FMV
(4)	BETH ISRAEL DEACONESS MEDICAL CENTER	P	84,000	FMV
(5)	LAHEY CLINIC INC	P	85,500	FMV
(6)	MOUNT AUBURN PROFESSIONAL SERVICES INC	A	2,222,369	FMV
(7)	MOUNT AUBURN PROFESSIONAL SERVICES INC	L	77,989,473	FMV
(8)	MOUNT AUBURN PROFESSIONAL SERVICES INC	M	1,190,890	FMV
(9)	MOUNT AUBURN PROFESSIONAL SERVICES INC	P	8,640,241	FMV
(10)	MOUNT AUBURN PROFESSIONAL SERVICES INC	R	7,168,071	FMV
(11)	HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC	P	102,880	FMV
(12)	HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC	P	242,471	FMV
(13)	HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC	P	584,909	FMV
(14)	ASSOC PHYS HARVARD MED FAC PHY AT BIDMC	Q	438,709	FMV
(15)	CAREGROUP PARMENTER HOME CARE & HOSPICE INC	A	216,610	FMV
(16)	CAREGROUP PARMENTER HOME CARE & HOSPICE INC	L	18,422,461	FMV
(17)	CAREGROUP PARMENTER HOME CARE & HOSPICE INC	R	4,165,979	FMV
(18)	CAREGROUP PARMENTER HOME CARE & HOSPICE INC	S	191,531	FMV