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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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2019 , and ending 09-30-2020

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 $ 337,797,706

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**	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	23
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	2,558
6	Total number of volunteers (estimate if necessary)	**6**	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,562,934
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,377,900	28,745,651
9	Program service revenue (Part VIII, line 2g)	332,826,211	288,600,975
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,807,614	11,346,088
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,635,820	7,161,140
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	349,647,545	335,853,854
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	723,286	96,786
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)	170,176,017	165,509,185
16a	Professional fundraising fees (Part IX, column (A), line 11e)	12,000	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶927,049		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	158,532,167	152,667,939
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	329,443,470	318,273,910
19	Revenue less expenses. Subtract line 18 from line 12	20,204,075	17,579,944

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	441,503,907	474,641,703
21	Total liabilities (Part X, line 26)	187,106,492	230,669,082
22	Net assets or fund balances. Subtract line 21 from line 20	254,397,415	243,972,621

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: 2021-08-16

WILLIAM SULLIVAN CFO & VP OF FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2021-08-15		P00743140

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a	(Code: See Additional Data)	(Expenses $	126,186,267	including grants of $	96,786) (Revenue $	118,765,641)
4b	(Code: See Additional Data)	(Expenses $	30,632,351	including grants of $	) (Revenue $	27,754,402)
4c	(Code: See Additional Data)	(Expenses $	26,793,658	including grants of $	) (Revenue $	26,788,088)
	(Code:)	(Expenses $	95,742,435	including grants of $	) (Revenue $	115,292,844)

4d Other program services (Describe in Schedule O.)
(Expenses $ 95,742,435 including grants of $) (Revenue $ 115,292,844)

4e **Total program service expenses ▶** 279,354,711

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		No
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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *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	161		
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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**	2,558		
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**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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**	Yes
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	28		
	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	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ CT , MA , ME , NH , NY , PA , RI , TN , WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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.

See instructions for the order in which to list the persons above.

☐ 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) ▶								6,425,257	6,920,881	2,586,035

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 ▶ 351

			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
EPIC SYSTEMS CORPORATION 1979 MILKY WAY VERONA, WI 53593	MAINTENANCE	3,562,372
WALSH BROTHERSINC 210 COMMERCIAL STREET BOSTON, MA 02109	CONTRACTOR	3,154,931
QUEST DIAGNOSTICS PO BOX 912512 PASADENA, CA 911102512	LAB TESTING	2,715,156
MACIPA INC 1380 SOLDIERS FIELD RD FLOOR 3 BRIGHTON, MA 02135	EMR / CASE MANAGEMENT	1,477,185
ANGELICA-SOMERVILLE 30 INNERBELT ROAD SOMERVILLE, MA 02143	LAUNDRY SERVICES	1,120,691

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 67

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	20,789,405			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,956,246			
	g Noncash contributions included in lines 1a - 1f:$	1g	229,001			
	h **Total.** Add lines 1a-1f . . . . . ▶		28,745,651			
Program Service Revenue		Business Code				
	2a TOTAL ADULT MED/SURG U	900099	118,765,641	118,765,641		
	b INPT OBSTETRICS/NEWBOR	900099	27,754,402	27,754,402		
	c OUTPATIENT RADIOLOGY	900099	27,115,025	27,115,025		
	d OUTPATIENT SURGERY	621990	26,788,088	26,788,088		
	e EMERGENCY DEPARTMENT	621990	20,465,477	20,465,477		
	f All other program service revenue.		67,712,342	67,712,342		
	g **Total.** Add lines 2a–2f. . . . . ▶	288,600,975				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		8,129,606		-648,862	8,778,468
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross rents 6a	2,256,327				
	b Less: rental expenses 6b	1,031,641				
	c Rental income or (loss) 6c	1,224,686				
	d Net rental income or (loss) . . . . . ▶		1,224,686			1,224,686
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a	4,118,693	10,000			
	b Less: cost or other basis and sales expenses 7b	912,211	0			
	c Gain or (loss) 7c	3,206,482	10,000			
	d Net gain or (loss) . . . . . ▶		3,216,482		47,132	3,169,350
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . 8a					
	b Less: direct expenses . . . 8b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities. See Part IV, line 19 . . . 9a					
	b Less: direct expenses . . . 9b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . . 10a					
	b Less: cost of goods sold . . 10b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a LAB TESTING	541380	2,070,857		2,070,857	
	b PARKING & GARAGES	812930	1,879,105			1,879,105
	c FOOD SERVICE	722310	1,253,721			1,253,721
	d All other revenue		732,771		93,807	638,964
	e **Total.** Add lines 11a–11d . . . . . ▶		5,936,454			
	12 **Total revenue.** See instructions . . . . . ▶		335,853,854	288,600,975	1,562,934	16,944,294

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	96,786	96,786		
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, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,264,622	2,903,452	352,792	8,378
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,655,795	1,472,612	178,934	4,249
7 Other salaries and wages	130,333,475	115,914,503	14,084,514	334,458
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,735,981	5,105,023	573,598	57,360
9 Other employee benefits	15,290,666	13,608,692	1,529,067	152,907
10 Payroll taxes	9,228,646	8,213,495	922,865	92,286
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying	68,407		68,407	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	18,693,665	17,117,344	1,508,808	67,513
12 Advertising and promotion	124,397	16,147	108,250	
13 Office expenses	49,251,495	48,540,005	662,016	49,474
14 Information technology	15,112,408	13,789,167	1,304,328	18,913
15 Royalties				
16 Occupancy	6,728,693	5,285,823	1,351,909	90,961
17 Travel	121,354	102,713	17,970	671
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,138,328	2,087,696	30,184	20,448
20 Interest	4,160,286	3,078,612	1,081,674	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,591,595	12,728,096	12,863,499	
23 Insurance	6,995,840	6,872,852	122,988	
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	12,357,201	11,474,498	853,272	29,431
b PATIENT SERVICES	5,538,790	5,532,123	6,667	
c UNCOMPENSATED CARE	4,561,598	4,561,598		
d DUES	1,223,882	853,474	370,408	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	318,273,910	279,354,711	37,992,150	927,049
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		12,072,729	1	25,055,390
	2	Savings and temporary cash investments		38,331,731	2	53,817,379
	3	Pledges and grants receivable, net		174,323	3	4,394,110
	4	Accounts receivable, net		36,080,703	4	25,886,866
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		4,748,340	8	5,728,316
	9	Prepaid expenses and deferred charges		6,577,062	9	5,636,112
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 591,854,228			
	b	Less: accumulated depreciation	10b 389,724,873	206,999,818	10c	202,129,355
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		120,869,321	12	133,349,856
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15,649,880	15	18,644,319
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		441,503,907	16	474,641,703
Liabilities	17	Accounts payable and accrued expenses		37,776,079	17	41,813,308
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		126,059,824	20	116,833,780
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			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		23,270,589	25	72,021,994
	26	**Total liabilities.** Add lines 17 through 25		187,106,492	26	230,669,082
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		239,906,079	27	223,817,045
	28	Net assets with donor restrictions		14,491,336	28	20,155,576
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		254,397,415	32	243,972,621
	33	Total liabilities and net assets/fund balances		441,503,907	33	474,641,703

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	335,853,854
2	Total expenses (must equal Part IX, column (A), line 25)	2	318,273,910
3	Revenue less expenses. Subtract line 2 from line 1	3	17,579,944
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	254,397,415
5	Net unrealized gains (losses) on investments	5	142,222
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	-28,146,960
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	243,972,621

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 (2019)

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			
TABB MD KEVIN TRUSTEE (EX-OFFICIO), CEO	1.00 59.00	X		X				0	2,488,251	789,051
LEWIS MD STANLEY M TRUSTEE (BILH DESIGNATE)	1.00 59.00	X						0	1,039,019	317,540
CLOUGH JEANETTE G TRUSTEE, PRESIDENT & CEO	49.00 11.00	X		X				761,254	167,105	51,049
HUANG MD EDWIN TRUSTEE AND CHAIR-OB/GYN	36.00 24.00	X						345,721	230,480	43,460
SPIVAK MD BARBARA TTEE (EX-OFF, NV); MACIPA PRES	60.00 0.00	X						164,695	0	22,778
BARRON KENNETH S TRUSTEE, VICE CHAIR	1.00 1.00	X		X				0	0	0
CANEPA JOHN J TRUSTEE, CO-CHAIR	1.00 3.00	X		X				0	0	0
PALANDJIAN LEON TRUSTEE & ASSISTANT TREASURER	1.00 0.00	X		X				0	0	0
RAFFERTY JAMES J TTEE & CO-CHAIR	1.00 0.00	X		X				0	0	0
STEVENSON HOWARD H TRUSTEE & VICE - CHAIR	1.00 0.00	X		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			
CALANO DANIEL V TRUSTEE	1.00 0.00	X						0	0	0
HOLMES MICHAEL D HONORARY TRUSTEE	1.00 0.00	X						0	0	0
KETTYLE MD WILLIAM TRUSTEE	1.00 0.00	X						0	0	0
KIM KIJA TRUSTEE	1.00 1.00	X						0	0	0
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	1.00 0.00	X						0	0	0
MCFARLAN F WARREN HONORARY TRUSTEE	1.00 0.00	X						0	0	0
O'NEILL III THOMAS P HONORARY TRUSTEE	1.00 0.00	X						0	0	0
REARDON GERALD TRUSTEE	1.00 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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.	1.00 0.00	X						0	0	0
SMERLAS DONNA TTEE & PRES OF THE AUXILLIARY	1.00 0.00	X						0	0	0
SPURLOCK SUSAN TRUSTEE	1.00 0.00	X						0	0	0
SWANN ERIC TRUSTEE	1.00 0.00	X						0	0	0
WILSON WILLIAM TRUSTEE, ASSISTANT CLERK	1.00 0.00	X						0	0	0
SETNIK MD GARY S CHAIR, EMER MED & TRUSTEE	36.00 24.00	X						141,513	94,342	13,670
FISCHER STEVEN P TREASURER (EX-OFICIO)	1.00 59.00			X				0	1,311,136	430,191
KATZ JAMIE CLERK	1.00 59.00			X				0	934,650	294,544

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			
SULLIVAN WILLIAM J VP & CFO	47.00 13.00			X				296,078	83,510	46,769
GUARINO RICHARD J COO	26.00 34.00				X			184,917	226,591	66,844
BURKE KATHRYN VP, CONTRACTING & BUS. DEV	45.00 15.00				X			305,615	104,365	51,974
WHITE KENDALL CIO	60.00 0.00				X			359,411	0	23,228
CHEUNG MD YVONNE Y CHAIR QUALITY & SAFETY	60.00 0.00				X			289,220	0	50,798
BONO DIANE VP, HUMAN RESOURCES	60.00 0.00				X			310,740	0	10,734
BAKER RN DEBORAH VP, PATIENT CARE SERVICES	60.00 0.00				X			269,832	0	47,039
CLARDY PETER MD, CHAIR MEDICAL EDUCATION	42.00 18.00					X		357,418	153,179	88,093
NAUTA RUSSELL FRMR TTEE, CHAIR SURGERY DEPT	48.00 12.00					X		353,012	88,253	56,906
BROWN JENNIFER CHAIR, DEPT OF PSYCHIATRY	60.00 0.00					X		365,786	0	63,508

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			
SULLIVAN SARA MED DIR, INPT GER PSYCH SERV	60.00 0.00					X		357,421	0	12,967
WU PHILLIP CHIEF MEDICAL INFORMATION OFF	60.00 0.00					X		318,501	0	41,359
DIIESO NICHOLAS COO	60.00 0.00						X	1,108,573	0	40,278
BRIDGEMAN JOHN FORMER VP, CLINICAL SERVICES	60.00 0.00						X	135,550	0	23,255

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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 instructions and the latest information.**

OMB No. 1545-0047

2019

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) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** 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)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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: 93493228042871

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

2019

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.		

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

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(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		68,407
j	Total. Add lines 1c through 1i			68,407
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 $68,407 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020. TOTAL LOBBYING EXPENDITURES ARE MINIMAL AND NOT SUBSTANTIAL BASED ON REVENUES.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228042871

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 instructions and the latest information.

OMB No. 1545-0047

2019

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	14,491,336	13,532,685	12,397,438	11,250,648	11,062,691
b Contributions	7,038,096	2,847,212	2,598,164	2,415,389	3,035,792
c Net investment earnings, gains, and losses	230,171	300,793	420,167	749,417	469,901
d Grants or scholarships					
e Other expenditures for facilities and programs	1,604,027	2,189,354	1,883,084	2,018,016	3,317,736
f Administrative expenses					
g End of year balance	20,155,576	14,491,336	13,532,685	12,397,438	11,250,648

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 ▶ 35.660 %
- c Temporarily restricted endowment ▶ 64.340 %

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		237,686,243	137,774,224	99,912,019
c Leasehold improvements		4,866,045	4,514,324	351,721
d Equipment		343,283,790	247,436,325	95,847,465
e Other		5,849,150		5,849,150
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				202,129,355

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVEST HELD THRU CGCIE EIN 04-3278109	133,349,856	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	133,349,856	

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	
(2) DEFERRED COMP	6,023,025
(3) SHATZKY ANNUITY	29,772
(4) DEFERRED REVENUE-LT	398,561
(5) ASSET RETIREMENT OBLIGATION	908,840
(6) GIFT ANNUITIES	44,676
(7) ACCRUED POST RETIREMENT BENEFITS	316,095
(8) PROFESSIONAL LIABILITY CLAIMS RESERVE	16,462,104
(9) DUE TO AFFILIATES	47,838,921
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	72,021,994

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	6,312,580,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-924,889		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	5,983,944,935		
e	Add lines **2a** through **2d**			2e	5,983,020,046
3	Subtract line **2e** from line **1**			3	329,559,954
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	6,293,900		
c	Add lines **4a** and **4b**			4c	6,293,900
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	335,853,854

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

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

1	Total expenses and losses per audited financial statements			1	6,239,549,000
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	5,921,275,090		
e	Add lines **2a** through **2d**			2e	5,921,275,090
3	Subtract line **2e** from line **1**			3	318,273,910
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	318,273,910

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

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	BETH ISRAEL LAHEY HEALTH, INC., WHICH SERVES AS THE PARENT OF THE SYSTEM, HAS BEEN DETERMI NED BY THE INTERNAL REVENUE SERVICE TO BE AN ORGANIZATION DESCRIBED UNDER INTERNAL REVENUE CODE (THE CODE) SECTION 501(C)(3) AND, THEREFORE, IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE INTERNAL REVENUE SERVICE HAS AL SO DETERMINED THAT THE OTHER ENTITIES IN THE SYSTEM, EXCLUDING ITS FOR-PROFIT SUBSIDIARIES , QUALIFY AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) OF THE CODE, MEET THE CODE'S REQ UIREMENTS UNDER SECTION 509(A), AND THEREFORE ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELA TED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE SYSTEM RECOGNIZES THE EFFECT OF INC OME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. REC OGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT. CHANGES IN MEASUREMENT ARE REFL ECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS. THE SYSTEM DID NOT RECOGNIZE T HE EFFECT OF ANY INCOME TAX POSITIONS IN 2020 AND 2019, RESPECTIVELY.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CONSOLIDATED AFFILIATES NET ELIMINIATIONS 5,982,701,000. NET ASSETS RELEASED FROM RESTRICT ION FOR OPERATIONS 1,425,484. GIFTS IN KIND USED IN OPERATIONS -181,549.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RENTAL EXPENSE RECLASS-RESTRICTED INVESTMENTS&CONTRIBUTIONS -1,031,641. RESTRICTED CONTRIBUTIONS 7,325,500. ROUNDING 41.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	REAL ESTATE RECLASS-INTERCO ELIMINATIONS 1,031,641. CONSOLIDATED AFFILIATES NET ELIMINIATIONS 5,920,243,449.

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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

2019

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" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			27,269,563
b Total from continuation sheets to Part I . . .	0	0			0
c Totals (add lines 3a and 3b)	0	0			27,269,563

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash 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" on 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 noncash assistance	(g) Description of noncash 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
PART III ACCOUNTING METHOD:	

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART IV QUESTION 1	ALTHOUGH MAH WAS AN INDIRECT TRANSFEROR OF PROPERTY TO A FOREIGN CORPORATION DURING THE TAX YEAR, MAH WAS NOT REQUIRED TO FILE FORM 926, RETURN BY A U.S. TRANSFEROR OF PROPERTY TO A FOREIGN CORPORATION.

990 Schedule F, Supplemental Information

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

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, ENTITY 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		23,474,566
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		3,794,997

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2019

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: ☐ 100% ☐ 150% ☐ 200% ☑ Other 13800.0000000000 %	3a	Yes	
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: ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other ____ %	3b	Yes	
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)			6,572,653	2,913,665	3,658,988	1.150 %
b Medicaid (from Worksheet 3, column a)			26,404,775	18,585,347	7,819,428	2.460 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			32,977,428	21,499,012	11,478,416	3.610 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,154,298		1,154,298	0.360 %
f Health professions education (from Worksheet 5)			11,485,347	4,352,651	7,132,696	2.240 %
g Subsidized health services (from Worksheet 6)			13,005,729	5,708,427	7,297,302	2.290 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			240,675		240,675	0.080 %
j **Total.** Other Benefits			25,886,049	10,061,078	15,824,971	4.970 %
k **Total.** Add lines 7d and 7j			58,863,477	31,560,090	27,303,387	8.580 %

Part II Community Building Activities

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	6,609,898		
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	84,166,989		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	86,063,609		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-1,896,620		
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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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, 20a, 20b, 20c, 20d, 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 PSMOUNT AUBURN HOSPITAL (MAH) AFFILIATIONBETH ISRAEL LAHEY HEALTH (BILH) IS THE SOLE MEMBE R OF MAH. THE BILH NETWORK OF AFFILIATES 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 BI LH SYSTEM IS COMPRISED OF ACADEMIC AND TEACHING HOSPITALS, A PREMIER ORTHOPEDICS HOSPITAL, PRIMARY CARE AND SPECIALTY CARE PROVIDERS, AMBULATORY SURGERY CENTERS, URGENT CARE CENTER S, COMMUNITY HOSPITALS, HOMECARE SERVICES, OUTPATIENT BEHAVIORAL HEALTH CENTERS, ADDICTION TREATMENT PROGRAMS. THE BILH'S COMMUNITY OF CLINICIANS, CAREGIVERS AND STAFF INCLUDES APP ROXIMATELY 4,000 PHYSICIANS AND 35,000 EMPLOYEES. AT THE HEART OF BILH IS THE BELIEF THAT EVERYONE DESERVES HIGH-QUALITY, AFFORDABLE HEALTH CARE AND THIS BELIEF IS WHAT DRIVES EACH AFFILIATE TO WORK WITH COMMUNITY PARTNERS ACROSS THE REGION TO PROMOTE HEALTH, EXPAND ACC ESS AND DELIVER THE BEST CARE IN THE COMMUNITIES BILH SERVES. BILH'S COMMUNITY BENEFITS ST AFF ARE COMMITTED TO WORKING COLLABORATIVELY WITH BILH'S COMMUNITIES TO ADDRESS THE LEADIN G HEALTH ISSUES AND CREATE A HEALTHY FUTURE FOR INDIVIDUALS, FAMILIES AND COMMUNITIES.MAH COMMUNITY BENEFITS MISSION STATEMENT MOUNT AUBURN HOSPITAL (MAH OR HOSPITAL) IS COMMITTED TO IMPROVING THE HEALTH AND WELLBEING OF COMMUNITY MEMBERS BY COLLABORATING WITH COMMUNITY PARTNERS TO REDUCE BARRIERS TO HEALTH, INCREASE PREVENTION AND/OR SELF-MANAGEMENT OF CHRO NIC 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 PA RTNERS, IN THE CHNA PROCESS AS WELL AS IN THE DEVELOPMENT, IMPLEMENTATION AND OVERSIGHT OF 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 PRIMARY AND SECONDARY DATA (BOTH QUANTITATIVE AND QUALITATIVE) TO IDENTIFY UNMET HEALTH-RE LATED NEEDS AND TO CHARACTERIZE THOSE IN THE COMMUNITY WHO ARE MOST VULNERABLE AND FACE DI SPARITIES IN ACCESS AND OUTCOMES;- IMPLEMENTING COMMUNITY HEALTH PROGRAMS AND SERVICES IN MAH'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 HEALTH, STRENGTHENING THE HEALTHCARE SYSTEM AND WORKING TO DECREASE THE BURDEN OF THE LEA DING HEALTH ISSUES;- PROMOTING HEALTH EQUITY BY ADDRESSING SOCIAL AND INSTITUTIONAL INEQUI TIES, RACISM AND BIGOTRY AND ENSURING THAT ALL PATIENTS ARE WELCOMED AND RECEIVE CARE THAT IS RESPECTFUL AND CULTURALLY RESPONSIVE; AND- FACILITATING COLLABORATION AND PARTNERSHIP WITHIN AND ACROSS SECTORS (E.G., STATE/LOCAL PUBLIC HEALTH AGENCIES, HEALTH CARE PROVIDERS , SOCIAL SERVICE ORGANIZATIONS, BUSINESSES, ACADEMIC INSTITUTIONS, COMMUNITY HEALTH COLLAB ORATIVES, AND OTHER COMMUNITY HEALTH ORGANIZATIONS) TO ADVOCATE FOR, SUPPORT AND IMPLEMENT EFFECTIVE HEALTH POLICIES, COMMUNITY PROGRAMS AND SERVICES. COMMUNITY BENEFITS FINANCIAL SUMMARY DURING THE FISCAL YEAR COVERED BY THIS FILING, MAH PROVIDED COMMUNITY HEALTH IMPRO VEMENT SERVICES, COMMUNITY BENEFITS OPERATIONS AND CASH AND IN-KIND CONTRIBUTIONS TO COMMU NITY GROUPS OF $1,394,973 AS REPORTED ON THIS SCHEDULE H, PART I, LINES 7E AND 7I. COMMUNI TY BENEFITS LEADERSHIP/TEAMTHE COMMUNITY BENEFITS TEAM AT MOUNT AUBURN HOSPITAL (MAH) CONS ISTS OF THE COMMUNITY HEALTH STAFF, THE DIRECTOR OF SOCIAL WORK AND THE CHIEF OPERATING OF FICER. MAH COMMUNITY HEALTH DEPARTMENT STAFF MET WITH COMMUNITY MEMBERS INCLUDING THOSE WH O WORK IN PUBLIC HEALTH, TO REACH COMMUNITY MEMBERS IN MAH'S TARGET AREA. THIS TEAM MET PE RIODICALLY DURING THE FISCAL PERIOD COVERED BY THIS FILING. IN ADDITION, ANNUALLY THE BOAR D OF TRUSTEES APPROVES THE COMMUNITY BENEFITS' MISSION STATEMENT AND PLAN. COMMUNITY HEALT H NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGYMOST RECENT COMMUNITY HEALTH NEEDS ASSESSMEN TINTERNAL REVENUE CODE SECTION 501(R) INTERNAL REVENUE CODE SECTION 501(R), ENACTED AS PAR T OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, REQUIRES EACH HOSPITAL TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND TO FORMALLY ADOPT AN IMPLEMENTATION STRATEGY PURSUANT TO FEDERAL GUIDELINES, IN ORDER TO MAINTAIN ITS TAX EXEMPT STATUS AS A HOSPITAL U NDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE (IRC) OF 1986, AS AMENDED. MAH COMPLET ED ITS MOST RECENT NEEDS ASSESSMENT IN SEPTEMBER OF 2018. THAT CHNA WAS APPROVED BY THE MA H BOARD OF TRUSTEES IN SEPTEMBER OF 2018. THE ACCO

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS	MPANYING IMPLEMENTATION STRATEGY FOR THE MOST RECENT CHNA WAS ALSO APPROVED BY THE BOARD I N SEPTEMBER 2018, WHICH IS WITHIN THE TIMELINE REQUIRED BY THE TREASURY REGULATIONS UNDER 501(R). THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND THE ASSOCIATED IMPLEMENTATION STR ATEGY (IS) REPRESENT THE CULMINATION OF A YEAR OF WORK AND WERE BORNE LARGELY OF MAH'S COM MITMENT TO BETTER UNDERSTAND AND ADDRESS THE HEALTH-RELATED NEEDS OF THOSE LIVING IN ITS C OMMUNITY BENEFITS SERVICE AREA WITH AN EMPHASIS ON THOSE WHO ARE MOST DISADVANTAGED. THE P ROJECT ALSO FULFILLS THE COMMONWEALTH ATTORNEY GENERAL'S OFFICE AND FEDERAL INTERNAL REVEN UE SERVICE (IRS) REGULATIONS THAT REQUIRE THAT MAH ASSESS COMMUNITY HEALTH NEEDS, ENGAGE T HE COMMUNITY, IDENTIFY PRIORITY HEALTH ISSUES AND CREATE A COMMUNITY HEALTH STRATEGY THAT DESCRIBES HOW MAH, IN COLLABORATION WITH THE COMMUNITY AND LOCAL HEALTH DEPARTMENT (S), WIL L ADDRESS THE NEEDS AND THE PRIORITIES IDENTIFIED BY THE CHNA.2018 COMMUNITY HEALTH NEEDS ASSESSMENTTARGETED GEOGRAPHY AND POPULATIONAS NOTED ABOVE, MAH COMPLETED ITS LAST ASSESSME NT IN SEPTEMBER 2018. THE GEOGRAPHICAL FOCUS OF MAH'S MOST RECENTLY COMPLETED COMMUNITY HE ALTH NEEDS ASSESSMENT ENCOMPASSES THE CITIES OF ARLINGTON, BELMONT, CAMBRIDGE, SOMERVILLE, WALTHAM, AND WATERTOWN.TARGET POPULATIONS FOR MAH'S COMMUNITY BENEFITS INITIATIVES ARE ID ENTIFIED THROUGH A COMMUNITY INPUT AND PLANNING PROCESS, COLLABORATIVE EFFORTS AND A CHNA THAT IS CONDUCTED EVERY THREE YEARS IN ACCORDANCE WITH THE REQUIREMENTS UNDER IRC SECTION 501(R).MAH'S TARGET POPULATIONS FOCUS ON MEDICALLY-UNDERSERVED AND VULNERABLE GROUPS OF AL L AGES IN THE ARLINGTON, BELMONT, CAMBRIDGE, SOMERVILLE, WALTHAM, AND WATERTOWN AS FOLLOWS :- RACIAL / ETHNIC MINORITIES- IMMIGRANTS- LOW INCOME POPULATIONS- OLDER ADULTS- LIMITED E NGLISH PROFICIENCY SPEAKERS- LGBTQ2018 COMMUNITY HEALTH NEEDS ASSESSMENTSUMMARY OF APPROAC H AND METHODSTHE CHNA USED A PARTICIPATORY, COLLABORATIVE APPROACH TO LOOK AT HEALTH IN IT S BROADEST CONTEXT. THE ASSESSMENT PROCESS INCLUDED SYNTHESIZING EXISTING REGIONAL DATA ON SOCIAL, ECONOMIC AND HEALTH INDICATORS AS WELL AS INFORMATION FROM KEY INFORMANT INTERVIE WS, SURVEYS, FOCUS GROUPS, AND COMMUNITY MEETINGS. COMMUNITY DIALOGUES AND KEY INFORMANT I NTERVIEWS WERE CONDUCTED WITH INDIVIDUALS FROM ACROSS THE SIX CITIES AND TOWNS THAT COMPRI SE THE MAH CBSA AND WITH A RANGE OF PEOPLE REPRESENTING DIFFERENT AUDIENCES, INCLUDING LEA DERS IN EMERGENCY RESPONSE, EDUCATION, HEALTH CARE AND SOCIAL SERVICE ORGANIZATIONS FOCUSI NG ON VULNERABLE POPULATIONS (E.G., OLDER ADULTS) (SCHEDULE H, PART V, SECTION B, QUESTION S 3 AND 5). ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED OVER 100 PEOPLE.AS NOTED PREVIOUS LY, MAH HIRED JOHN SNOW, INC. AN OUTSIDE FIRM TO CONDUCT AND MANAGE THE CHNA PROCESS UNDER TAKEN DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2018 (TAX YEAR 2017). THE MAH COMMUNITY H EALTH DEPARTMENT STAFF WORKED CLOSELY THROUGHOUT THE ENTIRE PROCESS WITH STAFF MEMBERS FRO M JOHN SNOW INC. IN ORDER TO COMPLETE THE PROJECT. A COMMUNITY BENEFIT ADVISORY COMMITTEE WAS CREATED AT THE BEGINNING OF THE PROCESS WHICH CONSISTED OF OVER 20 COMMUNITY MEMBERS A ND/OR COMMUNITY ORGANIZATION REPRESENTATIVES INCLUDING CITY/TOWN PUBLIC HEALTH OFFICIALS.

Form and Line Reference	Explanation
THE MOST RECENT CHNA WAS CONDUCTED THROUGH A THREE-PHASED PROCESS.	THE GOAL OF PHASE I AND PHASE II WAS TO GAIN AN UNDERSTANDING OF HEALTH-RELATED CHARACTERI STICS OF THE REGION'S POPULATION, INCLUDING DEMOGRAPHIC, SOCIO-ECONOMIC, GEOGRAPHIC, HEALT H STATUS, CARE SEEKING, AND ACCESS TO CARE CHARACTERISTICS. THIS INVOLVED QUANTITATIVE AND QUALITATIVE DATA ANALYSIS, INCLUDING, TO THE EXTENT POSSIBLE, AN ANALYSIS OF CHANGES OVER TIME. PHASE I, CATEGORIZED AS PRELIMINARY ASSESSMENT, INVOLVED A RIGOROUS AND COMPREHENSI VE REVIEW OF EXISTING QUANTITATIVE INCLUDING A REVIEW OF US CENSUS DATA AND DATA ON SOCIAL DETERMINANTS OF HEALTH, VITAL STATISTICS INCLUDING DETAIL FROM THE CANCER REGISTRY, COMMU NICABLE DISEASE REGISTRY AND DATA FROM THE BEHAVIORAL RISK FACTOR SURVEY SYSTEM. PHASE I A LSO INCLUDED A SERIES OF INTERVIEWS WITH COMMUNITY STAKEHOLDERS. PHASE II INVOLVED A MORE TARGETED ASSESSMENT OF NEED AND BROADER COMMUNITY ENGAGEMENT ACTIVITIES THAT INCLUDED FOCU S GROUPS WITH HEALTH, SOCIAL SERVICE, AND PUBLIC HEALTH SERVICE PROVIDERS AND CLIENTS, COM MUNITY FORUMS THAT INCLUDED THE COMMUNITY AT-LARGE, AS WELL AS A COMMUNITY HEALTH SURVEY T HAT CAPTURED INFORMATION FROM RESIDENTS, SERVICE PROVIDERS, AND OTHER STAKEHOLDERS REGARDI NG LEADING HEALTH-RELATED PRIORITIES. PHASE III INVOLVED A SERIES OF STRATEGIC PLANNING AN D REPORTING ACTIVITIES THAT INVOLVED A BROAD RANGE OF INTERNAL AND EXTERNAL STAKEHOLDERS, THE DEVELOPMENT OF THE CHNA AND IMPLEMENTATION STRATEGY AND CULMINATED IN PRESENTING THE C HNA AND IMPLEMENTATION STRATEGY FOR A VOTE BY THE MAH BOARD OF TRUSTEES.2018 COMMUNITY HEA LTH NEEDS ASSESSMENT PROCESSDETAIL OF APPROACH AND METHODSJSI CHARACTERIZED HEALTH STATUS AND NEED AT THE TOWN LEVEL. JSI COLLECTED DATA FROM A NUMBER OF SOURCES TO ENSURE A COMPRE HENSIVE UNDERSTANDING OF THE ISSUES AND PRODUCED A SERIES OF GEOGRAPHIC INFORMATION SYSTEM (GIS) MAPS WHICH ARE INCLUDED IN THIS REPORT. THE PRIMARY SOURCE OF SECONDARY DATA WAS TH ROUGH THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH. TESTS OF SIGNIFICANCE WERE PERFORMED, AND STATISTICALLY SIGNIFICANT DIFFERENCES BETWEEN MAH'S SERVICE AREA AND THE COMMONWEALTH OVERALL ARE NOTED WHEN APPLICABLE. THE LIST OF SECONDARY DATA SOURCES INCLUDED:- U.S. CEN SUS BUREAU, AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES (2009-2013)- BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), (2013-2014 AGGREGATE)- CHIA INPATIENT DISCHARGES (2011-2013) - MA HOSPITAL INPATIENT DISCHARGES (2008-2012)- MA HOSPITAL ED DISCHARGES (2008-2012)- MA CANCER REGISTRY (2007-2011)- MA COMMUNICABLE DISEASE PROGRAM (2011, 2012, 2013)- MASSACHUS ETTS VITAL RECORDS (2014)- MASSACHUSETTS BUREAU OF SUBSTANCE ABUSE SERVICES (BSAS) (2013)2 018 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESSKEY INFORMANT INTERVIEWS WITH INTERNAL AND EX TERNAL STAKEHOLDERS (SCHEDULE H, PART V, SECTION B, LINE 5)JSI CONDUCTED KEY STAKEHOLDER I NTERVIEWS WITH 25 COMMUNITY LEADERS 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 TH IS SUPPORT TO THE FORM 990 SCHEDULE H). THESE INDIVIDUALS WERE CHOSEN TO AMASS A REPRESENT ATIVE 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 US ING A STANDARD INTERVIEW GUIDE. INTERVIEWS FOCUSED ON IDENTIFYING MAJOR HEALTH ISSUES, INC LUDING POSSIBLE STRATEGIES TO ADDRESS THOSE CONCERNS, AND TARGET POPULATIONS.2018 COMMUNIT Y HEALTH NEEDS ASSESSMENT PROCESSFOCUS GROUPS AND COMMUNITY FORUMS (SCHEDULE H, PART V, SE CTION B, LINE 5)JSI CONDUCTED KEY STAKEHOLDER INTERVIEWS WITH 25 COMMUNITY LEADERS AND STA FF 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 SCHEDULE H). THE SE INDIVIDUALS WERE CHOSEN TO AMASS A REPRESENTATIVE GROUP OF PEOPLE WHO HAD THE EXPERIENC E NECESSARY TO PROVIDE INSIGHT ON THE HEALTH OF COMMUNITIES IN MAH'S SERVICE AREA. INTERVI EWS WERE CONDUCTED ON THE PHONE OR IN PERSON USING A STANDARD INTERVIEW GUIDE. INTERVIEWS FOCUSED ON IDENTIFYING MAJOR HEALTH ISSUES, INCLUDING POSSIBLE STRATEGIES TO ADDRESS THOSE CONCERNS, AND TARGET POPULATIONS.JSI CONDUCTED A SERIES OF EIGHT COMMUNITY AND PROVIDER F OCUS GROUPS IN MAH'S SERVICE AREA TO GATHER CRITICAL COMMUNITY INPUT FROM SERVICE PROVIDER S, COMMUNITY LEADERS AND RESIDENTS. STAFF FROM MAH'S COMMUNITY HEALTH DEPARTMENT CONDUCTED AN ADDITIONAL TWO FOCUS GROUPS ON THEIR OWN. THESE FOCUS GROUPS WERE ORGANIZED IN COLLABO RATION WITH MAH'S EXISTING COMMUNITY HEALTH PARTNERS TO LEVERAGE THEIR COMMUNITY CONNECTIO NS 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. MHA MADE EVERY EFFORT TO PROMOTE THESE EVENTS TO THE COMMUNITY AT LARGE IN ORDER TO RECRUIT PARTICIPANTS . DURING THE COMMUNITY FORUMS, JSI DISCUSSED FINDI

Form and Line Reference	Explanation
THE MOST RECENT CHNA WAS CONDUCTED THROUGH A THREE-PHASED PROCESS.	NGS FROM QUANTITATIVE DATA AND POSED A RANGE OF QUESTIONS TO SOLICIT INPUT ON COMMUNITY ID EAS, PERCEPTIONS AND ATTITUDES, INCLUDING: - WHAT ARE THE LEADING SOCIAL DETERMINANTS OF H EALTH (E.G., HOUSING, POVERTY, FOOD ACCESS, TRANSPORTATION, ETC.)?- WHAT ARE THE LEADING H EALTH CONDITIONS (E.G., DIABETES, HYPERTENSION, ASTHMA, RESPIRATORY DISEASE, ETC.)?- WHICH SEGMENTS OF THE POPULATION ARE MOST VULNERABLE (E.G., IMMIGRANTS, LGBTQ, OLDER ADULTS, ET C.)?- WHAT STRATEGIES WOULD BE MOST EFFECTIVE TO IMPROVING HEALTH STATUS AND OUTCOMES IN T HESE AREAS?THE MAH ADVISORY COMMITTEE WAS ALSO INTEGRALLY INVOLVED IN PROVIDING INPUT ON C OMMUNITY 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 REGARDING THE ASSESSMENT, AND TO GUIDE THE PRIORITIZATION AND PLANNING PHASE. A FULL LISTING OF ALL COMMUNITY ENGAGEMENT ACTIVITIES IS INCLUDED IN THE CHNA ON THE MAH WEBSITE.2018 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESSREVIEWING RESULTS AND COMPILING THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY DOCUMENTSAS NOTED ABOVE, THE CHNA PROCESS WAS DIVI DED INTO THREE PHASES. THE FINAL PHASE, PHASE III, INCLUDED THE FOLLOWING STEPS: - REVIEW OF THE ASSESSMENT'S MAJOR FINDINGS.- IDENTIFY MAH'S COMMUNITY BENEFITS PRIORITY POPULATION S, GEOGRAPHIC FOCUS, AND COMMUNITY HEALTH PRIORITIES.- ANALYZE MAH'S EXISTING COMMUNITY BE NEFITS ACTIVITIES WHICH WERE INFORMED BY THE 2015 CHNA AND SUBSEQUENT IMPLEMENTATION STRAT EGY THAT WERE COMPLETED BY MAH DURING THE FISCAL PERIOD ENDED SEPTEMBER 30, 2015 (TAX YEAR 2014).- DETERMINE IF THE RANGE OF COMMUNITY BENEFITS ACTIVITIES ESTABLISHED DURING THE PR EVIOUS CHNA AND IMPLEMENTATION STRATEGY PROCESS NEEDED TO BE AUGMENTED OR CHANGED TO RESPO ND TO THE ASSESSMENT COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2018 (TAX YEAR 2 017).

Form and Line Reference	Explanation
2018 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS-KEY FINDINGS	THE KEY PRIORITY POPULATIONS IDENTIFIED THROUGH THE CHNA CONDUCTED DURING THE PERIOD ENDED SEPTEMBER 30, 2018 WERE: RACIAL AND ETHNIC MINORITIES IMMIGRANTS LOW-INCOME POPULATIONS O LDER ADULTS NON-ENGLISH SPEAKERS LGBTQ MAH'S CHNA RESULTED IN KEY FINDINGS IN THE FOLLOWIN G AREAS: MENTAL HEALTH: THERE WAS A CLEAR SENTIMENT AMONG KEY INFORMANTS AND FOCUS GROUP/C OMMUNITY FORUM PARTICIPANTS THAT MENTAL HEALTH AFFECTS ALL SEGMENTS OF THE POPULATION, FRO M CHILDREN AND YOUTH, TO YOUNG AND MIDDLE-AGED ADULTS, TO ELDERS. THERE WAS ALSO A CLEAR S ENTIMENT THAT MENTAL HEALTH HAS A DISPROPORTIONATELY HIGHER IMPACT ON RACIAL/ETHNIC MINORI TY, IMMIGRANTS, AND LOW INCOME POPULATIONS AS THESE SEGMENTS ARE MORE LIKELY TO BE IMPACTE D BY STRESS AND/OR THE TRAUMA ASSOCIATED WITH RACISM AND DISCRIMINATION. SUBSTANCE USE: OP IOID AND PRESCRIPTION DRUG ABUSE IS AT THE FOREFRONT OF OUR NATIONAL AND REGIONAL DIALOGUE , AND THIS WAS CERTAINLY MENTIONED BY INDIVIDUALS OVER THE COURSE OF THIS ASSESSMENT; INDI VIDUALS STRUGGLING WITH THESE ISSUES OFTEN HAVE VERY SERIOUS AND ACUTE NEEDS THAT MUST BE ADDRESSED QUICKLY AND COMPREHENSIVELY. HOWEVER, IT IS IMPORTANT TO NOTE THAT ALCOHOL, MARI JUANA, AND TOBACCO USE, THOUGH CERTAINLY NOT AS HIGH-PROFILE, WERE ALSO IDENTIFIED AS SIGN IFICANT ISSUES FOR LARGE SWATHS OF THE POPULATION IN THE SERVICE AREA.CHRONIC/COMPLEX COND ITIONS AND THEIR RISK FACTORS: THE ASSESSMENT'S QUANTITATIVE DATA CLEARLY SHOWS THAT MANY COMMUNITIES IN MAH'S CBSA HAVE HIGH RATES FOR MANY OF THE LEADING PHYSICAL HEALTH CONDITIO NS (E.G., HEART DISEASE, HYPERTENSION, CANCER, AND ASTHMA). OF THE SIX TOWNS IN MAH SERVIC E AREA, THE CANCER MORTALITY RATE IS SIGNIFICANTLY HIGH IN SOMERVILLE COMPARED TO THE COMM ONWEALTH. LOOKING AT THE FOUR LEADING CANCER SITES, SERVICE AREA MORTALITY RATES WERE SIGN IFICANTLY LOWER THAN THE COMMONWEALTH IN SEVERAL MUNICIPALITIES. THE COLORECTAL CANCER MOR TALITY RATE WAS SIGNIFICANTLY HIGH IN ARLINGTON COMPARED TO THE COMMONWEALTH OVERALL.HEALT HY AGING: ACCORDING TO QUALITATIVE INFORMATION GATHERED THROUGH INTERVIEWS AND COMMUNITY F ORUMS, ELDER HEALTH IS ONE OF THE HIGHEST PRIORITIES FOR THE MAH SERVICE AREA. CHRONIC DIS EASE, DEPRESSION, ISOLATION AND FRAGMENTATION OF SERVICES WERE IDENTIFIED AS SOME OF THE L EADING ISSUES FACING THE AREA'S OLDER ADULT POPULATION.SOCIAL DETERMINANTS OF HEALTH: QUAN TITATIVE AND QUALITATIVE DATA SHOWED CLEAR GEOGRAPHIC AND DEMOGRAPHIC DISPARITIES RELATED TO THE LEADING SOCIAL DETERMINANTS OF HEALTH (E.G., ECONOMIC STABILITY, HOUSING, EDUCATION , AND COMMUNITY/SOCIAL CONTEXT). THESE ISSUES INFLUENCE AND DEFINE QUALITY OF LIFE FOR MAN Y SEGMENTS OF THE POPULATION IN MAH'S SERVICE AREA. A DOMINANT THEME FROM KEY INFORMANT IN TERVIEWS AND COMMUNITY FORUMS WAS THE TREMENDOUS IMPACT THAT THE UNDERLYING SOCIAL DETERMI NANTS, PARTICULARLY HOUSING, POVERTY, TRANSPORTATION AND FOOD ACCESS, HAVE ON RESIDENTS IN THE SERVICE AREA.HEALTH SYSTEM ISSUES (HEALTH CARE ACCESS): DESPITE THE OVERALL SUCCESS O F THE COMMONWEALTH'S HEATH REFORM EFFORTS, DATA CAPTURED FOR THIS ASSESSMENT SHOWS THAT SE GMENTS OF THE POPULATION, PARTICULARLY LOW INCOME AND RACIALLY/ETHNICALLY DIVERSE POPULATI ONS, FACE SIGNIFICANT BARRIERS TO CARE AND STRUGGLE TO ACCESS SERVICES DUE TO LACK OF INSU RANCE, COST, TRANSPORTATION, CULTURAL/LINGUISTIC BARRIERS, AND SHORTAGES OF PROVIDERS WILL ING TO SERVE MEDICAID INSURED OR LOW INCOME, UNINSURED PATIENTS. AMONG THE SERVICE AREAS S AFETY NET PRIMARY CARE CLINICS, THE UNINSURED RATES RANGE UP TO NEARLY 40%. CHARLES RIVER COMMUNITY HEALTH CENTER, ONE OF MAH'S LEADING COMMUNITY HEALTH / COMMUNITY BENEFITS PARTNE RS SERVES THE LARGEST PROPORTION OF UNINSURED PATIENTS OF ANY HEALTH CENTER IN THE COMMONW EALTH. THE CHNA THAT WAS COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2018 WILL IN FORM MAH'S COMMUNITY BENEFITS INITIATIVES DURING THE FISCAL YEARS ENDED SEPTEMBER 30, 2019 , SEPTEMBER 30, 2020 AND SEPTEMBER 30, 2021.INTERIM CHANGES AND UPDATES TO IMPLEMENTATION STRATEGY BASED ON NEWLY IDENTIFIED COMMUNITY NEEDS--COVID PANDEMICAS PREVIOUSLY NOTED IN T HIS FILING, IRC SECTION 501(R)(3) AND THE PROMULGATED REGULATIONS REQUIRE THAT A TAX-EXEMP T HOSPITAL CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND ADOPT AN IMPLEMENTATION STRATEGY ADDRESSING COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH THE CHNA AT LEAST ONCE EVERY THREE YEARS. THE PREAMBLE TO THE REGULATIONS PROMULGATED UNDER IRC SECTION 501(R)(3) NOTE S THAT THE TREASURY AND THE IRS INTENDED FOR THE CHNA AND IMPLEMENTATION STRATEGY REQUIREM ENT TO ESTABLISH CONTINUAL FEEDBACK ON CHNA REPORTS AND A HOSPITAL IS REQUIRED TO CONSIDER COMMENTS RECEIVED RELATED TO THE EXISTING CHNA AND IMPLEMENTATION STRATEGY WHEN ENGAGING IN THE NEXT CHNA PROCESS NOT MORE THAN THREE YEARS AFTER ADOPTION. IN ADDITION, FINAL REGU LATIONS DO NOT PROHIBIT IMPLEMENTATION STRATEGIES FROM DISCUSSING HEALTH NEEDS IDENTIFIED THROUGH MEANS OTHER THAN A CHNA, PROVIDED THAT THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE CHNA ARE ALSO DISCUSSED. FINALLY, THERE IS NOT

Form and Line Reference	Explanation
2018 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS-KEY FINDINGS	HING IN THE REGULATIONS THAT PROHIBITS A HOSPITAL FROM UPDATING ITS IMPLEMENTATION STRATEG Y BASED ON AN OFF-CYCLE CHANGE TO THE COMMUNITY HEALTH NEEDS THAT ARISE. DURING THE PERIOD COVERED BY THIS FILING, OCTOBER 1, 2019 TO SEPTEMBER 30, 2020, THE HEALTH NEEDS OF THE CO MMUNITIES SERVED BY MAH, WERE IMPACTED BY AN UNEXPECTED GLOBAL PANDEMIC. ON JANUARY 9, 202 0, THE WORLD HEALTH ORGANIZATION (WHO) ANNOUNCED THE IDENTIFICATION OF A NEW AND NOVEL COR ONAVIRUS-RELATED PNEUMONIA IN WUHAN, CHINA. ON JANUARY 21, 2020 THE UNITED STATES CENTER F OR DISEASE CONTROL CONFIRMED THE FIRST CASE OF THIS NEW CORONA VIRUS IN THE UNITED STATES. ON JANUARY 31, 2020, THE WHO ISSUED A GLOBAL HEALTH EMERGENCY AND ON FEBRUARY 3 THE UNITE D STATES DECLARED A PUBLIC HEALTH EMERGENCY BECAUSE OF THE COVID-19 VIRUS. ON MARCH 11, 20 20, THE WHO DECLARED COVID-19 A PANDEMIC AND TWO DAYS LATER, THE PRESIDENT OF THE UNITED S TATES DECLARED COVID-19 A NATIONAL EMERGENCY.THE HEALTH OF THE COMMUNITIES SERVED BY MAH W ERE IMPACTED BY THIS UNFORESEEN HEALTH CRISIS AND IN THE ABSENCE OF REGULATORY GUIDANCE TO THE CONTRARY, MAH NEEDED TO QUICKLY REASSESS AND PIVOT TO MEET THE NEW AND PREVIOUSLY UNE XPECTED COMMUNITY NEEDS. AS SUCH, IN RESPONSE TO THE COVID-19 CRISIS MAH'S COMMUNITY BENEF ITS STAFF ALONG WITH THE HOSPITAL'S COMMUNITY BENEFITS ADVISORY COMMITTEE (CBAC) AND IN RE SPONSE TO COVID, EXPANDED GOALS RELATED TO ACCESS TO CARE AND SOCIAL DETERMINANTS OF HEALT H TARGETED PRIMARILY AT LOW INCOME AND MINORITY POPULATIONS WHO HAVE BEEN DISPROPORTIONATE LY IMPACTED BY COVID-19.MAH DEDICATED SIGNIFICANT TIME AND RESOURCES TO RESPOND TO NEEDS R ELATED TO COVID-19. MAH WORKED WITH COMMUNITY PARTNERS AND THE HOSPITAL'S STAFF TO EXPAND ACCESS TO TESTING, PERSONAL PROTECTIVE EQUIPMENT, AND ACCESS TO TANGIBLE NEEDS SUCH AS FOO D AND OTHER ITEMS. THE HOSPITAL ALSO WORKED WITH BILH TO DEVELOP AND DISTRIBUTE WRITTEN MA TERIALS (IN NINE LANGUAGES) TO THE COMMUNITIES MOST IMPACTED BY COVID-19 TO HELP SLOW THE SPREAD OF THE VIRUS AND DELINEATE WHERE RESIDENTS COULD ACCESS SERVICES AND RESOURCES IN T HEIR COMMUNITY. THE ACTIONS TAKEN TOWARD ADDRESSING THESE NEEDS ARE INCLUDED FURTHER IN TH IS NARRATIVE SUPPORT ALONG WITH MAH'S DETAILED DESCRIPTION OF ACTIVITIES UNDERTAKEN TO MEE T THE COMMUNITY NEEDS.BETH ISRAEL LAHEY HEALTH ("BILH") QUICKLY AND EFFECTIVELY MARSHALLED ITS RESOURCES TO MOUNT A COMPREHENSIVE RESPONSE TO THE COVID-19 PANDEMIC. PLEASE REFER TO THE PROGRAM SERVICE ACCOMPLISHMENTS IN PART III FOR FURTHER DETAILS REGARDING BILH'S COVI D-19 RESPONSE IN FY20.COMMUNITY HEALTH NEEDS ASSESSMENTMAKING THE CHNA AND IMPLEMENTATION STRATEGY WIDELY AVAILABLEMAH STRIVES TO ADDRESS THE PRIORITY AREAS IN ITS CHNA AND IMPLEME NTATION STRATEGY.AS NOTED ABOVE, MAH COMPLETED ITS MOST RECENT CHNA DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2018 (TAX YEAR 2017). THAT CHNA AND APPENDIX WITH DETAILED INFORMATIO N IS AVAILABLE ON THE MAH WEBSITE AT:HTTPS://WWW.MOUNTAUBURNHOSPITAL.ORG/APP/FILES/PUBLIC/ A9D63E6D-7FD9-4213-881F-F479D4815B06/2018-COMMUNITY-HEALTH-NEEDS-ASSESSMENT.PDFIN ADDITION TO THE CHNA, MAH COMPLETED ITS MOST RECENT IMPLEMENTATION STRATEGY DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2018 (TAX YEAR 2017). THE IMPLEMENTATION STRATEGY IS AVAILABLE ON THE MAH WEBSITE AT:HTTPS://WWW.MOUNTAUBURNHOSPITAL.ORG/APP/FILES/PUBLIC/55DA6909-187C-4216-81C5-1574AFF75E9D/2018-COMMUNITY-HEALTH-IMPLEMENTATION-PLAN.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:HTTPS://WWW.MOUNTAUBURNHOSPITAL.ORG/AP P/FILES/PUBLIC/BB8694B4-B5DB-41BA-9F7A-0F4F83811CF9/NEEDS-ASSESSMENT-2015.PDFFINALLY, THE IMPLEMENTATION STRATEGY ASSOCIATED WITH THE CHNA COMPLETED DURING MAH'S FISCAL YEAR ENDED SEPTEMBER 30, 2015 (TAX YEAR 2014) IS AVAILABLE ON THE MAH WEBSITE AT:HTTPS://WWW.MOUNTAUB URNHOSPITAL.ORG/APP/FILES/PUBL

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENTADDRESSING COMMUNITY HEALTH NEEDS	AS NOTED ABOVE, MAH'S MOST RECENT CHNA AND IMPLEMENTATION STRATEGY WERE CONDUCTED AND APPR OVED BY THE BOARD DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2018. THAT CHNA AND IMPLEMENT ATION STRATEGY INFORMED THE COMMUNITY BENEFITS MISSION AND ACTIVITIES OF MAH FOR THE FISCA L YEAR ENDED SEPTEMBER 30, 2019, SEPTEMBER 30, 2020 AND WILL CONTINUE TO INFORM THE HOSPIT AL'S COMMUNITY BENEFITS MISSION AND ACTIVITIES FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 20 21. A SUMMARY OF MAH'S COMMUNITY BENEFITS ACTIVITIES THAT ADDRESS THE NEEDS IDENTIFIED IN THE CHNA COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 AND PRIORITIZED IN THE RELATED IMPLEMENTATION STRATEGY ARE PROVIDED HERE ALONG WITH THE ENTITIES THAT THE HOSPITA L PARTNERS WITH ON THESE EFFORTS. GIVEN THE COMPLEX HEALTH ISSUES IN THE COMMUNITY, MAH HA S BEEN STRATEGIC IN IDENTIFYING ITS PRIORITY AREAS IN ORDER TO MAXIMIZE THE IMPACT OF ITS COMMUNITY BENEFITS PROGRAM AND WORK TO IMPROVE THE OVERALL HEALTH AND WELLNESS OF RESIDENT S IN ITS CBSA. GOALS FOR EACH PRIORITY AREA ARE LISTED BELOW.PRIORITY AREA 1: REDUCE THE B URDEN OF MENTAL HEALTH (PREVENTION, OUTREACH/IDENTIFICATION, AND RECOVERY SUPPORT)GOAL 1: DECREASE STIGMA ASSOCIATED WITH MENTAL HEALTH GOAL 2: INCREASE ACCESS TO MENTAL HEALTH EDU CATION, SCREENING, REFERRAL, NAVIGATION, AND OTHER SUPPORTIVE SERVICESPRIORITY AREA 2: RED UCE BURDEN OF SUBSTANCE USE/MISUSE (PREVENTION, OUTREACH/IDENTIFICATION, AND RECOVERY SUPP ORT)GOAL 1: DECREASE STIGMA ASSOCIATED WITH SUBSTANCE USE / MISUSEGOAL 2: INCREASE ACCESS TO SUBSTANCE USE EDUCATION, SCREENING, REFERRAL, NAVIGATION SUPPORT, TREATMENT, AND RECOVE RY SERVICESPRIORITY AREA 3: REDUCE PREVALENCE AND BURDEN OF CHRONIC AND COMPLEX CONDITIONS GOAL 1: INCREASE ACCESS TO HEALTH EDUCATION, SCREENING, AND CHRONIC DISEASE MANAGEMENT GOA L 2: INCREASE ACCESS TO LUNG SCREENING PRIORITY AREA 4: PROMOTE HEALTHY AGING AND ABILITY OF OLDER ADULTS (65+) TO LIVE INDEPENDENTLYGOAL 1: PROMOTE HEALTH AGING AND INDEPENDENT LI VINGGOAL 2: REDUCE FALLS AMONG OLDER ADULTSPRIORITY AREA 5: CROSS-CUTTING ISSUES OF SOCIAL DETERMINANTS OF HEALTH AND HEALTH SYSTEM STRENGTHENING/ACCESS TO CARE GOAL 1: PROMOTE HEA LTH EQUITY AND REDUCE DISPARITIES FOR THOSE FACING RACISM AND DISCRIMINATION GOAL 2: PROMO TE EQUITABLE CARE AND SUPPORT FOR THOSE WITH LIMITED ENGLISH PROFICIENCY GOAL 3: PROMOTE H EALTH EQUITY FOR LGBTQ POPULATIONS GOAL 4: DEVELOP PARTNERSHIPS WITH LOCAL HOUSING AUTHORI TY PROGRAMS GOAL 5: SUPPORT WORKFORCE DEVELOPMENT GOAL 6: SUPPORT TRANSPORTATION EQUITYGOA L 7: PROMOTE HEALTHY EATINGGOAL 8: PROMOTE HEALTH EQUITY AND REDUCE DISPARITIES FOR THOSE FACING RACISM AND DISCRIMINATION GOAL 9: INCREASE ACCESS TO HEALTH INSURANCE AND PUBLIC AS SISTANCE PROGRAMS GOAL 10: PROMOTE RESILIENCE AND EMERGENCY PREPAREDNESS GOAL 11: PROMOTE RESILIENCE AND EMERGENCY PREPAREDNESS PROMOTE CROSS-SECTOR COLLABORATION AND PARTNERSHIPCO MMUNITY HEALTH NEEDS ASSESSMENT APPROACH TO ADDRESSING HEALTH NEEDS (SCHEDULE H, PART V, S ECTION B, LINE 11)MAH HAS TAKEN A HOLISTIC AND STRATEGIC APPROACH IN ADDRESSING THE HEALTH PRIORITIES IDENTIFIED IN THE CHNA AND ASSOCIATED IMPLEMENTATION STRATEGY BY CREATING, SUP PORTING AND INVESTING IN HEALTH PROGRAMMING AND INITIATIVES THROUGHOUT THEIR CBSA. BELOW I S A SUMMARY OF SOME OF THE COMMUNITY BENEFITS PROGRAMS AND INITIATIVES MAH OPERATES AND SU PPORTS TO IMPROVE HEALTH OUTCOMES OF THEIR TARGET POPULATIONS THROUGHOUT THEIR PRIORITY NE IGHBORHOODS.MAH HAS BEEN A LEADER IN CREATING A MYRIAD OF COMMUNITY BENEFITS PROGRAMS THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH. PROGRAMS INCLUDE THE FOOD ACCESS PROGRAMS SUCH AS ARLINGTON EATS, COMMUNITY HEALTH NETWORK AREA-17 AND PROGRAMS TO ADDRESS RACIAL EQUITY , COLLABORATIONS WITH LOCAL HOUSING AUTHORITIES, DONATIONS TO SUPPORT HIGH NEED POPULATION S, AND WORKFORCE DEVELOPMENT PROGRAMS. IN FY20, MAH PROVIDED EMERGENCY MEDICAL CARE TO SEX UAL ASSAULT SURVIVORS IN THE EMERGENCY DEPARTMENT. MAH ALSO PROVIDED NEEDED FUNDING TO LOC AL HEALTH DEPARTMENTS TO EXPAND ACCESS TO CARE, AND FUNDS TO LOCAL HOUSING AUTHORITIES TO BRIDGE THE DIGITAL DIVIDE AND ADDRESS FOOD INSECURITY. MAH IS ROOTED IN PROVIDING HEALTHCA RE TO POPULATIONS WHO HAVE HISTORICALLY NOT HAD PROPER ACCESS TO CARE. MAH CONTINUES TO EX PAND ACCESS THROUGHOUT THEIR CBSA BY SUPPORTING CHNA 17 AND LOCAL COALITIONS. A FULL UPDAT E ON MAH'S HEALTH PRIORITIES AND ASSOCIATED GOALS IS INCLUDED BELOW.FY20 SCHEDULE HIMPLEME NTATION STRATEGY UPDATEPRIORITY AREA 1: REDUCE THE BURDEN OF MENTAL HEALTH (PREVENTION, OU TREACH/IDENTIFICATION, AND RECOVERY SUPPORT)AS NOTED EARLIER IN THIS UPDATE, THERE WAS A C LEAR SENTIMENT AMONG KEY INFORMANTS AND FOCUS GROUP/COMMUNITY FORUM PARTICIPANTS THAT MENT AL HEALTH AFFECTS ALL SEGMENTS OF THE POPULATION, FROM CHILDREN AND YOUTH, TO YOUNG AND MI DDLE-AGED ADULTS, TO ELDERS. THERE WAS ALSO A CLEAR SENTIMENT THAT MENTAL HEALTH HAS A DIS PROPORTIONATELY HIGHER IMPACT ON RACIAL/ETHNIC MINORITY, IMMIGRANTS, AND LOW INCOME POPULA TIONS AS THESE SEGMENTS ARE MORE LIKELY TO BE IMPA

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENTADDRESSING COMMUNITY HEALTH NEEDS	CTED BY STRESS AND/OR THE TRAUMA ASSOCIATED WITH RACISM AND DISCRIMINATION. EFFORTS NEED T O BE MADE TO EXPAND ACCESS, REDUCE BARRIERS TO CARE (INCLUDING STIGMA), AND IMPROVE THE QU ALITY OF PRIMARY CARE AND SPECIALIZED BEHAVIORAL HEALTH SERVICES. GOAL 1: DECREASE STIGMA ASSOCIATED WITH MENTAL HEALTHPROGRAMMATIC OBJECTIVES: 1.1 INCREASE AWARENESS OF MENTAL ILL NESS AND REDUCE STIGMA 1.2 INCREASE EDUCATIONAL OPPORTUNITIES RELATED TO THE IMPORTANCE AN D IMPACT OF SOCIAL DETERMINANTS1.3 PROMOTE MENTAL HEALTH EDUCATION INCREASE ACCESS TO LOW COST HEALTHY FOODS WITH AN EMPHASIS ON PRIORITY POPULATIONS SEGMENTSCOMMUNITY ACTIVITIES/S TRATEGIES: ORGANIZE SUPPORT GROUPS FOR THOSE SUFFERING FROM OR RECOVERING FROM MENTAL ILLN ESS OR EMOTIONAL DISTRESS SUPPORT COMMUNITY HEALTH NETWORK AREA (CHNA) 17 IN THEIR EFFORTS TO ADDRESS MENTAL ILLNESS IN AFRICAN AMERICAN/BLACK POPULATIONS AND OTHER VULNERABLE SEGM ENTS FACING DISCRIMINATION METRICS AND STATUS UPDATE: PROVIDED THREE EIGHT-WEEK LONG SUPPO RT GROUPS FOR 29 PARTICIPANTS. PROVIDED FUNDING TO CHNA 17 TO SUPPORT THEIR MISSION OF ADV ANCING RACIAL EQUITY AND MENTAL HEALTH.COMMUNITY PARTNERS: NATIONAL COUNCIL ON BEHAVIORAL HEALTH, CHNA 17, LOCAL POLICE AND FIRE DEPARTMENTS, LOCAL DPH, WAYSIDE YOUTH AND FAMILY SE RVICESGOAL 2: INCREASE ACCESS TO MENTAL HEALTH EDUCATION, SCREENING, REFERRAL, NAVIGATION, AND OTHER SUPPORTIVE SERVICESPROGRAMMATIC OBJECTIVES: 1.1 INCREASE REFERRAL AND ENGAGEMEN T RATES FOR THOSE SCREENED OR IDENTIFIED AS IN NEED OF SERVICES, WITH AN EMPHASIS ON PRIOR ITY POPULATIONS 1.2 INCREASE ACCESS TO NAVIGATION AND OTHER SUPPORTIVE SERVICES FOR THOSE WITH MENTAL ILLNESS 1.3 INCREASE SUPPORT FOR THOSE AFFECTED BY TRAUMA, DOMESTIC VIOLENCE, AND EMOTIONAL DISTRESS 1.4 INCREASE THE NUMBER OF OLDER ADULTS LIVING INDEPENDENTLY IN THE IR HOMESCOMMUNITY ACTIVITIES/STRATEGIES: ORGANIZE AND FACILITATE PEER SUPPORT GROUP FOR TH OSE IN EMOTIONAL DISTRESS OR EXPERIENCING GRIEF ORGANIZE AND SUPPORT MINDFULNESS PROGRAMS FOR COMMUNITY MEMBERS IN RESPONSE TO COVID-19 PROVIDE HEALTH EDUCATION, RAISE AWARENESS AN D INCREASE ACCESS TO NEEDED SERVICES BY ORGANIZING EDUCATIONAL EVENTS CONDUCTED BY MEDICAL RESIDENTS IN THE COMMUNITY SOCIAL WORKERS TO ATTEND COMMUNITY MEETINGS WHERE THEY SHARE B EST PRACTICES, IDENTIFY OPPORTUNITIES TO IMPROVE COLLABORATIONS AND OPTIMIZE HEALTH FOR VU LNERABLE COMMUNITY MEMBERS. PROVIDE GRANT SUPPORT AND FUNDING FOR LOCAL DPH TO SUPPORT EVI DENCE-BASED PROGRAMS THAT PROMOTE MENTAL HEALTH EDUCATION AND PREVENTION SERVICESMETRICS A ND STATUS UPDATE: STAFF TRAINED ON THE EVIDENCED BASED MINDFULNESS BASED STRESS REDUCTION PROGRAM. MAH IS NOW ABLE TO PROVIDE THIS PROGRAM TO COMMUNITY MEMBERS IN FY21. RESIDENT PR OGRAM WAS NOT ABLE TO RUN DUE TO COVID-19 IN FY20. SOCIAL WORKERS ATTENDED OVER 50 COMMUNI TY MEETINGS TO SHARE BEST PRACTICES AND IMPROVE TRANSITIONS OF PATIENTS FOR OPTIMAL HEALTH . PROVIDED FUNDING TO LOCAL HEALTH DEPARTMENTS TO SUPPORT A SPEAKER SERIES IN BELMONT ON Y OUTH MENTAL HEALTH AND RESILIENCE. PROVIDED FUNDING TO LOCAL HEALTH DEPARTMENTS TO SUPPORT A VIRTUAL PROGRAM FOR YOUTH IN SOMERVILLE WHICH DISCUSSED RACIAL EQUITY AND YOUTH MENTAL HEALTH. 24 YOU PARTICIPATED AND RESOURCES WERE PROVIDED FOR ALL HIGH SCHOOL STUDENTS. PROV IDED FUNDING TO INCREASE THE CAPACITY FOR YOUTH MENTAL HEALTH FIRST AID (MHFA) TRAINING. 7 2 TRAINING UNITS WHICH PROVIDED ACCESS FOR 72 YOUTH WORKERS TO BE TRAINED IN MHFACOMMUNITY PARTNERS: CHNA 17, SCES, YOUTH ON FIRE, AIDS ACTION COMMITTEE, LOCAL DPH DEPARTMENTS, PRO AMBULANCE EMS

Form and Line Reference	Explanation
PRIORITY AREA 2: REDUCE BURDEN OF SUBSTANCE USE/MISUSE	(PREVENTION, OUTREACH/IDENTIFICATION, AND RECOVERY SUPPORT)DURING THE CHNA PROCESS, OPIOID AND PRESCRIPTION DRUG ABUSE WAS MENTIONED THROUGHOUT. IN PARTICULAR, IT WAS NOTED THAT IN DIVIDUALS STRUGGLING WITH THESE ISSUES OFTEN HAVE VERY SERIOUS AND ACUTE NEEDS THAT MUST B E ADDRESSED QUICKLY AND COMPREHENSIVELY. MAH TAKES A HOLISTIC APPROACH IN ADDRESSING SUBST ANCE USE DISORDERS AND REACHING PEOPLE WHO ARE IN NEED WITHIN THEIR SERVICE AREA. GOAL 1: DECREASE STIGMA ASSOCIATED WITH SUBSTANCE USE/MISUSEPROGRAMMATIC OBJECTIVES: 1.1 INCREASE AWARENESS OF ISSUES RELATED TO SUBSTANCE USE AND REDUCE STIGMA 1.2 PROMOTE SUBSTANCE USE E DUCATIONCOMMUNITY ACTIVITIES/STRATEGIES:ORGANIZE SUPPORT GROUPS FOR THOSE SUFFERING FROM O R RECOVERING FROM SUBSTANCE USE AND THEIR FAMILIES/CAREGIVERS SUPPORT CHNA-17 IN THEIR EFF ORTS TO ADDRESS MENTAL ILLNESS/SUBSTANCE USE IN AFRICAN AMERICAN/BLACK POPULATIONS AND OTH ER POPULATIONS FACING DISCRIMINATION METRICS AND STATUS UPDATE:STAFF COLLABORATED WITH THE OUTPATIENT PSYCHIATRIC DEPARTMENT TO CREATE A FAMILY AND FRIENDS OF OPIOID USERS' EDUCATI ON AND SUPPORT GROUP PROGRAM. A FACILITATOR WAS TRAINED.FUNDING WAS PROVIDED IN WATERTOWN TO SUPPORT A COORDINATED "ERASE THE STIGMA OF SUBSTANCE USE" EVENT AND PANEL DISCUSSION. T HIS EVENT REACHED RESIDENTS COMMUNITY WIDE THROUGH CABLE ACCESS NETWORK, YOUTUBE AND WEBSI TE POSTINGS OF MATERIALS AND RESOURCES.A RESOURCE BROCHURE WAS CREATED FOR THOSE SEEKING R ESOURCES FOR SUBSTANCE USE TREATMENT.COMMUNITY PARTNERS: NATIONAL COUNCIL ON BEHAVIORAL HE ALTH, CHNA-17, LOCAL POLICE AND FIRE DEPARTMENTS, LOCAL HEALTH DEPARTMENTS, WAYSIDE YOUTH AND FAMILY SERVICES GOAL 2: INCREASE ACCESS TO SUBSTANCE USE EDUCATION, SCREENING, REFERRA L, NAVIGATION SUPPORT, TREATMENT, AND RECOVERY SERVICESPROGRAMMATIC OBJECTIVES: 1.1 INCREA SE AWARENESS OF SUBSTANCE USE / MISUSE 1.2 PROMOTE ACCESS TO SUBSTANCE USE SERVICES1.3 RED UCE INAPPROPRIATE USE OF ED AND OTHER ACUTE CARE SERVICES 1.4 IDENTIFY AND REDUCE BARRIERS TO SUBSTANCE USE SERVICES1.5 INCREASE ACCESS TO PEER SUPPORT GROUPS FOR THOSE IN RECOVERY AND FAMILY MEMBERS OF THOSE IN RECOVERYCOMMUNITY ACTIVITIES/STRATEGIES: PROVIDE GRANT SUP PORT TO LOCAL HEALTH DEPARTMENTS TO SUPPORT EVIDENCE-BASED PROGRAMS THAT PROMOTE SUBSTANCE USE EDUCATION AND PREVENTION SERVICESSOCIAL WORKERS TO ATTEND COMMUNITY MEETINGS WHERE TH EY SHARE BEST PRACTICES, IDENTIFY OPPORTUNITIES TO IMPROVE COLLABORATIONS AND OPTIMIZE HEA LTH FOR VULNERABLE COMMUNITY MEMBERSPROMOTE AWARENESS AND PARTICIPATION OF THE MIDDLESEX D A OPIOID TASK FORCEMETRICS AND STATUS UPDATE: CREATED A RESOURCE BROCHURE PARTICULARLY FOR THOSE SEEKING RESOURCES FOR SUBSTANCE USE. SOCIAL WORKERS ATTENDED COMMUNITY MEETINGS WHE RE THEY SHARED BEST PRACTICES, IDENTIFIED OPPORTUNITIES TO IMPROVE COLLABORATIONS, AND OPT IMIZED HEALTH FOR VULNERABLE COMMUNITY MEMBERS.COLLABORATED WITH THE MIDDLESEX DA TO HOST THE METRO REGION OPIOID TASK FORCE ON AN ONGOING BASIS.COMMUNITY PARTNERS: CHNA 17, SMART RECOVERY, PREVENTION AND RECOVERY CENTER, CASPAR, HEALTHY WALTHAM, CRCHC, NATIONAL COUNCIL ON BEHAVIORAL HEALTH, SUBSTANCE USE STAKEHOLDER TASK FORCE, MIDDLESEX DAPRIORITY AREA 3: REDUCE PREVALENCE AND BURDEN OF CHRONIC AND COMPLEX CONDITIONSTHE ASSESSMENT'S QUANTITATIV E DATA CLEARLY SHOWS THAT MANY COMMUNITIES IN MAH'S CBSA HAVE HIGH RATES FOR MANY OF THE L EADING PHYSICAL HEALTH CONDITIONS (E.G., HEART DISEASE, HYPERTENSION, CANCER, AND ASTHMA). OF THE SIX TOWNS IN MAH SERVICE AREA, THE CANCER MORTALITY RATE IS SIGNIFICANTLY HIGH IN SOMERVILLE COMPARED TO THE COMMONWEALTH. LOOKING AT THE FOUR LEADING CANCER SITES, SERVICE AREA MORTALITY RATES WERE SIGNIFICANTLY LOWER THAN THE COMMONWEALTH IN SEVERAL MUNICIPALI TIES. THE COLORECTAL CANCER MORTALITY RATE WAS SIGNIFICANTLY HIGH IN ARLINGTON COMPARED TO THE COMMONWEALTH OVERALL. IN SOME PEOPLE, THESE CONDITIONS HAVE UNDERLYING GENETIC ROOTS THAT ARE HARDER TO COUNTER. HOWEVER, FOR MOST PEOPLE THESE CONDITIONS ARE WIDELY CONSIDERE D PREVENTABLE OR MANAGEABLE. ADDRESSING THE LEADING RISK FACTORS IS AT THE ROOT OF A SOUND CHRONIC DISEASE PREVENTION AND MANAGEMENT STRATEGY. GOAL 1: INCREASE ACCESS TO HEALTH EDU CATION, SCREENING, AND CHRONIC DISEASE MANAGEMENT PROGRAMMATIC OBJECTIVES: 1.1 INCREASE TH E NUMBER OF ADULTS WHO RECEIVE HEALTH EDUCATION, SCREENING, AND OR REFERRAL FOR DIABETES, HYPERTENSION, ASTHMA, CANCER, AND OTHER CHRONIC/COMPLEX CONDITIONS 1.2 ORGANIZE CANCER EDU CATION, SCREENING, AND REFERRAL EVENTS1.3 ORGANIZE SCREENING EVENTS THAT INCLUDE HEALTH ED UCATION AND REFERRAL FOR SELF-MANAGEMENT SUPPORT FOR PRIORITY POPULATIONS COMMUNITY ACTIVI TIES/STRATEGIES: PROVIDE ADULTS WITH HEALTH EDUCATION REGARDING RISK FACTORS AND HEALTHY B EHAVIORS IN SETTINGS CONVENIENT TO VULNERABLE COMMUNITY MEMBERS COLLABORATE WITH COMMUNITY PARTNERS TO PROVIDE CHRONIC DISEASE SELF-MANAGEMENT CLASSES FOR PRIORITY POPULATIONSPROVI DE BLOOD PRESSURE SCREENINGS IN COMMUNITY SETTINGSCONDUCT STROKE EDUCATION IN COMMUNITY SE TTINGS AND VIRTUALLYPROVIDE GRANT SUPPORT TO LOCAL

Form and Line Reference	Explanation
PRIORITY AREA 2: REDUCE BURDEN OF SUBSTANCE USE/MISUSE	HEALTH DEPARTMENTS TO SUPPORT EVIDENCE-BASED PROGRAMS THAT PROMOTE HEALTH EDUCATION, SCRE ENING, AND CHRONIC DISEASE MANAGEMENT FOR PRIORITY POPULATIONSCOLLABORATE WITH COMMUNITY P ARTNERS TO PROVIDE HEALTHY EATING FOR SUCCESSFUL LIVING IN OLDER ADULTS PROGRAMSMETRICS AN D STATUS UPDATE: PROVIDED 24 BLOOD PRESSURE CLINICS IN THE COMMUNITY FOR ELDERS.593 ELDERS ATTENDED CLINICS AND RECEIVED EDUCATION ON THE SIGNS AND SYMPTOMS OF HIGH BLOOD PRESSURE AND STROKE.COLLABORATED WITH BELMONT SENIOR CENTER TO PROVIDE A CHRONIC DISEASE SELF-MANAG EMENT CLASS. 10 PARTICIPANTS COMPLETED CLASS.CREATED A FALLS PREVENTION VIRTUAL PRESENTATI ON PROGRAM THAT WILL NOW BE READY FOR THE FY21.THROUGH THE HERTZSTEIN WELLNESS CENTER PROV IDED FREE ALTERNATIVE THERAPY APPOINTMENTS WHICH INCLUDED REIKI, THERAPEUTIC MUSIC, YOGA A ND PAINT BREAK CLASSES. OVER 500 FREE APPOINTMENTS/ENCOUNTERS TOOK PLACE.STROKE NURSE NAVI GATOR PROVIDES ONGOING STROKE EDUCATION AND SUPPORT FOR PATIENTS AND THEIR FAMILIES.COMMUN ITY PARTNERS: LOCAL COUNCILS ON AGING, WALTHAM HIGH SCHOOL, CAMBRIDGE LEARNING CENTER, WAL THAM FAMILY SCHOOL, CASPAR, SCES, SCALE, CRCHC, AMERICAN LUNG ASSOCIATION, HEALTHY LIVING CENTER OF EXCELLENCEGOAL 2: INCREASE ACCESS TO LUNG SCREENINGS PROGRAMMATIC OBJECTIVES: 1. 1 ORGANIZE CANCER EDUCATION, SCREENING EVENTS. COMMUNITY ACTIVITIES/STRATEGIES: PROVIDE ED UCATION ON LUNG CANCER SCREENING GUIDELINESMETRICS AND STATUS UPDATE: PROVIDED LUNG SCREEN ING EDUCATION TO CASPAR RESIDENTS IN SOMERVILLE. PROVIDED 1 SESSION FOR 10 RESIDENTS. UNAB LE TO PROVIDE ADDITIONAL SESSIONS DUE TO PANDEMICCOMMUNITY PARTNERS: LOCAL COUNCILS ON AGI NG, WALTHAM HIGH SCHOOL, CAMBRIDGE LEARNING CENTER, WALTHAM FAMILY SCHOOL, CASPAR, SCES, S CALE, CRCHC, AMERICAN LUNG ASSOCIATION, HEALTHY LIVING CENTER OF EXCELLENCEPRIORITY AREA 4 : PROMOTE HEALTHY AGING AND ABILITY OF OLDER ADULTS (65+) TO LIVE INDEPENDENTLYOLDER ADULT S ARE MUCH MORE LIKELY TO DEVELOP CHRONIC ILLNESSES AND RELATED DISABILITIES SUCH AS HEART DISEASE, HYPERTENSION AND DIABETES AS WELL AS CONGESTIVE HEART FAILURE, DEPRESSION, ANXIE TY, ALZHEIMER'S DISEASE, PARKINSON'S DISEASE AND DEMENTIA. THEY ALSO MAY LOSE THE ABILITY TO LIVE INDEPENDENTLY AT HOME. ACCORDING TO QUALITATIVE INFORMATION GATHERED THROUGH INTER VIEWS AND COMMUNITY FORUMS, ELDER HEALTH IS ONE OF THE HIGHEST PRIORITIES FOR THE MAH SERV ICE AREA. CHRONIC DISEASE, DEPRESSION, ISOLATION AND FRAGMENTATION OF SERVICES WERE IDENTI FIED AS SOME OF THE LEADING ISSUES FACING THE AREA'S OLDER ADULT POPULATION.THE FOLLOWING GOALS WERE ESTABLISHED BY THE MAH STEERING COMMITTEE TO RESPOND TO THE CHNA AND THE STRATE GIC PLANNING PROCESS. GOAL 1: PROMOTE HEALTHY AGING AND INDEPENDENT LIVINGPROGRAMMATIC OBJ ECTIVES: 1.1 INCREASE ACCESS TO LOW COST HEALTHY FOODS FOR VULNERABLE POPULATION SEGMENTS 1.2 INCREASE AWARENESS OF HEALTHY LIFESTYLE CHANGES 1.3 REDUCE ELDER HEALTH ISOLATION1.4 I NCREASE ACCESS TO PERSONAL EMERGENCY RESPONSE SERVICESCOMMUNITY ACTIVITIES/STRATEGIES: PRO VIDE GRANT SUPPORT LOCAL HEALTH DEPARTMENTS TO SUPPORT EVIDENCE-BASED PROGRAMS THAT PROMOT E HEALTHY AGING AND INDEPENDENT LIVING ORGANIZE HEALTHY EATING FOR SUCCESSFUL LIVING IN OL DER ADULTS EVENTS FOR PRIORITY POPULATIONSENROLL COMMUNITY MEMBERS IN SNAP AND OTHER PUBLI C ASSISTANCE PROGRAMSPROVIDE LOW COST ACCESS TO PERSONAL EMERGENCY RESPONSE SERVICES (LIFE LINE)DEVELOP RELATIONSHIPS WITH ELDER SERVING ORGANIZATIONS TO SHARE BEST PRACTICES AND IM PROVE ACCESS TO CARE

Form and Line Reference	Explanation
METRICS AND STATUS UPDATE:	CAREGIVERS SUPPORT GROUP WAS CREATED FOR THOSE WHO CARE FOR A LOVED ONE SUFFERING FROM ALZ HEIMER'S DISEASE OR DEMENTIA.THE CARING FOR THE CAREGIVER SUPPORT GROUP MET OVER 20 TIMES IN FY20. OVER 50 PEOPLE PARTICIPATED THROUGHOUT THE YEAR.COLLABORATED WITH WALTHAM COUNCIL ON AGING AND PROVIDED THE HEALTHY EATING FOR SUCCESSFUL LIVING PROGRAM. 12 PARTICIPANTS C OMPLETED THE CLASS.OVER 1,000 ELIGIBLE ELDERS AND OR DISABLED ADULTS RECEIVED A PERSONAL E MERGENCY RESPONSE SYSTEM AT BELOW COST.PROVIDED AN OPPORTUNITY WHERE 558 OLDER ADULT VOLUN TEERS GAVE 8,843 HOURS OF SERVICE TO THE HOSPITAL. THE GOAL OF THIS PROGRAM IS TO IMPROVE SELF-WORTH AND SELF CONFIDENCE FOR THE OLDER ADULT POPULATION AS WELL AS REDUCE SOCIAL ISO LATION.CERTIFIED FINANCIAL COUNSELORS HELP PATIENTS AND COMMUNITY MEMBERS ENROLL IN PUBLIC ASSISTANCE PROGRAMSCOMMUNITY PARTNERS: LIVE WELL WATERTOWN, LOCAL COUNCILS ON AGING, LIFE LINE SERVICES, WALTHAM CONNECTIONS, ELDER SERVICES TASK FORCE, HEALTHY LIVING CENTER OF EX CELLENCE, LOCAL HEALTH DEPARTMENTSGOAL 2: REDUCE FALLS AMONG OLDER ADULTSPROGRAMMATIC OBJE CTIVES: 1.1 REDUCE FEAR OF FALLING1.2 INCREASE CONFIDENCE LEVELS IN OLDER ADULTS1.3 INCREA SE ACTIVITY LEVELS COMMUNITY ACTIVITIES/STRATEGIES: PROVIDE FALL PREVENTION EDUCATION TO C OMMUNITY MEMBERSMETRICS AND STATUS UPDATE: THE FALLS PREVENTION PROGRAM WAS PAUSED DUE TO COVID-19. A VIRTUAL PROGRAM WAS DEVELOPED THIS YEAR AND IS READY FOR FY21.COMMUNITY PARTNE RS: LIVE WELL WATERTOWN, LOCAL COUNCILS ON AGING, LIFELINE SERVICES, WALTHAM CONNECTIONS, ELDER SERVICES TASK FORCE, HEALTHY LIVING CENTER OF EXCELLENCE, LOCAL HEALTH DEPARTMENTSPR IORITY AREA 5: CROSS-CUTTING ISSUES OF SOCIAL DETERMINANTS OF HEALTH AND HEALTH SYSTEM STR ENGTHENING/ACCESS TO CARE QUANTITATIVE AND QUALITATIVE DATA SHOWED CLEAR GEOGRAPHIC AND DE MOGRAPHIC DISPARITIES RELATED TO THE LEADING SOCIAL DETERMINANTS OF HEALTH (E.G., ECONOMIC STABILITY, HOUSING, EDUCATION, AND COMMUNITY/SOCIAL CONTEXT). THESE ISSUES INFLUENCE AND DEFINE QUALITY OF LIFE FOR MANY SEGMENTS OF THE POPULATION IN MAH'S SERVICE AREA. A DOMINA NT THEME FROM KEY INFORMANT INTERVIEWS AND COMMUNITY FORUMS WAS THE TREMENDOUS IMPACT THAT THE UNDERLYING SOCIAL DETERMINANTS, PARTICULARLY HOUSING, POVERTY, TRANSPORTATION AND FOO D ACCESS, HAVE ON RESIDENTS IN THE SERVICE AREA. MAH TAKES A HOLISTIC APPROACH IN ADDRESSI NG THE SOCIAL DETERMINANTS OF HEALTH. GOAL 1: PROMOTE HEALTH EQUITY AND REDUCE DISPARITIES FOR THOSE FACING RACISM AND DISCRIMINATION PROGRAMMATIC OBJECTIVES: 1.1 ADDRESS UNDERLYIN G RACIAL AND INSTITUTIONAL INJUSTICES FOR PRIORITY POPULATIONS BY REDUCING BARRIERS TO HEA LTH CARE SERVICES AND DISPARITIES IN HEALTH OUTCOMES FOR PRIORITY POPULATIONS COMMUNITY AC TIVITIES/STRATEGIES: SUPPORT CHNA 17'S WORK TO ADDRESS RACISM, PARTICULARLY WITH RESPECT T O BEHAVIORAL HEALTH SERVICES COLLABORATE WITH CHNA 17 IN ITS EFFORTS TO PROVIDE GRANT OPPO RTUNITIES/FUNDING FOR COMMUNITY BASED ORGANIZATIONS TO INCREASE AWARENESS AND BREAK DOWN B ARRIERS FOR PRIORITY POPULATIONS METRICS AND STATUS UPDATE: MAH LEADERSHIP SIT ON THE STEE RING COMMITTEE FOR CHNA 17.PROVIDED FOUR RACIAL EQUITY GRANTS TO LOCAL ORGANIZATIONS TO RE DUCE RACIAL INEQUITIES IN MENTAL HEALTH SERVICES FOR MARGINALIZED POPULATIONS. THIS IS THE 2ND YEAR OF A TWO YEAR GRANT PROGRAM.PROVIDED FINANCIAL SUPPORT TO 12 GRADUATE LEVEL STUD ENTS OF COLOR IN THE MENTAL HEALTH. THESE STUDENTS SHARED THEIR LIVED EXPERIENCES WITH YOU TH/HIGH SCHOOLS STUDENTS IN A PROGRAM COORDINATED BY CHNA 17.CHNA 17 GREW FROM 71 TO 97 AC TIVE PARTNERS AND CONNECTIONS ACROSS THE NETWORK. THE NETWORK GREW BY 75% FROM THE PREVIOU S YEAR.COMMUNITY PARTNERS: CHNA-17GOAL 2: PROMOTE EQUITABLE CARE AND SUPPORT FOR THOSE WIT H LIMITED ENGLISH PROFICIENCY TARGET POPULATION: RACIAL/ETHNIC MINORITY POPULATIONS, IMMIG RANTS, NON-ENGLISH SPEAKERS, AND OLDER ADULTS AND THE LGBTQ COMMUNITYPROGRAMMATIC OBJECTIV ES: 1.1 PROMOTE HEALTH LITERACY FOR COMMUNITY MEMBERS 1.2 PROMOTE HEALTH LITERACY AND CULT URAL SENSITIVITY AT MAH COMMUNITY ACTIVITIES/STRATEGIES: PROVIDE HEALTH EDUCATION TO COMMU NITY PARTNERS, AND OTHER ORGANIZATIONS WHICH WORK WITH THOSE WITH LIMITED ENGLISH PROFICIE NCY CONDUCT HEALTH EQUITY/DIVERSITY TRAININGS AT MAH AND INCLUDE OTHER CLINICAL AND NON-CL INICAL PARTNERS, AS POSSIBLE AND APPROPRIATEPROVIDE INTERPRETERS FOR MEDICAL APPOINTMENTS FOR LEP PATIENTS AND/OR THOSE WHO REQUEST MEDICAL INTERPRETATION.CONDUCT HEALTH EQUITY/DIV ERSITY TRAININGS AT MAHMETRICS AND STATUS UPDATE: MAH'S HEALTH LITERACY AND HEALTH EDUCATI ON PROGRAM WAS PUT ON HOLD DUE TO THE PANDEMIC.MEDICAL INTERPRETERS PROVIDED OVER 14,000 I NDIVIDUAL ENCOUNTERS EITHER FACE TO FACE, VIDEO OR TELEPHONICALLY. OMMUNITY PARTNERS: SCAL E, COMMUNITY LEARNING CENTER, WALTHAM FAMILY SCHOOL, WALTHAM HIGH SCHOOL, CRCHC, CHNA 17GO AL 3: PROMOTE HEALTH EQUITY FOR LGBTQ POPULATIONS PROGRAMMATIC OBJECTIVES: 1.1 REDUCE BARR IERS TO CARE AND DISPARITIES IN HEALTH OUTCOMES COMMUNITY ACTIVITIES/STRATEGIES: PROVIDE O R SUPPORT PROGRAMS AND INITIATIVES TO IMPROVE HEAL

Form and Line Reference	Explanation
METRICS AND STATUS UPDATE:	TH AND WELLBEING OF THE LGBTQ POPULATION CONDUCT HEALTH EQUITY/DIVERSITY TRAININGS AT MAH AND INCLUDE OTHER CLINICAL AND NON-CLINICAL PARTNERS, AS POSSIBLE AND APPROPRIATEMETRICS A ND STATUS UPDATE: PROVIDED FUNDING TO AIDS ACTION COMMITTEE OF CAMBRIDGE TO SUPPORT THEIR WORK AND MISSION.ACHED LEADER STATUS FOR THE LGBTQ HEALTHCARE EQUALITY INDEX UNDER THE HUM AN RIGHTS COMMISSION FOR 2020COMMUNITY PARTNERS: YOUTH ON FIRE, SCES, AIDS ACTION COMMITTE E, FENWAY HEALTHGOAL 4: DEVELOP PARTNERSHIPS WITH LOCAL HOUSING AUTHORITIES PROGRAMMATIC O BJECTIVES: 1.1 REDUCE THE IMPACTS OF POVERTY IN INCREMENTAL WAYS BY REDUCING THE HEALTH-RE LATED BURDENS AND HEALTH ACCESS BARRIERS FOR THOSE IN PUBLIC HOUSINGCOMMUNITY ACTIVITIES/S TRATEGIES: EXPLORE WAYS TO REDUCE /ADDRESS HOUSING INSTABILITY METRICS AND STATUS UPDATE: PROVIDED FUNDING TO LOCAL HOUSING AUTHORITIES IN MAH'S SERVICE AREA.CREATED AND IMPLEMENTE D A TRACKING SYSTEM FOR THE LANGUAGE ACCESS PLAN IN ARLINGTON. THIS ALLOWED THE ARLINGTON HOUSING AUTHORITY TO BETTER SERVER THOSE WITH LIMITED ENGLISH PROFICIENCY.PROVIDED FUNDING IN BELMONT FOR TOILETRY GIFT BAGS FOR THOSE LIVING IN ELDERLY/DISABLED HOUSING UNITS. IMP ROVED THE HEALTH AND WELLBEING OF RESIDENTS IN CAMBRIDGE BY PURCHASING TWO NEW EXERCISE "N U-STEP" MACHINES AND TRAINING FOR RESIDENTS. PROVIDED FUNDING TO THE CAMBRIDGE HOUSING AUT HORITY TO BRIDGE THE DIGITAL DIVIDE BY PURCHASING COMPUTERS FOR THEIR COMMON ROOM WITH TRA INING AVAILABLE FOR RESIDENTS. THIS IMPROVED DIGITAL LITERACY FOR RESIDENTS. RESIDENTS ARE NOW ABLE TO CONNECT WITH FAMILY MEMBERS DURING THE PANDEMIC AND ALSO USE THE COMPUTERS TO CONNECT TO THE WEB.INCREASED ACCESS TO FRESH PRODUCE FOR WALTHAM HOUSING AUTHORITY RESIDE NTS BY PURCHASING A REFRIGERATOR AND FREEZER TO COMPLEMENT THEIR FOOD DISTRIBUTION PROGRAM . COMMUNITY PARTNERS: LOCAL HOUSING AUTHORITIESGOAL 5: SUPPORT WORKFORCE DEVELOPMENTPROGRA MMATIC OBJECTIVES: 1.1 INCREASE TRAINING AND EMPLOYMENT OPPORTUNITIES FOR LOW INCOME, MARG INALIZED SEGMENTS OF THE POPULATIONCOMMUNITY ACTIVITIES/STRATEGIES: ORGANIZE AND SUPPORT M ENTORSHIP PROGRAMS FOR YOUTH AND ADULTS TO ENHANCE SKILLS/CAREER ADVANCEMENT PROVIDE WORKF ORCE DEVELOPMENT WORKSHOPS AND INTERNSHIPSMETRICS AND STATUS UPDATE: COLLABORATED WITH WAT ERTOWN HIGH SCHOOL TO SUPPORT THE MED SCIENCE PROGRAM WHICH IS AIMED AT ADDRESSING THE GAP IN STEM EDUCATION. 16 STUDENTS FROM WATERTOWN HIGH ATTENDED PROGRAMMING, WHICH INCLUDED R OTATIONS THROUGHOUT THE HOSPITAL WHICH HIGHLIGHTED SCIENCE AND HEALTH CARE EDUCATION. THIS IS AN EIGHT WEEK ON SITE PROGRAM.MAH'S VOLUNTEER SUMMER PROGRAM WHICH GIVES HIGH SCHOOL S TUDENTS AN INTERNSHIP OPPORTUNITY AT THE HOSPITAL WAS CANCELLED DUE TO THE PANDEMIC. COMMU NITY PARTNERS: CAMBRIDGE COMMUNITY LEARNING CENTER, CAMBRIDGE WORKS, SCALE

Form and Line Reference	Explanation
GOAL 6: SUPPORT TRANSPORTATION EQUITY	PROGRAMMATIC OBJECTIVES: 1.1 INCREASE ACCESS TO AFFORDABLE, ACCESSIBLE TRANSPORTATION SERV ICES COMMUNITY ACTIVITIES/STRATEGIES: PARTICIPATE IN CAMBRIDGE'S TRANSPORTATION TASK FORCE PROVIDE TRANSPORTATION VOUCHERS TO PRIORITY POPULATIONS (E.G., LOW INCOME, OLDER ADULTS, AND OTHER SEGMENTS)METRICS AND STATUS UPDATE: PROVIDED OVER 3,000 RIDES FREE OF CHARGE TO THOSE WHERE TRANSPORTATION IS A BARRIER TO MEDICAL CARE. PARTICIPATED IN THE CAMBRIDGE TRA NSPORTATION TASK FORCE IN ORDER TO MEANINGFULLY DISCUSS AND DECIDE ABOUT HOW TO IMPROVE AC CESS TO TRANSPORTATION, SAFE TRANSPORTATION, ENVIRONMENTALLY RESPONSIBLE TRANSPORTATION AN D THE REDUCTION OF HARMFUL ELEMENTS DUE TO TRANSPORTATION MODES. SUPPORTED BELMONT COA THR OUGH FUNDING TO PROVIDE 296 RIDES FOR UNDERSERVED ELDERS AND DISABLED PERSONS.COMMUNITY PA RTNERS: CITY OF CAMBRIDGE, MBTA, LOCAL COUNCILS ON AGING, METRO CAB COMPANY, SCM TRANSPORT ATION SERVICESGOAL 7: PROMOTE HEALTHY EATINGPROGRAMMATIC OBJECTIVES: 1.1 INCREASE ACCESS T O AFFORDABLE, NUTRITIONAL FOODS COMMUNITY ACTIVITIES/STRATEGIES: PARTNER WITH WATERTOWN HE ALTH DEPARTMENT TO PROVIDE HEALTHY EATING FOR OLDER ADULTS SUPPORT ENROLLMENT EFFORTS WITH RESPECT TO SNAP AT BOTH MAH AND CHARLES RIVER COMMUNITY HEALTH METRICS AND STATUS UPDATE: COLLABORATED WITH WALTHAM COUNCIL ON AGING AND PROVIDED "HEALTHY EATING FOR SUCCESSFUL LI VING" PROGRAM. 12 PARTICIPANTS COMPLETED CLASS. COLLABORATED WITH THE CAMBRIDGE SNAP MATCH PROGRAM BY PROVIDING FUNDING TO THE SNAP MATCH GRANT WHICH IMPROVED ACCESS TO HEALTHY FOO DS FOR LOW INCOME SHOPPERS AT THREE FARMERS MARKETS. 66 LOW INCOME RESIDENTS WERE ABLE TO DOUBLE THEIR PURCHASING POWER. COLLABORATING WITH THE WATERTOWN SCHOOL DEPARTMENT BY PROVI DING FUNDING TO SUPPORT THE SCHOOL NUTRITION DEPARTMENT ALLOWING THEM TO EXPAND ACCESS TO THE FREE MEALS PROGRAM. PROVIDED CHARLES RIVER COMMUNITY HEALTH FUNDING TO SUPPORT 60 FOOD INSECURE FAMILIES WITH GROCERY STORE GIFT CARDS TO SUPPLEMENT THEIR FOOD NEEDS. SUPPORTED THE FOOD BUDGET OF SOMERVILLE HOMELESS COALITION TO HELP INCREASE ACCESS OF HEALTHY FOODS FOR THEIR FOOD DELIVERY SERVICE TO HOUSING AND FOOD INSECURE COMMUNITY MEMBERS.COMMUNITY PARTNERS: CRCHC, LIVE WELL WATERTOWN, WATERTOWN HEALTH DEPARTMENT GOAL 8: PROMOTE HEALTH E QUITY AND REDUCE DISPARITIES FOR THOSE FACING RACISM AND DISCRIMINATION PROGRAMMATIC OBJEC TIVES: 1.1 PROVIDE EDUCATION ON HOW TO STOP THE SPREAD OF COVID-19 1.2 SUPPORT ORGANIZATIO NS WORKING TO IMPROVE ACCESS TO HEALTHY FOODS COMMUNITY ACTIVITIES/STRATEGIES: CREATE AND DISTRIBUTE EDUCATION MATERIALS PROGRAMMING TO INCREASE ACCESS TO FOODMETRICS AND STATUS UP DATE: CREATED AND DISTRIBUTED "STOP THE SPREAD" WRITTEN AND ONLINE MATERIALS. DISTRIBUTED MATERIALS TO 40 COMMUNITY BASED ORGANIZATIONS ELECTRONICALLY. "STOP THE SPREAD FLYER" TRAN SLATED AND PROVIDED IN 10 LANGUAGES. 2,500 COPIES IN VARIOUS LANGUAGES WERE DISTRIBUTED TH ROUGHOUT MAH'S CBSA. SUPPORTED WALTHAM FIELDS COMMUNITY FARM TO SUPPORT THEIR CHANGING NEE DS TO RESPOND TO THE PANDEMIC TO CONTINUE THEIR LOW INCOME FRESH PRODUCE CSA PROGRAM. THIS SUPPORT PROVIDED THE BOXES NEEDED TO SAFELY DISTRIBUTE THE PRODUCE TO THESE FAMILIES. COL LABORATED WITH HEALTHY WALTHAM TO STRATEGICALLY LOOK FOOD SYSTEMS AND INFRASTRUCTURE AS TH E PANDEMIC RESULTED IN OVER 100% INCREASE IN FOOD INSECURE RESIDENTS. THIS FUNDING HELPED TO SUPPORT A COMMUNITY WIDE EFFORT TO ADD AN ADDITIONAL FOOD DISTRIBUTION CENTER FOR COMMU NITY MEMBERS. DISTRIBUTION OF COVID-19 TEST KITS TO VARIOUS COMMUNITY LOCATIONS INCLUDING CRHC AND HELPED WITH TRAINING AND SUPPORT. OVER 500 TEST KITS DONATED AND PPE FOR TESTING. PURCHASED 70 BLOOD PRESSURE KITS FOR PRENATAL WOMEN AT CRCH FOR THE PURPOSE OF HOME CHECK S DURING THEIR VIRTUAL APPOINTMENTS DURING THE PANDEMIC. COMMUNITY PARTNERS: LOCAL HEALTH DEPARTMENTSGOAL 9: INCREASE ACCESS TO HEALTH INSURANCE AND PUBLIC ASSISTANCE PROGRAMSPROGR AMMATIC OBJECTIVES: 1.1 PROVIDE ASSISTANCE TO PRIORITY POPULATIONS AND ENROLL THEM IN HEAL TH INSURANCE AND OTHER PUBLIC PROGRAMS COMMUNITY ACTIVITIES/STRATEGIES: SUPPORT ENROLLMENT ASSISTANCE ACTIVITIES TO ASSIST COMMUNITY MEMBERS TO ASSESS ELIGIBILITY AND APPLY FOR PUB LIC ASSISTANCE PROGRAMS.METRICS AND STATUS UPDATE: 3.74 FULL TIME EQUIVALENTS PROVIDE SUPP ORT AND ENROLLMENT SERVICES, AT BOTH MAH AND CRCH TO SUPPORT COMMUNITY MEMBERS AND PATIENT S THROUGH ENROLLMENT FOR HEALTH INSURANCE AND PUBLIC ASSISTANCE PROGRAMS.COMMUNITY PARTNER S: CAMBRIDGE COMMUNITY LEARNING CENTER, CRCHC, SCALE, WALTHAM FAMILY SCHOOLGOAL 10: PROMOT E RESILIENCE AND EMERGENCY PREPAREDNESSPROGRAMMATIC OBJECTIVES: 1.1 SUPPORT CITIES/TOWNS T O PROMOTE RESILIENCE AND EMERGENCY PREPAREDNESSCOMMUNITY ACTIVITIES/STRATEGIES: PROVIDE EM ERGENCY SERVICES TRAINING TO LOCAL CITY/TOWN POLICE AND FIRE DEPARTMENTS. SERVE AS EMS MED ICAL DIRECTORS FOR CAMBRIDGE, ARLINGTON AND BELMONT MEDICAL DISPATCHERS.METRICS AND STATUS UPDATE: HELD MONTHLY PEER REVIEW SESSIONS PROVIDED BY MAH EMERGENCY DEPARTMENT PHYSICIANS FOR EDUCATIONAL PURPOSES. MAH PHYSICIANS SERVE AS

Form and Line Reference	Explanation
GOAL 6: SUPPORT TRANSPORTATION EQUITY	EMS MEDICAL DIRECTORS FOR CAMBRIDGE, WATERTOWN, BELMONT, AND LEXINGTON, MIT EMS AND HARVA RD UNIVERSITY EMS. PROVIDED MONTHLY EDUCATION SESSIONS AT LOCAL FIRE DEPARTMENTS WHICH REA CH 30 STAFF EACH MONTH. SERVE ON STATE AND REGIONAL EMS ADVISORY BOARDS TO LEND MEDICAL OV ERSIGHT TO THE REGION.COMMUNITY PARTNERS: LOCAL HEALTH DEPARTMENTS, PROEMS, MIT EMS, LOCAL POLICE AND FIRE DEPARTMENTSGOAL 11: PROMOTE CROSS SECTOR COLLABORATION AND PARTNERSHIPSPR OGRAMMATIC OBJECTIVES: 1.1 COLLABORATE AND PARTNER WITH COMMUNITY-BASED ORGANIZATIONS COMM UNITY ACTIVITIES/STRATEGIES: PARTICIPATE ON CHNA 17 STEERING COMMITTEE PROVIDE FINANCIAL A ND PROGRAMMATIC SUPPORT TO CHNA 17 PARTICIPATE IN THE CAMBRIDGE TRANSPORTATION TASK FORCE COLLABORATE WITH THE MIDDLESEX DA OFFICE TO BRING EDUCATION TO HOSPITAL STAFF AND COMMUNIT Y PARTNERS AROUND SUBSTANCE USE INITIATIVES.METRICS AND STATUS UPDATE: MAH IS AN ACTIVE PA RTICIPANT ON THE CHNA 17 STEERING COMMITTEE. FUNDING AND PROGRAMMATIC SUPPORT WAS GIVEN TO CHNA 17. MAH IS AN ACTIVE PARTICIPANT IN THE CAMBRIDGE TRANSPORTATION TASK FORCE. MAH IS AN ACTIVE MEMBER OF THE MIDDLESEX DA'S OPIOID TASK FORCE. MAH HOSTED TWO MEETINGS IN FY20 AND THEN MET VIRTUALLY DUE TO THE PANDEMIC. ATTENDED OVER 50 COMMUNITY AND COALITION MEETI NGS THROUGHOUT THE YEAR TO SUPPORT CROSS-SECTOR COLLABORATION.COMMUNITY PARTNERS: WALTHAM CONNECTIONS, HEALTHY WALTHAM, LOCAL POLICE DEPARTMENTS, ELDER SERVING AGENCIES, MIDDLESEX DA, LOCAL SUBSTANCE USE SERVICE PROVIDERS, CITY OF CAMBRIDGE, CITY OF SOMERVILLE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
COMMUNITY PARTNERS	MAH IS COMMITTED TO IMPROVING THE HEALTH AND WELLBEING OF RESIDENTS WITHIN ITS SERVICE AREA BY COLLABORATING WITH A DIVERSE GROUP OF COMMUNITY PARTNERS. THE HOSPITAL WORKS TOGETHER WITH THESE PARTNERS TO REDUCE BARRIERS TO HEALTH, INCREASE PREVENTION AND/OR SELF-MANAGEMENT OF CHRONIC DISEASE AND INCREASE THE EARLY DETECTION OF ILLNESS. THE HOSPITAL'S COMMUNITY PARTNERS INCLUDE: 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART VI SUPPLEMENTAL INFORMATION	THE PURPOSE OF THIS FORM 990 SCHEDULE H NARRATIVE DISCLOSURE IS TO HELP THE READER UNDERSTAND IN MORE DETAIL HOW MAH CARES FOR ITS COMMUNITY BY PROVIDING FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS. AS DEMONSTRATED IN THIS SCHEDULE H, 8.58% OF MAH'S TOTAL EXPENSES AS REPORTED ON FORM 990 PART IX, LINE 24, ARE INCURRED IN PROVIDING FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST. COMMUNITY BENEFITS ANNUAL COMMUNITY BENEFITS REPORTAS PREVIOUSLY NOTED IN THIS FILING, MAH'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND IMPLEMENTATION STRATEGY WERE COMPLETED AND APPROVED BY THE COMMUNITY BENEFITS ADVISORY COMMITTEE AND BOARD OF TRUSTEES DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2018, AS REQUIRED PURSUANT TO THE REGULATIONS UNDER INTERNAL REVENUE CODE SECTION 501(R). IN ADDITION, AS NOTED IN THIS FORM 990 SCHEDULE H, PART I, LINES 6A AND 6B, THE HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFITS REPORT THAT IS SUBMITTED TO THE MASSACHUSETTS ATTORNEY GENERAL (SCHEDULE H, PART VI, LINE 7). THAT FILING IS AVAILABLE FOR PUBLIC INSPECTION AT THE ATTORNEY GENERAL'S OFFICE, ON THE ATTORNEY GENERAL'S WEBSITE AND ON THE HOSPITAL WEBSITE AT: HTTPS://WWW.MOUNTAUBURNHOSPITAL.ORG/ABOUT-US/COMMUNITY-HEALTH/THERE ARE SOME DIFFERENCES BETWEEN THE MASSACHUSETTS ATTORNEY GENERAL DEFINITION OF CHARITY CARE AND COMMUNITY BENEFITS AND THE INTERNAL REVENUE SERVICE DEFINITION OF FINANCIAL ASSISTANCE AND COMMUNITY BENEFITS. AS SUCH, THERE ARE VARIANCES BETWEEN THIS SCHEDULE H DISCLOSURE AND THE REPORT MAH FILED WITH THE ATTORNEY GENERAL'S OFFICEEMERGENCY CARE ACCESSIN ADDITION, AS NOTED IN THIS FORM 990, SCHEDULE H, PART V, SECTION A, MAH IS A GENERAL MEDICAL AND SURGICAL HOSPITAL AND TEACHING HOSPITAL, PROVIDING 24 HOUR EMERGENCY MEDICAL CARE TO ALL PATIENTS WITHOUT REGARD TO ABILITY TO PAY. FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITSCHARITY 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 $3,658,988 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020 AND HAS BEEN REPORTED ON THIS SCHEDULE H, PART I, LINE 7A.AS PREVIOUSLY NOTED IN THIS FORM 990, MAH IS ONE OF TEN HOSPITALS WITHIN THE BETH ISRAEL LAHEY HEALTH NETWORK. COMBINED THESE HOSPITALS' 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 $3,658,988 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020. OTHER UNCOMPENSATED CHARITY CARE--MEDICAID AND MEDICAREIN ADDITION TO THE CHARITY CARE REPORTED ABOVE, MAH ALSO PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN OTHER PROGRAMS DESIGNED TO SUPPORT LOW-INCOME FAMILIES, INCLUDING PARTICULARLY THE MEDICAID PROGRAM, WHICH IS JOINTLY FUNDED BY FEDERAL AND STATE GOVERNMENTS. THE MASSACHUSETTS HEALTH REFORM LAW PROVIDED AN INITIATIVE FOR EXPANSION OF MEDICAID COVERAGE TO GREATER POPULATIONS AND FOR ENROLLMENT OF UNINSURED PATIENTS IN OTHER INSURANCE PROGRAMS. PAYMENTS FROM MEDICAID AND 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 $18,585,347 RELATED TO TREATING MEDICAID PATIENTS WHICH WAS LESS THAN THE COST OF CARE PROVIDED BY MAH FOR SUCH SERVICES BY $7,819,428 AS REPORTED ON THIS SCHEDULE H, PART I LINE 7B.MEDICARE IS THE FEDERALLY SPONSORED HEALTH INSURANCE PROGRAM FOR ELDERLY OR DISABLED PATIENTS, AND MAH PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN THE MEDICARE PROGRAM. DURING THE FISCAL PERIOD COVERED BY THIS FILING, MAH GENERATED $84,166,989 RELATED TO TREATING MEDICARE PATIENTS. THE REVENUE GENERATED BY PROVIDING CARE TO MEDICARE PATIENTS EXCEEDED THE RELATED COSTS BY $1,896,620. OF THESE AMOUNTS, REVENUE OF $5,708,427 IS RELATED TO THE PROVISION OF INPATIENT PSYCHIATRY AND OUTPATIENT PSYCHIATRY AND IS INCLUDED ON THIS SCHEDULE H, PART I, LINE 7G, AS PART OF SUBSIDIZED HEALTH SERVICES BECAUSE THE COST OF THOSE SERVICES EXCEEDED REVENUES BY $7,297,302. IN RESPONSE TO THE FORM 990, SCHEDULE H, PART III, LINE 8, ALTHOUGH MAH CONSIDERS THE PROVISION OF CLINICAL CARE TO ALL MEDICARE PATIENTS AS PART OF ITS COMMUNITY BENEFIT, THE REMAINING CARE TO MEDICARE PATIENTS IS NOT QUANTIFIED ON PAGE 1 OF THE SCHEDULE H. INSTEAD, PER THE IRS INSTRUCTIONS TO SCHEDULE H, MAH HAS SEPARATELY REPORTED THIS AMOUNT IN SCHEDULE H, PART III, LINE 7, AS REQUIRED. HOWEVER, IF THE MEDICARE SHORTFALL WERE INCLUDED IN THE SCHEDULE H PART I LINE 7 CALCULATION, IT WOULD INCREASE TO 4.20%.

Form and Line Reference	Explanation
BAD DEBTS	IN ADDITION TO CHARITY CARE AND SHORTFALLS IN PROVIDING SERVICES TO PATIENTS INSURED UNDER STATE AND FEDERAL PROGRAMS, MAH ALSO INCURS LOSSES RELATED TO SELF-PAY PATIENTS WHO FAIL TO MAKE PAYMENTS FOR SERVICES OR INSURED PATIENTS WHO FAIL TO PAY COINSURANCE OR DEDUCTIBL ES FOR WHICH THEY ARE RESPONSIBLE UNDER INSURANCE CONTRACTS. BAD DEBT EXPENSE IS INCLUDED IN UNCOMPENSATED CARE EXPENSE IN THE CONSOLIDATED FINANCIAL STATEMENTS AND INCLUDES THE PR OVISION FOR ACCOUNTS ANTICIPATED TO BE UNCOLLECTIBLE. CHARGES FOR THOSE SERVICES DURING TH E FISCAL PERIOD COVERED BY THIS FILING OF $6,609,898 AND ARE REPORTED AS BAD DEBT ON FORM 990, SCHEDULE H, PART III, LINE 2. AS REQUIRED BY THE INSTRUCTIONS TO THIS FORM 990 SCHEDU LE H, LOSSES RELATED TO BAD DEBTS HAVE NOT BEEN INCLUDED IN THE CALCULATION OF FINANCIAL A SSISTANCE 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 PART I, LINE 7, COLUMN F WERE BASED ON EACH ITEM OF FINANCIAL ASSISTANCE AND COMMUNITY BE NEFIT AS A PERCENTAGE OF TOTAL EXPENSES REPORTED IN PART IX OF THIS FORM 990. THE CONSOLID ATED AUDITED FINANCIAL STATEMENTS OF THE BETH ISRAEL LAHEY HEALTH, INC. AND AFFILIATES FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020 INCLUDE THE ACCOUNTS OF: BETH ISRAEL DEACONESS M EDICAL CENTER, INC. (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NE BH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. (PLYMOUTH), LAHEY C LINIC FOUNDATION (LCF) , LAHEY CLINIC (LCI), LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AN D MEDICAL CENTER (LHMC), WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NORTHEAST), ANNA JAQUES HOSPITAL (AJH) AND AFFILIATES. THE FINANCIAL STATEMENTS OF THE SY STEM ALSO INCLUDE A CONTROLLED AFFILIATE, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAE L DEACONESS MEDICAL CENTER, INC. (HMFP).THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF T HE BETH ISRAEL LAHEY HEALTH, INC. AND AFFILIATES FOR THE FOR FISCAL PERIOD ENDED SEPTEMBER 30, 2020 INCLUDE THE ACCOUNTS OF: BETH ISRAEL LAHEY HEALTH, INC. (BILH), AND THE ENTITIES FOR WHICH BETH ISRAEL LAHEY HEALTH, INC. (BILH) SERVED AS SOLE MEMBER DURING THE FISCAL P ERIOD 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 DEACO NESS HOSPITAL PLYMOUTH, INC. (PLYMOUTH), LAHEY CLINIC FOUNDATION, LAHEY HEALTH SHARED SERV ICES, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BE HAVIORAL 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 WHOS E 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 MED ICAL CENTER AND AN ENTITY INTEGRALLY RELATED TO HELPING BIDMC AND OTHER AFFILIATES IN THE BILH NETWORK ACCOMPLISH THEIR CHARITABLE PURPOSES.THE BETH ISRAEL LAHEY HEALTH INC. CONSOL IDATED FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE REGARDING BAD DEBT EXPENSE.EMERGENCY CARE ACCESSAS PREVIOUSLY NOTED IN THIS FILING, FOR THE PERIOD COVERED BY THIS FILING, BID MC SERVED AS THE SOLE MEMBER OF MAH. THE MEDICAL CENTER IS A NATIONALLY RECOGNIZED ACADEMI C MEDICAL CENTER AND TEACHING HOSPITAL OF HARVARD MEDICAL SCHOOL. ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (APHMFP) IS AN INTEGRALLY RELATED PHYSICIAN PRACTICE OF BIDMC AND IS ALSO EXEMPT FROM INCOME TAX UNDER S ECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED. APHMFP PHYSICIANS PROVI DE AROUND THE CLOCK PHYSICIAN PATIENT CARE COVERAGE AND MEDICAL DIRECTION OF THE MAH EMERG ENCY DEPARTMENT. THESE PHYSICIANS ARE ALL CERTIFIED OR BOARD-ELIGIBLE IN LEVEL 1 TRAUMA. T HE MAH DEPARTMENT OF EMERGENCY MEDICINE PROVIDES MEDICALLY NECESSARY CARE FOR ALL PEOPLE R EGARDLESS OF THEIR ABILITY TO PAY. THE HOSPITAL OFFERS THIS CARE FOR ALL PATIENTS THAT COM E TO THIS FACILITY 24 HOURS A DAY, 7 DAYS A WEEK, AND 365 DAYS A YEAR.FINANCIAL ASSISTANCE POLICY--INTERNAL REVENUE CODE SECTION 501(R)(4)FINANCIAL ASSISTANCE POLICY PURPOSE MAH IS DEDICATED TO PROVIDING FINANCIAL ASSISTANCE TO PATIENTS WHO HAVE HEALTH CARE NEEDS AND AR E UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM OR OTHERWISE UNABLE TO PAY FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION. THIS MAH FINAN CIAL ASSISTANCE POLICY (FAP) IS INTENDED TO BE IN COMPLIANCE WITH APPLICABLE FEDERAL AND S TATE LAWS FOR OUR SERVICE AREA. PATIENTS ELIGIBLE

Form and Line Reference	Explanation
BAD DEBTS	FOR FINANCIAL ASSISTANCE WILL RECEIVE FREE AND/OR DISCOUNTED CARE FROM MAH AS WELL AS PROV IDERS WHO FOLLOW MAH'S FINANCIAL ASSISTANCE POLICY. A LIST OF ALL PROVIDERS WHO PROVIDE CA RE WITHIN MAH AS WELL AS INFORMATION INDICATING IF THE LISTED PROVIDERS FOLLOW MAH'S FINAN CIAL ASSISTANCE POLICY IS INCLUDED IN APPENDIX 5 TO THE FINANCIAL ASSISTANCE POLICY. MAH D OES NOT DISCRIMINATE BASED ON THE PATIENT'S AGE, GENDER, RACE, CREED, RELIGION, DISABILITY , SEXUAL ORIENTATION, GENDER IDENTITY, NATIONAL ORIGIN OR IMMIGRATION STATUS WHEN DETERMIN ING ELIGIBILITY.FINANCIAL ASSISTANCE POLICY, CREDIT AND COLLECTION POLICY AND EMERGENCY CA RE POLICYAS REQUIRED BY IRC SECTION 501(R)(4) AND THE REGULATIONS PROMULGATED THEREUNDER, THE HOSPITAL MAINTAINS A WRITTEN FINANCIAL ASSISTANCE POLICY (FAP) THAT APPLIES TO ALL EME RGENCY AND OTHER MEDICALLY NECESSARY CARE PROVIDED BY THE HOSPITAL FACILITY. (SCHEDULE H P ART I QUESTIONS 1A AND 1B). DETAIL RELATED TO EMERGENCY AND OTHER MEDICALLY NECESSARY CARE COVERED BY THE POLICY IS INCLUDED WITHIN THE POLICY AND THE DEFINITION OF EMERGENCY CARE MEETS THE DEFINITION OF THE EMERGENCY MEDICAL TREATMENT AND LABOR ACT (EMTALA), SECTION 18 67 OF THE SOCIAL SECURITY ACT (42 USC 1395DD). (SCHEDULE H PART V SECTION B QUESTION 21). THE FAP INCLUDES A LIST OF PROVIDERS, OTHER THAN THE HOSPITAL ITSELF, WHICH ARE COVERED BY THE FAP AND SPECIFIES ELIGIBILITY CRITERIA FOR BOTH FREE AND DISCOUNTED CARE. THE FAP ALS O INCLUDES THE BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS. THE PROVIDER LIST IS UPD ATED NOT LESS THAN QUARTERLY AND THE AMOUNTS GENERALLY BILLED (AGB) CALCULATION IS UPDATED NOT LESS THAN ANNUALLY. THE HOSPITAL MAINTAINS A SEPARATE CREDIT AND COLLECTION POLICY AS PERMITTED UNDER THE TREASURY REGULATIONS AND THIS CREDIT AND COLLECTION POLICY IS REFEREN CED WITHIN THE FAP AS REQUIRED, ALONG WITH INFORMATION ON HOW TO OBTAIN A FREE COPY OF THE CREDIT AND COLLECTION POLICY. (SCHEDULE H PART III SECTION C QUESTIONS 9A AND 9B AND PART V SECTION B QUESTION 17). THE HOSPITAL'S FAP AND CREDIT & COLLECTION POLICY, REVISED AUGU ST 2020, WERE ADOPTED BY THE HOSPITAL'S BOARD PRIOR TO SEPTEMBER 30, 2017 AND THESE DOCUME NTS WERE ALL EFFECTIVE AS OF OCTOBER 1, 2017, THE FIRST DAY OF THE HOSPITAL'S FISCAL YEAR IN WHICH THE HOSPITAL WAS REQUIRED TO BE IN COMPLIANCE WITH THE REGULATIONS PROMULGATED BY THE TREASURY AND RELATED TO IRC SECTION 501(R). FINANCIAL ASSISTANCE POLICY--APPLYING FOR ASSISTANCE THE HOSPITAL'S FAP INCLUDES INFORMATION ON THE METHOD FOR APPLYING FOR FINANCI AL ASSISTANCE UNDER THE FAP. THIS INFORMATION IS ALSO INCLUDED IN THE PLAIN LANGUAGE SUMMA RY (PLS). IN ADDITION, THE HOSPITAL'S FINANCIAL ASSISTANCE APPLICATION INCLUDES A LIST OF INFORMATION/DOCUMENTATION REQUIRED AS PART OF A PATIENT'S APPLICATION FOR FINANCIAL ASSIST ANCE. (SCHEDULE H PART V SECTION B QUESTION 15)

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Form and Line Reference	Explanation
FINANCIAL ASSISTANCE POLICY--ELIGIBILITY GUIDELINES	THE HOSPITAL'S FAP USES THE FEDERAL POVERTY GUIDELINES IN DETERMINING ELIGIBILITY FOR FREE AND DISCOUNTED CARE. (SCHEDULE H PART I QUESTION 3A AND 3B AND PART V SECTION B QUESTION 13). IN ADDITION, THE HOSPITAL'S FAP PROVIDES FOR FINANCIAL ASSISTANCE BASED ON MEDICAL HARDSHIP AND ASSET LEVEL (SCHEDULE H PART I QUESTIONS 3C AND 4, PART V SECTION B QUESTION 13 AND PART VI QUESTION 3). FINALLY, THE HOSPITAL UNDERSTANDS THAT NOT ALL PATIENTS ARE ABLE TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION OR COMPLY WITH REQUESTS FOR DOCUMENTATION. THERE MAY BE INSTANCES UNDER WHICH A PATIENT/GUARANTOR'S QUALIFICATION FOR FINANCIAL ASSISTANCE IS ESTABLISHED WITHOUT COMPLETING THE APPLICATION FORM. OTHER INFORMATION MAY BE USED BY THE HOSPITAL TO DETERMINE WHETHER A PATIENT/GUARANTOR'S ACCOUNT IS UNCOLLECTIBLE, AND THIS INFORMATION WILL BE USED TO DETERMINE 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 FINANCIAL ASSISTANCE ELIGIBILITY UNDER THE HOSPITAL'S FAP, FOR THOSE INDIVIDUALS WHO ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WILL WORK WITH PATIENTS TO ASSIST THEM IN APPLYING FOR PUBLIC ASSISTANCE AND/OR HOSPITAL FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER SOME OR ALL OF THEIR UNPAID HOSPITAL BILLS. IN ORDER TO HELP UNINSURED AND UNDERINSURED INDIVIDUALS FIND AVAILABLE AND APPROPRIATE OPTIONS, THE HOSPITAL WILL PROVIDE ALL INDIVIDUALS WITH A GENERAL NOTICE OF THE AVAILABILITY OF PUBLIC ASSISTANCE AND FINANCIAL ASSISTANCE PROGRAMS DURING THE PATIENT'S INITIAL IN-PERSON REGISTRATION AT A HOSPITAL LOCATION FOR A SERVICE, IN ALL BILLING INVOICES THAT ARE SENT TO A PATIENT OR GUARANTOR, AND WHEN THE PROVIDER IS NOTIFIED OR THROUGH ITS OWN DUE DILIGENCE BECOMES AWARE OF A CHANGE IN THE PATIENT'S ELIGIBILITY STATUS FOR PUBLIC OR PRIVATE INSURANCE COVERAGE.HOSPITAL PATIENTS MAY BE ELIGIBLE FOR FREE OR REDUCED COST OF HEALTH CARE SERVICES THROUGH VARIOUS STATE PUBLIC ASSISTANCE PROGRAMS AS WELL AS THE HOSPITAL FINANCIAL ASSISTANCE PROGRAMS (INCLUDING BUT NOT LIMITED TO MASSHEALTH, THE PREMIUM ASSISTANCE PAYMENT PROGRAM OPERATED BY THE HEALTH CONNECTOR, THE CHILDREN'S MEDICAL SECURITY PROGRAM, THE HEALTH SAFETY NET, AND MEDICAL HARDSHIP). SUCH PROGRAMS ARE INTENDED TO ASSIST LOW-INCOME PATIENTS TAKING INTO ACCOUNT EACH INDIVIDUAL'S ABILITY TO CONTRIBUTE TO THE COST OF HIS OR HER CARE. FOR THOSE INDIVIDUALS THAT ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WILL, WHEN REQUESTED, HELP THEM WITH APPLYING FOR EITHER COVERAGE THROUGH PUBLIC ASSISTANCE PROGRAMS OR HOSPITAL FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER ALL OR SOME OF THEIR UNPAID HOSPITAL BILLS.THE HOSPITAL IS AVAILABLE TO ASSIST PATIENTS IN ENROLLING INTO STATE HEALTH COVERAGE PROGRAMS. THESE INCLUDE MASSHEALTH, THE PREMIUM ASSISTANCE PAYMENT PROGRAM OPERATED BY THE STATE'S HEALTH CONNECTOR, AND THE CHILDREN'S MEDICAL SECURITY PLAN. FOR THESE PROGRAMS, APPLICANTS CAN SUBMIT AN APPLICATION THROUGH AN ONLINE WEBSITE (WHICH IS CENTRALLY LOCATED ON THE STATE'S HEALTH CONNECTOR WEBSITE), A PAPER APPLICATION, OR OVER THE PHONE WITH A CUSTOMER SERVICE REPRESENTATIVE LOCATED AT EITHER MASSHEALTH OR THE CONNECTOR. INDIVIDUALS MAY ALSO ASK FOR ASSISTANCE FROM HOSPITAL FINANCIAL COUNSELORS (ALSO CALLED CERTIFIED APPLICATION COUNSELORS) WITH SUBMITTING THE APPLICATION EITHER ON THE WEBSITE OR THROUGH A PAPER APPLICATION.

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE POLICY--TRANSLATIONS	THE HOSPITAL'S FAP, CREDIT AND COLLECTION POLICY AND PLAIN LANGUAGE SUMMARY OF THE FAP, AP PLICATION FOR FINANCIAL ASSISSTANCE AND HARDSHIP APPLICATION (SEE DETAIL BELOW) HAVE ALL B EEN TRANSLATED INTO THE LANGUAGES SPOKEN BY THOSE IN THE HOSPITAL'S COMMUNITY WHO MAY COMM UNICATE IN A LANGUAGE OTHER THAN ENGLISH. THE HOSPITAL HAS TRANSLATED THESE DOCUMENTS INTO THE LANGUAGES OF LIMITED ENGLISH PROFICIENCY (LEP) OF ITS PATIENTS, 5% OF THE POPULATION OR 1000 PERSONS, WHICHEVER IS LESS, IN ACCORDANCE WITH THE REGULATIONS PROMULGATED UNDER I RC SECTION 501(R). BASED ON THE HOSPITAL'S REVIEW OF THIS SAFE HARBOR, THE HOSPITAL HAS TR ANSLATED THESE DOCUMENTS INTO THE FOLLOWING LANGUAGES: ARMENIAN, SIMPLIFIED CHINESE, TRADI TIONAL CHINESE, FRENCH, GREEK, HAITIAN CREOLE, PORTUGUESE RUSSIAN AND SPANISH. (SCHEDULE H PART V SECTION B QUESTION 16I)FINANCIAL ASSISTANCE POLICY--WIDELY PUBLICIZING AND AVAILAB ILITYCOPIES OF THE FAP, CREDIT AND COLLECTION POLICY, FAP SUMMARY AND APPLICATION FOR FINA NCIAL ASSISTANCE ARE ALL AVAILABLE IN BOTH ENGLISH AND ALL LEP LANGUAGES AT THE HOSPITAL, BY MAIL FREE OF CHARGE AND/OR ON THE HOSPITAL'S WEBSITE: (SCHEDULE H PART V SECTION B QUES TIONS 16A, 16B, 16C, 16D, 16E, 16H) AT HTTPS://WWW.MOUNTAUBURNHOSPITAL.ORG/PATIENTS-VISITO RS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/ IN ADDITION, THE FAP, CREDIT AND COLLECTION POL ICY, FAP SUMMARY AND APPLICATION FOR FINANCIAL ASSISTANCE ARE ALL AVAILABLE IN THE HOSPITA L'S EMERGENCY DEPARTMENT AND FINANCIAL COUNSELING OFFICE. (SCHEDULE H PART V SECTION B QUE STION 16F AND SCHEDULE H PART VI QUESTION 3).THE HOSPITAL MAINTAINS SIGNAGE AND CONSPICUOU S PUBLIC DISPLAYS ABOUT FINANCIAL ASSISTANCE AND THE FAP DESIGNED TO ATTRACT THE ATTENTION OF PATIENTS AND VISITORS, INCLUDING BOTH THE EMERGENCY DEPARTMENT AND ADMISSIONS. SUCH SI GNAGE IS POSTED BOTH IN ENGLISH AND THE LEP LANGUAGES NOTED ABOVE. IN ADDITION, FINANCIAL COUNSELING PERSONNEL ROUTINELY VISIT LOCATIONS DESIGNATED FOR SIGNAGE TO ENSURE THAT SUCH SIGNAGE REMAINS VISIBLE TO PATIENTS AND VISITORS AS ATTENDED. THE HOSPITAL PROVIDES INFORM ATION ABOUT THE FAP TO PATIENTS BEFORE DISCHARGE AND CONSPICUOUSLY WITHIN BILLING STATEMEN TS. INFORMATION PROVIDED TO PATIENTS IN THESE COMMUNICATIONS INCLUDES CONTACT INFORMATION FOR THOSE THAT CAN HELP PROVIDE ADDITIONAL INFORMATION ABOUT THE FAP, INFORMATION ON THE A PPLICATION PROCESS AND THE WEBSITE WHERE THE FAP CAN BE OBTAINED. ADDITIONALLY, A PLAIN LA NGUAGE SUMMARY OF THE FAP IS PROVIDED TO PATIENTS AS PART OF THE INTAKE AND/OR DISCHARGE P ROCESS. (SCHEDULE H PART V SECTION B QUESTION 16G). FINANCIAL ASSISTANCE POLICY--PLAIN LAN GUAGE SUMMARYAS NOTED IN THIS NARRATIVE SUPPORT TO THE FORM 990 SCHEDULE H, THE HOSPITAL H AS A PLAIN LANGUAGE SUMMARY OF ITS FAP. THIS IS A WRITTEN STATEMENT DESIGNED TO NOTIFY PAT IENTS 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 OBTAI N A COPY OF THE FAP POLICY AND APPLICATION, INCLUDING THE WEBSITE ADDRESS, THE LOCATION AN D PHONE NUMBER OF THE FINANCIAL COUNSELING OFFICE. THE PLAIN LANGUAGE SUMMARY ALSO INCLUDE S 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 HOSP ITALS APPROVAL UNDER THE FAP WILL APPLY. LINKS TO FINANCIAL ASSISTANCE POLICY AND RELATED DOCUMENTSTHE FOLLOWING FINANCIAL ASSISTANCE POLICY (FAP) DOCUMENTS: CREDIT AND COLLECTION POLICY APPLICATION FOR FINANCIAL ASSISTANCE MEDICAL HARDSHIP APPLICATION FINANCIAL ASSISTA NCE POLICY PLAIN LANGUAGE SUMMARY AS WELL AS ADDITIONAL INFORMATION ON PATIENT FINANCIAL A SSISTANCE AND BILLING, ARE ADDITIONAL IN THE FOLLOWING LANGUESES: ENGLISH AND ARMENIAN, SI MPLIFIED CHINESE, TRADITIONAL CHINESE, FRENCH, GREEK, HAITIAN CREOLE, PORTUGUESE RUSSIAN A ND SPANISH ON THE MAH WEBSITE AT: HTTPS://WWW.MOUNTAUBURNHOSPITAL.ORG/PATIENTS-VISITORS/BI LLING-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 PRO MULGATED THEREUNDER, THE HOSPITAL LIMITS THE AMOUNTS CHARGED FOR ANY EMERGENCY OR OTHER ME DICALLY 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 ASSIS TANCE ELIGIBLE PATIENT FOR ALL OTHER MEDICAL CARE TO LESS THAN GROSS CHARGES. AMOUNTS GENE RALLY 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 UPDATED NOT LESS FREQUENTLY THAN ANNUALLY AS REQUIRED PURSUANT TO THE REGULATIONS PROMULGATED UNDE R IRC SECTION 501(R) AND THE AGB IS INCLUDED IN THE HOSPITAL'S FAP AS REQUIRED UNDER THE R EGULATIONS DETAILING THE REQUIREMENTS UNDER IRC SE

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE POLICY--TRANSLATIONS	CTION 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 H OSPITAL REFUNDS ANY AMOUNTS PREVIOUSLY PAID FOR CARE THAN EXCEEDS THE AMOUNT THAT THE PATI ENT IS PERSONALLY RESPONSIBLE FOR PAYING WHERE SUCH AMOUNTS ARE EQUAL TO OR EXCEED $5.00. BILLING AND COLLECTIONS--501(R)(6)EXTRAORDINARY COLLECTION ACTIVITIESTHE HOSPITAL DOES NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIVITIES (ECAS) FOR FINANCIAL ASSISTANCE ELIGIBL E PATIENTS. SPECIFICALLY, THE HOSPITAL DOES NOT REPORT TO CREDIT AGENCIES, ENGAGE IN LEGAL OR JUDICIAL PROCESSES OR SELL A PATIENT'S OUTSTANDING AMOUNTS OWED FOR PATIENT CARE. IN A DDITION, THIS EXTENDS TO ANY THIRD PARTY CONTRACTED WITH THE HOSPITAL RELATED TO BILLING A ND COLLECTIONS. (SCHEDULE H PART V SECTION B QUESTIONS 18 AND 19).APPLICATION PERIOD PATIE NTS MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME UP TO TWO HUNDRED FORTY (240) DAYS AFTE R THE FIRST POST-DISCHARGE BILLING STATEMENT IS AVAILABLE.

Form and Line Reference	Explanation
CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS--HEALTH PROFESSIONS EDUCA	MOUNT AUBURN HOSPITAL'S CENTRAL LONGSTANDING ACADEMIC FOCUS IS MEDICAL EDUCATION, AND A CO MMITMENT TO TEACHING STUDENTS AND TRAINEES IN A RESPECTFUL AND COLLABORATIVE ACADEMIC ENVI RONMENT. THIS COMMITMENT, COUPLED WITH THE INSTITUTION'S WILLINGNESS TO EMBRACE TECHNOLOGI CAL AND CLINICAL PRACTICE INNOVATION, MAKE MAH A TOP CHOICE AMONG STUDENTS AND TRAINEES IN THE HEALTH CARE PROFESSIONS. THE HOSPITAL TRAINS MEDICAL STUDENTS, INTERNS, RESIDENTS AND FELLOWS, ALONG WITH OTHER ALLIED HEALTH PROFESSIONALS FROM ACROSS THE AREA.MAH HAS SEVERA L RESIDENCY AND FELLOWSHIP PROGRAMS, WITH APPROXIMATELY 50 INTERNAL MEDICINE INTERNS AND R ESIDENTS, 12 RADIOLOGY RESIDENTS, 6 PODIATRY RESIDENTS, AND 3 UROGYNECOLOGY FELLOWS DURING MAH'S ACADEMIC YEAR JULY 1, 2019 JUNE 30, 2020 WHICH OVERLAPS WITH A PORTION OF MAH'S FIS CAL YEAR ACTIVITIES REPORTED IN THIS FILING. THE HOSPITAL ALSO HOSTS ROTATING RESIDENTS AN D FELLOWS IN SURGERY, EMERGENCY MEDICINE, GERIATRICS, GENETICS, OBSTETRICS AND GYNECOLOGY, NEONATOLOGY, AND ANESTHESIA, AND SUPPORTS THE EDUCATION OF MEDICAL STUDENTS FROM HARVARD MEDICAL SCHOOL, AND THE BOSTON UNIVERSITY SCHOOL OF MEDICINE. FINALLY, THE HOSPITAL SERVES AS A TRAINING SITE FOR PHARMACY STUDENTS FROM THE MASSACHUSETTS COLLEGE OF PHARMACY, PHYS ICIAN'S ASSISTANT STUDENTS FROM NORTHEASTERN UNIVERSITY, CLINICAL NURSE ANESTHETISTS FROM BOSTON COLLEGE, AND CLINICAL NURSE MIDWIVES FROM MULTIPLE PROGRAMS ACROSS THE NORTHEAST. S TAFF PHYSICIANS AT MAH WHO HOLD FACULTY APPOINTMENTS AT HARVARD MEDICAL SCHOOL INSTRUCT TH E DOCTORS OF TOMORROW THROUGH SUPERVISION OF DAILY PATIENT CARE AND A RANGE OF INTERACTIVE EDUCATIONAL EXPERIENCES. AS PART OF THE HOSPITAL'S COMMITMENT TO MEDICAL STUDENT EDUCATIO N AND LONGSTANDING AFFILIATION WITH HARVARD MEDICAL SCHOOL, MAH IS A CORE SITE FOR THE HAR VARD MEDICAL SCHOOL SUB-INTERNSHIP IN MEDICINE; THE HOSPITAL ALSO PARTICIPATES IN THE INTR ODUCTORY COURSES IN CLINICAL MEDICINE FOR PRE-CLINICAL HARVARD MEDICAL SCHOOL STUDENTS, AS WELL AS IMMERSIVE TRAINING IN CLINICAL MEDICINE FOR BIOMEDICAL DOCTORAL STUDENTS FROM THE JOINT HARVARD MEDICAL SCHOOL / MASSACHUSETTS INSTITUTE OF TECHNOLOGY'S HEALTH SCIENCES AN D TECHNOLOGY PROGRAM. IN ADDITION, THE HOSPITAL HOSTS THIRD-YEAR MEDICAL STUDENTS FROM THE BOSTON UNIVERSITY SCHOOL OF MEDICINE ON THE OBSTETRICS AND NEUROLOGY SERVICES AS WELL AS MEDICAL STUDENTS FROM HARVARD AND OTHER SCHOOLS WHO CHOOSE TO DO SUB-INTERNSHIPS AND SUBSP ECIALTY ELECTIVES DURING THEIR THIRD AND FOURTH YEAR.THE MAH INTERNAL MEDICINE TRAINING PR OGRAM, THE LARGEST OF ALL MAH RESIDENCIES, OFFERS A THREE-YEAR CATEGORICAL MEDICINE TRACK AND A ONE-YEAR PRELIMINARY MEDICINE TRACK. THE THREE-YEAR CATEGORICAL TRACK PREPARES RESID ENTS FOR CERTIFICATION BY THE AMERICAN BOARD OF INTERNAL MEDICINE AND CAREERS THAT COVER T HE FULL SPECTRUM OF OPPORTUNITIES IN BOTH GENERAL INTERNAL MEDICINE AND THE MEDICAL SUB-SP ECIALTIES. RESIDENTS ARE ABLE TO TAILOR THEIR 36 MONTHS OF TRAINING TO OBTAIN THE KNOWLEDG E, SKILLS, AND INSIGHT REQUIRED TO PURSUE SUBSEQUENT CAREERS IN PRIMARY CARE OR HOSPITALIS T MEDICINE; IN ADDITION, THEY ARE PREPARED TO CONTINUE THEIR TRAINING IN COMPETITIVE SUB-S PECIALTY FELLOWSHIP TRAINING PROGRAMS ACROSS THE COUNTRY. MAH SUPPORTS TRAINEES IN THEIR I NTENDED 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 TRAINING. THE PRELIMINARY MEDICINE INTERNSHIP TRACK O FFERS ONE YEAR OF TRAINING IN MEDICINE FOR PHYSICIANS WHO WILL CONTINUE THEIR TRAINING IN SPECIALTIES OTHER THAN INTERNAL MEDICINE, SUCH AS RADIOLOGY, OPHTHALMOLOGY, ANESTHESIOLOGY , RADIATION ONCOLOGY, NEUROLOGY, DERMATOLOGY, PHYSICAL MEDICINE & REHABILITATION, AND OTHE RS. THIS PROGRAM IS HIGHLY SOUGHT AFTER BY TOP STUDENTS FROM MEDICAL SCHOOLS AROUND THE CO UNTRY, AND A MAJOR STRENGTH, AS WELL AS A MAJOR ATTRACTION, IS THE FACT THAT THE YEAR IS L ARGELY IDENTICAL IN STRUCTURE AND CONTENT TO THE FIRST YEAR FOR PHYSICIANS WHO TRAIN AT MO UNT AUBURN HOSPITAL FOR THREE YEARS IN THE CATEGORICAL INTERNAL MEDICINE TRACK; THE ONLY D IFFERENCE BEING THE QUANTITY OF AMBULATORY MEDICINE EXPERIENCE, AS PRELIMINARY INTERNS ARE NOT ASSIGNED A CONTINUITY CLINIC DURING THEIR YEAR.THE MAH RADIOLOGY RESIDENCY PROGRAM HA S A LONG AND PROUD HISTORY AS AN ELITE PROGRAM AND EXCEPTIONAL PLACE TO TRAIN. RESIDENTS A RE TYPICALLY ASSIGNED IN ONE-MONTH BLOCKS TO ONE OF THE DIFFERENT MODALITIES. EARLY IN TRA INING, RESIDENTS ARE EXPECTED TO READ EXTENSIVELY, MASTER ANATOMY, PARTICIPATE IN THE PROT OCOLLING AND INTERPRETATION OF PATIENT EXAMINATIONS, AND TO PARTICIPATE IN DISCUSSIONS CON CERNING 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 HARVARD MEDICAL SCHOOL. THE HIGH RATIO OF STAFF RADIOLOGIS

Form and Line Reference	Explanation
CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS--HEALTH PROFESSIONS EDUCA	TS TO RESIDENTS RESULTS IN CLOSE CONTACT BETWEEN THE STAFF AND RESIDENTS THROUGHOUT THE TR AINING PROGRAM. AFTER THE RESIDENT HAS OBTAINED THE NECESSARY FIRM FOUNDATIONS IN THE FUND AMENTALS OF RADIOLOGY, HE OR SHE IS ENCOURAGED TO TAKE INCREASING RESPONSIBILITY IN BOTH R OUTINE AND SPECIALIZED EXAMINATIONS AND PROCEDURES. THE MAJORITY OF OUR RESIDENTS PURSUE S UBSPECIALTY FELLOWSHIP TRAINING; HOWEVER, THE GOAL OF THE RADIOLOGY RESIDENCY PROGRAM IS T O TRAIN RESIDENTS TO BE FULLY QUALIFIED IN DIAGNOSTIC RADIOLOGY AND SPECIAL PROCEDURES BY THE TIME THEY HAVE COMPLETED THE FOUR-YEAR PROGRAM. GRADUATES HAVE PURSUED CAREERS IN ACAD EMIA AND PRIVATE PRACTICE.IN ADDITION TO THE INTERNAL MEDICINE AND RADIOLOGY TRAINING PROG RAMS, MOUNT AUBURN HOSPITAL HAS A NATIONALLY RECOGNIZED TRAINING PROGRAM IN PODIATRY AND I S A SITE FOR OTHER POST-GRADUATE MEDICAL EDUCATION DISCIPLINES. IT IS ALSO A CORE SITE FOR THE BETH ISRAEL DEACONESS MEDICAL CENTER SURGICAL TRAINING PROGRAM. MAH ALSO WELCOMES ROT ATING GERIATRIC FELLOWS FROM THE BETH ISRAEL DEACONESS / HARVARD MEDICAL SCHOOL DIVISION O N AGING PROGRAM, AND PEDIATRIC AND NEONATOLOGY RESIDENTS FROM MASSACHUSETTS GENERAL HOSPIT AL / CAMBRIDGE HOSPITAL PROGRAM. DURING THE FISCAL YEAR COVERED BY THIS FILING, MAH HAD NE T EXPENDITURES OF $7,132,696 REPORTED ON THIS SCHEDULE H RELATED TO MAH'S RESIDENCY PROGRA M AND TO TEACHING OTHER STUDENTS RELATED TO ALLIED HEALTH PROFESSIONS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
BIDMC-ADDITIONAL INFORMATION REGARDING PROMOTING THE HEALTH OF THE COMMUNITY	(SCHEDULE H, PART VI, QUESTIONS 5 AND 6)COMMUNITY BOARDAS NOTED IN THIS FORM 990 PARTS I AND VI, THE MAJORITY OF BOARD MEMBERS ARE INDEPENDENT COMMUNITY MEMBERS. 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, MAH IS A MEMBER OF THE BETH ISRAEL LAHEY HEALTH (BILH) NETWORK OF AFFILIATES. 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 OPERATES AS 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 IS AN ENTITY EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED AND IS COMMITTED TO IMPROVING THE HEALTH OF THE COMMUNITIES SERVED BY BILH. EACH OF THESE AFFILIATES MAY ALSO, IN TURN SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE NETWORK OF AFFILIATES.FOR THE FISCAL YEAR 2020 THE BILH HOSPITALS NOTED ABOVE PROVIDED CARE TO MEDICAID PATIENTS AT COSTS WHICH EXCEEDED REVENUES BY OVER $86 MILLION AND PROVIDED CARE TO MEDICARE PATIENTS AT COSTS WHICH EXCEEDED REVENUES BY $117 MILLION. IN ADDITION, THE BILH HOSPITALS PROVIDED TOTAL COMMUNITY BENEFITS IN THE NATURE OF DIRECT SERVICES TO THE COMMUNITIES SERVED BY THE BILH NETWORK AS WELL AS FUNDS PROVIDED TO COMMUNITY PARTNERS IN THE AMOUNT OF $93 MILLION BILH HOSPITALS ALSO INCURRED NET COSTS FOR SUBSIDIZED HEALTH SERVICES TO ENSURE THAT CARE WAS AVAILABLE WITHIN THE COMMUNITIES SERVED ACROSS BILH IN THE AMOUNT OF $32 MILLION. FINALLY, BILH HOSPITALS ARE COMMITTED TO PROVIDING RESEARCH TO FURTHER ADVANCE CARE TO BILH PATIENTS AND TO THE GENERAL ADVANCEMENT TO HEALTHCARE TREATMENT BEYOND THE COMMUNITIES IMMEDIATELY SERVED BY BILH AND TO PROVIDING CUTTING EDGE TRAINING TO FUTURE HEALTHCARE PROVIDERS. BILH HOSPITALS INVESTED NET COSTS OF $183 MILLION TOWARD THESE MISSIONS DURING THE FISCAL YEAR COVERED BY THIS FILING.

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

2019

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) TSNE MISSIONWORKS - CHNA 17 FISCAL AGENT FOR CHNA 17 89 SOUTH STREET SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	12,000				RACIAL JUSTICE AND MENTAL HEALTH

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

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.

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Schedule J (Form 990)

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

Part I 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 on 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 on 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 2019 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. DURING THE 2019 CALENDAR YEAR, INDIVIDUALS LISTED IN THIS FILING MAY HAVE PARTICIPATED IN ONE OR MORE OF THE FOLLOWING NON-QUALIFIED DEFERRED COMPENSATION PLANS: LAHEY CLINIC 457(F) NON-QUALIFIED DEFINED CONTRIBUTION PLAN, LAHEY CLINIC 457(B) RETIREMENT SAVINGS PLAN. BETH ISRAEL DEACONESS MEDICAL CENTER EXECUTIVE RETIREMENT PROGRAM WHICH IS A NON-QUALIFIED DEFERRED COMPENSATION PLAN. PURSUANT TO THE PLAN ELIGIBLE EMPLOYEES RECEIVE CERTAIN RETIREMENT BENEFITS. AMOUNTS DEFERRED BY PARTICIPANTS OR CONTRIBUTIONS 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	ACROSS THE BILH NETWORK OF AFFILIATES, INCLUDING MAH, EXECUTIVE COMPENSATION PACKAGES AND CERTAIN EMPLOYEE COMPENSATION PACKAGES INCLUDED OPPORTUNITIES TO EARN INCENTIVE COMPENSATION BASED ON A COMBINATION OF MEETING OR EXCEEDING PRE-DETERMINED GOALS. FOR THE PERIOD COVERED BY THIS FILING, THE INCENTIVE COMPENSATION FOR EACH EXECUTIVE REPORTED IN THIS FORM 990 WAS REVIEWED AND APPROVED BY THE BILH COMPENSATION COMMITTEE, WHICH AS PREVIOUSLY NOTED, WAS FULLY STAFFED BY INDEPENDENT MEMBERS.

Return Reference	Explanation
SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES:	AS REQUIRED BY FORM 990, COMPENSATION REPORTED FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020 IS CALENDAR YEAR 2019 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. TABB, M.D., KEVIN FOR THE FILING PERIOD OCTOBER 1, 2019 THROUGH SEPTEMBER 30, 2020, DR. TABB HELD THE FOLLOWING POSITIONS: - PRESIDENT, CHIEF EXECUTIVE OFFICER, AND TRUSTEE (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH, INC. (BILH) - DIRECTOR (EX-OFFICIO) 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 BETH ISRAEL LAHEY HEALTH PHARMACY F/K/A BIDMC PHARMACY, INC. - TRUSTEE (EX-OFFICIO) AND PRESIDENT ADDISON GILBERT SOCIETY, INC. - TRUSTEE (EX-OFFICIO), PRESIDENT BOARD CHAIR NORTHEAST HEALTH SYSTEM, INC. - TRUSTEE (EX-OFFICIO) NORTHEAST PROFESSIONAL REGISTRY OF NURSES - TRUSTEE (EX-OFFICIO), PRESIDENT AND BOARD CHAIR NORTHEAST SENIOR HEALTH CORPORATION - TRUSTEE (EX-OFFICIO), PRESIDENT, BOARD CHAIR - SEACOAST NURSING & REHABILITATION CENTER, INC. - CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER WINCHESTER HOSPITAL - DIRECTOR (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), PRESIDENT AND CHIEF EXECUTIVE OFFICER NORTHEAST BEHAVIORAL HEALTH CORPORATION - TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER CAB HEALTH & RECOVERY SERVICES, INC. - TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER HEALTH & EDUCATION HOUSING SERVICES, INC. - CHIEF EXECUTIVE OFFICER BETH ISRAEL DEACONESS HOSPITAL MILTON - CHIEF EXECUTIVE OFFICER BID-MILTON PHYSICIAN ASSOCIATES - CHIEF EXECUTIVE OFFICER COMMUNITY PHYSICIANS ASSOCIATES - 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 THE JORDAN HEALTH SYSTEMS, INC. - CHIEF EXECUTIVE OFFICER JORDAN PHYSICIAN ASSOCIATES, INC. - CHIEF EXECUTIVE OFFICER ANNA JAQUES HOSPITAL - CHIEF EXECUTIVE OFFICER SEACOAST AFFILIATED GROUP PRACTICE - CO-CHAIR AND MANAGING DIRECTOR, BETH ISRAEL DEACONESS PHYSICIAN ORGANIZATION, LLC D/B/A BETH ISRAEL DEACONESS CARE ORGANIZATION - PROFESSOR OF MEDICINE HARVARD MEDICAL SCHOOL IN ADDITION TO THE POSITIONS NOTED ABOVE, DR. TABB HELD THE FOLLOWING POSITIONS FOR WHICH HE WAS ENTITLED TO AND DID APPOINT A DESIGNATE WHO THEN BECAME THE VOTING TRUSTEE IN HIS PLACE: - TRUSTEE (EX-OFFICIO) NORTHEAST HOSPITAL CORPORATION - TRUSTEE (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL MILTON, BID-MILTON PHYSICIAN ASSOCIATES AND COMMUNITY PHYSICIANS ASSOCIATES - TRUSTEE (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL NEEDHAM - TRUSTEE (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, THE 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 JAQUES HOSPITAL, INC. ALTHOUGH DR. TABB SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2019 COMPENSATION. PRIOR TO MARCH 1, 2019, DR. TABB SERVED AS THE CHIEF EXECUTIVE OFFICER FOR BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) AND WAS COMPENSATED BY BIDMC FOR HIS SERVICES TO BIDMC AND THE BIDMC NETWORK OF AFFILIATES IN PREPARATION FOR THE CREATION OF BILH. EFFECTIVE MARCH 1, 2019, DR. TABB COMMENCED HIS POSITION AS TRUSTEE (EX-OFFICIO), PRESIDENT AND CHIEF EXECUTIVE OFFICER OF BETH ISRAEL LAHEY HEALTH AS WELL AS THE OTHER POSITIONS NOTED ABOVE. AMOUNTS PAID TO DR. TABB BY BILH AND BIDMC HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS PAID AND REPORTED BY BIDMC: BASE COMPENSATION: 242,245 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 52,249 DEFERRED COMPENSATION: 237,278 NON-TAXABLE BENEFITS: 8,774 PAYMENTS PAID AND REPORTED BY BILH: BASE COMPENSATION: 1,474,632 INCENTIVE COMPENSATION: 719,125 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 501,348 NON-TAXABLE BENEFITS: 41,651 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR DR. TABB INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF $274,505. OF THIS AMOUNT, $223,656 IS UNVESTED. DEFERRED COMPENSATION IN THE AMOUNT OF $500,000 AND INCLUDED IN THIS FILING FOR DR. TABB RELATES TO CERTAIN MILESTONE PAYMENTS WHICH, AS OF DECEMBER 31, 2019, WERE NOT FUNDED, WERE NOT VESTED AND FOR WHICH THERE WAS NO GUARANTEE OF PAYMENT. THEY ARE INCLUDED HERE AS DEFERRED COMPENSATION AS REQUIRED BASED ON THE INSTRUCTIONS TO THE FORM 990.

Return Reference	Explanation
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	LEWIS, M.D., STANLEY DR. LEWIS HELD THE POSITIONS NOTED BELOW FOR THE FULL FISCAL YEAR COVERED BY THIS FILING UNLESS OTHERWISE NOTED BELOW. - CHIEF STRATEGY OFFICER- BETH ISRAEL LAHEY HEALTH - TRUSTEE (EX-OFFICIO, CEO DESIGNATE) - NEW ENGLAND BAPTIST HOSPITAL - TRUSTEE (EX-OFFICIO) - MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION D/B/A BETH ISRAEL LAHEY HEALTH PRIMARY CARE A/K/A AFFILIATED PHYSICIANS GROUP - TRUSTEE (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH PRIMARY CARE INC. (EFFECTIVE JUNE 5, 2020) - TRUSTEE (EX-OFFICIO, CEO DESIGNATE) - BETH ISRAEL DEACONESS HOSPITAL NEEDHAM - TRUSTEE (EX-OFFICIO, CEO DESIGNATE) - MOUNT AUBURN HOSPITAL - ASSOCIATE PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL ALTHOUGH DR. LEWIS SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2019 COMPENSATION. PRIOR TO MARCH 1, 2019, DR. LEWIS SERVED AS THE SENIOR VICE PRESIDENT, CHIEF SYSTEM DEVELOPMENT & STRATEGY OFFICER FOR BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) AND WAS COMPENSATED BY BIDMC FOR HIS SERVICES TO BIDMC AND THE BIDMC NETWORK OF AFFILIATES AND IN PREPARATION FOR THE CREATION OF BILH. AMOUNTS PAID TO DR. LEWIS BY BILH AND BIDMC HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS MADE AND REPORTED BY BIDMC: BASE COMPENSATION: 101,837 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 67,825 DEFERRED COMPENSATION: 16,035 NON-TAXABLE BENEFITS: 12,132 PAYMENTS MADE AND REPORTED BY BILH: BASE COMPENSATION: 570,232 INCENTIVE COMPENSATION: 299,123 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 229,435 NON-TAXABLE BENEFITS: 59,938 OTHER REPORTABLE COMPENSATION FOR DR. LEWIS INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF $67,013. DEFERRED COMPENSATION IN THE AMOUNT OF $225,000 AND INCLUDED IN THIS FILING FOR DR. RELATES TO CERTAIN MILESTONE PAYMENTS WHICH, AS OF DECEMBER 31, 2019, WERE NOT FUNDED, WERE NOT VESTED AND FOR WHICH THERE WAS NO GUARANTEE OF PAYMENT. THEY ARE INCLUDED HERE AS DEFERRED COMPENSATION AS REQUIRED BASED ON THE INSTRUCTIONS TO THE FORM 990. CLOUGH, JEANETTE G. MS. CLOUGH HELD THE POSITIONS NOTED BELOW FOR THE FULL FISCAL YEAR COVERED BY THIS FILING UNLESS OTHERWISE NOTED. - TRUSTEE (EX-OFFICIO) AND PRESIDENT MOUNT AUBURN HOSPITAL - TRUSTEE (EX-OFFICIO) AND PRESIDENT MOUNT AUBURN PROFESSIONAL SERVICES - TRUSTEE CAREGROUP PARMENTER HOME CARE & HOSPICE (THROUGH DECEMBER 21, 2019) AS REQUIRED IN THIS FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2019 COMPENSATION. IN HER POSITIONS AS PRESIDENT FOR MOUNT AUBURN HOSPITAL (MAH) AND MOUNT AUBURN PROFESSIONAL SERVICES (MAPS) DURING THE 2019 CALENDAR YEAR, MS. CLOUGH RECEIVED PAYMENTS DIRECTLY FROM CAREGROUP, INC. AND BETH ISRAEL LAHEY HEALTH, INC (BILH). BILH BECAME THE SOLE MEMBER OF MAH ON MARCH 1, 2019 AND CAREGROUP WAS THE SOLE MEMBER OF MAH PRIOR TO THAT DATE. EACH OF THESE ENTITIES IS/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. FOR THE PERIOD COVERED BY THIS FILING, MS. CLOUGH PERFORMED SERVICES FOR BOTH MAH AND MAPS BUT NOT DIRECTLY FOR BILH OR CAREGROUP. THE COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON FORM 990, AS FURTHER OUTLINED BELOW. PAYMENTS REPORTED BY MAH: BASE COMPENSATION: 614,999 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 146,255 DEFERRED COMPENSATION: 16,786 NON-TAXABLE BENEFITS: 25,075 PAYMENTS REPORTED BY MAPS: BASE COMPENSATION: 135,000 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 32,105 DEFERRED COMPENSATION: 3,685 NON-TAXABLE BENEFITS: 5,504 OTHER REPORTABLE COMPENSATION FOR MS. CLOUGH INCLUDES COMBINED PAYMENTS FROM, CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS, IN THE AMOUNT OF $177,178. 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 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: 251,765 INCENTIVE COMPENSATION: 63,000 OTHER REPORTABLE COMPENSATION: 30,956 DEFERRED COMPENSATION: 8,400 NON-TAXABLE BENEFITS: 17,676 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES: BASE COMPENSATION: 167,843 INCENTIVE COMPENSATION: 42,000 OTHER REPORTABLE COMPENSATION: 20,637 DEFERRED COMPENSATION: 5,600 NON-TAXABLE BENEFITS: 11,784 OTHER REPORTABLE COMPENSATION FOR DR. HUANG INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF $50,024. SPIVAK, M.D. BARBARA - TRUSTEE (EX-OFFICIO) AND PRESIDENT OF THE MACIPA MOUNT AUBURN HOSPITAL PAYMENTS REPORTED BY: MAH BASE COMPENSATION: 97,715 INCENTIVE COMPENSATION: 65,930 OTHER REPORTABLE COMPENSATION: 1,050 DEFERRED COMPENSATION: 13,275 NON-TAXABLE BENEFITS: 9,503 SETNIK, M.D., GARY - TRUSTEE MOUNT AUBURN PROFESSIONAL SERVICES - CHAIR, DEPARTMENT OF EMERGENCY MEDICINE MOUNT AUBURN PROFESSIONAL SERVICES - CHAIR, DEPARTMENT OF EMERGENCY MEDICINE MOUNT AUBURN HOSPITAL DR. SETNIK PERFORMS SERVICES FOR BOTH MOUNT AUBURN PROFESSIONAL SERVICES AND MOUNT AUBURN HOSPITAL. AS REQUIRED BY THIS FORM 990, ALTHOUGH DR. SETNIK IS PAID DIRECTLY 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: 132,980 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 8,533 DEFERRED COMPENSATION: 0 NON-TAXABLE BENEFITS: 8,202 PAYMENTS REPORTED BY MAPS: BASE COMPENSATION: 88,653 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 5,689 DEFERRED COMPENSATION: 0 NON-TAXABLE BENEFITS: 5,468

Return Reference	Explanation
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	BARRON, KENNETH S. -TRUSTEE AND VICE CHAIR 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 MR CANEPA'S TERM ENDED DECEMBER 21, 2019 - TRUSTEE CAREGROUP PARMENTER HOME CARE & HOSPICE - TRUSTEE BETH ISRAEL LAHEY HEALTH, INC MR. CANEPA RETIRED FROM CPHCH ON DECEMBER 21, 2019. MAMBRINO, LAWRENCE - TRUSTEE MOUNT AUBURN HOSPITAL PALANDJIAN, LEON - TRUSTEE AND ASSISTANT TREASURER MOUNT AUBURN HOSPITAL MR. PALANDJIAN'S TERM AS ASSISTANT TREASURE ENDED ON SEPTEMBER 30, 2020. RAFFERTY, JAMES J. - TRUSTEE AND CO-CHAIR MOUNT AUBURN HOSPITAL STEVENSON, HOWARD H. - TRUSTEE AND VICE CHAIR MOUNT AUBURN HOSPITAL 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 LUCCHINO, DAVID L. - TRUSTEE MOUNT AUBURN HOSPITAL MACOMBER, JOHN - TRUSTEE MOUNT AUBURN HOSPITAL MAMBRINO, M.D. LAWRENCE - TRUSTEE 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 SMERLAS, DONNA - TRUSTEE AND PRESIDENT OF THE AUXILLIARY MOUNT AUBURN HOSPITAL SPURLOCK, SUSAN - TRUSTEE MOUNT AUBURN HOSPITAL SWANN, ERIC - TRUSTEE MOUNT AUBURN HOSPITAL WILSON, WILLIAM - TRUSTEE AND ASSISTANT CLERK MOUNT AUBURN HOSPITAL KATZ, J.D., JAMIE MR, KATZ HELD THE POSITIONS NOTED BELOW FOR THE FULL FISCAL YEAR COVERED BY THIS FILING UNLESS OTHERWISE NOTED BELOW. - GENERAL COUNSEL AND CLERK (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH, INC. - CLERK (EX-OFFICIO) BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - TRUSTEE AND CLERK BETH ISRAEL LAHEY HEALTH PHARMACY F/K/A BIDMC 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 (EX-OFFICIO) COMMUNITY PHYSICIANS ASSOCIATION, INC. - CLERK (EX-OFFICIO) BID-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 (EX-OFFICIO) THE JORDAN HEALTH SYSTEMS - CLERK (EX-OFFICIO) ANNA JAQUES 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. THROUGH JUNE 5, 2020 - TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) ADDISON GILBERT SOCIETY, INC. - TRUSTEE (EX-OFFICIO) AND CLERK NORTHEAST HEALTH SYSTEM, INC. - CLERK (EX-OFFICIO) NORTHEAST PROFESSIONAL REGISTRY OF NURSES - TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) NORTHEAST SENIOR HEALTH CORPORATION - TRUSTEE (EX-OFFICIO) AND CLERK SEACOAST NURSING & REHABILITATION CENTER, INC. - DIRECTOR (EX-OFFICIO) AND 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 (EX-OFFICIO) NORTHEAST MEDICAL PRACTICE, INC. - TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) 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 ALTHOUGH MR. KATZ SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2019 COMPENSATION. PRIOR TO MARCH 1, 2019, MR. KATZ SERVED AS GENERAL COUNSEL FOR BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) AND WAS COMPENSATED BY BIDMC FOR HIS SERVICES TO BIDMC AND THE BIDMC NETWORK OF AFFILIATES IN PREPARATION FOR THE CREATION OF BILH. EFFECTIVE MARCH 1, 2019, MR. KATZ COMMENCED HIS POSITION AS GENERAL COUNSEL AND CLERK (EX-OFFICIO) OF BETH ISRAEL LAHEY HEALTH AS WELL AS THE OTHER POSITIONS NOTED ABOVE. AMOUNTS PAID TO MR. KATZ BY BILH AND BIDMC HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS REPORTED BY BIDMC: BASE COMPENSATION: 81,300 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 47,567 DEFERRED COMPENSATION: 13,217 NON-TAXABLE BENEFITS: 7,530 PAYMENTS REPORTED BY BILH: BASE COMPENSATION: 543,845 INCENTIVE COMPENSATION: 261,938 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 229,911 NON-TAXABLE BENEFITS: 43,886 OTHER REPORTABLE COMPENSATION FOR MR. KATZ INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF $46,793. DEFERRED COMPENSATION IN THE AMOUNT OF $225,000 AND INCLUDED IN THIS FILING FOR MR. KATZ RELATES TO CERTAIN MILESTONE PAYMENTS WHICH, AS OF DECEMBER 31, 2019, WERE NOT FUNDED, WERE NOT VESTED AND FOR WHICH THERE WAS NO GUARANTEE OF PAYMENT. THEY ARE INCLUDED HERE AS DEFERRED COMPENSATION AS REQUIRED BASED ON THE INSTRUCTIONS TO THE FORM 990.

Return Reference	Explanation
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	FISCHER, STEVEN MR. FISCHER HELD THE POSITIONS NOTED BELOW FOR THE FULL FISCAL YEAR COVERED BY THIS FILING UNLESS OTHERWISE NOTED BELOW. - EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH, INC. - TREASURER (EX-OFFICIO) BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - TRUSTEE AND TREASURER BETH ISRAEL LAHEY HEALTH PHARMACY F/K/A BIDMC PHARMACY, INC. - TREASURER (EX-OFFICIO) NEW ENGLAND BAPTIST HOSPITAL - TRUSTEE (EX-OFFICIO, CEO DESIGNATE) AND TREASURER (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL MILTON - TREASURER (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL NEEDHAM - TRUSTEE (EX-OFFICIO, CEO DESIGNATE) AND TREASURER (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH - TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) BID-MILTON PHYSICIAN ASSOCIATES F/K/A MILTON HOSPITAL FOUNDATION - TREASURER (EX-OFFICIO) MOUNT AUBURN HOSPITAL - TREASURER (EX-OFFICIO) NEW ENGLAND BAPTIST HOSPITAL - TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) COMMUNITY PHYSICIANS ASSOCIATES - TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) JORDAN PHYSICIAN ASSOCIATES - TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) THE JORDAN HEALTH SYSTEMS, INC. - TREASURER (EX-OFFICIO) ANNA JAQUES HOSPITAL - TREASURER - SEACOAST AFFILIATED GROUP PRACTICE - TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) LAHEY HEALTH SHARED SERVICES, INC. - TREASURER (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC. - TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) ADDISON GILBERT SOCIETY, INC. - TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) NORTHEAST HEALTH SYSTEM, INC. - TREASURER AND TRUSTEE (EX-OFFICIO) NORTHEAST PROFESSIONAL REGISTRY OF NURSES - TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) NORTHEAST SENIOR HEALTH CORPORATION - TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) SEACOAST NURSING & REHABILITATION CENTER, INC. - TREASURER (EX-OFFICIO) WINCHESTER HOSPITAL - TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) WINCHESTER HOSPITAL FOUNDATION, INC. - TREASURER WINCHESTER HEALTHCARE MANAGEMENT, INC. - TREASURER (EX-OFFICIO) LAHEY CLINIC FOUNDATION, INC. - TREASURER (EX-OFFICIO) LAHEY CLINIC, INC. - TREASURER (EX-OFFICIO) LAHEY CLINIC HOSPITAL, INC. D/B/A LAHEY HOSPITAL AND MEDICAL CENTER - TREASURER (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK LLC - TREASURER (EX-OFFICIO) - LAHEY CLINICAL PERFORMANCE NETWORK LLC - TREASURER (EX-OFFICIO) - LAHEY CLINICAL PERFORMANCE ACCOUNTABLE CARE ORGANIZATION LLC - TREASURER (EX-OFFICIO) NORTHEAST HOSPITAL CORPORATION - TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) NORTHEAST MEDICAL PRACTICE, INC. - TRUSTEE (EX-OFFICIO) AND TREASURER NORTHEAST BEHAVIORAL HEALTH CORPORATION - TRUSTEE AND TREASURER CAB HEALTH & RECOVERY SERVICES, INC. - TRUSTEE AND TREASURER HEALTH & EDUCATION HOUSING SERVICES, INC. - ASSISTANT TREASURER MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A BETH ISRAEL DEACONESS HEALTHCARE - CLERK BETH ISRAEL DEACONESS PHYSICIAN ORGANIZATION, LLC D/B/A BETH ISRAEL DEACONESS CARE ORGANIZATION ALTHOUGH MR. FISCHER SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2019 COMPENSATION. PRIOR TO MARCH 1, 2019, MR. FISCHER SERVED AS THE ASSISTANT TREASURER FOR BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) AND WAS COMPENSATED BY BIDMC FOR HIS SERVICES TO BIDMC AND THE BIDMC NETWORK OF AFFILIATES IN PREPARATION FOR THE CREATION OF BILH. EFFECTIVE MARCH 1, 2019, MR. FISCHER COMMENCED HIS POSITION AS EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER (EX-OFFICIO) OF BETH ISRAEL LAHEY HEALTH AS WELL AS THE OTHER POSITIONS NOTED ABOVE. AMOUNTS PAID TO MR. FISCHER BY BILH AND BIDMC HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS MADE AND REPORTED BY BIDMC: BASE COMPENSATION: 110,415 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 68,316 DEFERRED COMPENSATION: 14,844 NON-TAXABLE BENEFITS: 13,641 PAYMENTS MADE AND REPORTED BY BILH: BASE COMPENSATION: 702,197 INCENTIVE COMPENSATION: 430,208 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 341,751 NON-TAXABLE BENEFITS: 59,955 OTHER REPORTABLE COMPENSATION FOR MR. FISCHER INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF $67,428. DEFERRED COMPENSATION IN THE AMOUNT OF $337,500 AND INCLUDED IN THIS FILING FOR MR. FISCHER RELATES TO CERTAIN MILESTONE PAYMENTS WHICH, AS OF DECEMBER 31, 2019, WERE NOT FUNDED, WERE NOT VESTED AND FOR WHICH THERE WAS NO GUARANTEE OF PAYMENT. THEY ARE INCLUDED HERE AS DEFERRED COMPENSATION AS REQUIRED BASED ON THE INSTRUCTIONS TO THE FORM 990. 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 (THROUGH DECEMBER 21, 2019) MR. SULLIVAN PERFORMS SERVICES FOR MOUNT AUBURN HOSPITAL, MOUNT AUBURN PROFESSIONAL SERVICES AND PERFORMED SERVICES FOR CAREGROUP PARMENTER HOME CARE & HOSPICE THROUGH DECEMBER 21, 2019. 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: 283,510 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 12,568 DEFERRED COMPENSATION: 15,288 NON-TAXABLE BENEFITS: 21,192 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES: BASE COMPENSATION: 61,791 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 2,739 DEFERRED COMPENSATION: 3,332 NON-TAXABLE BENEFITS: 4,619 PAYMENTS REPORTED BY CAREGROUP PARMENTER HOME CARE & HOSPICE: BASE COMPENSATION: 18,174 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 806 DEFERRED COMPENSATION: 980 NON-TAXABLE BENEFITS: 1,358 OTHER REPORTABLE COMPENSATION REPORTED BY MAH AND MAPS FOR THE 2019 CALENDAR YEAR INCLUDES PTO CASHED OUT IN THE AMOUNT OF $14,282. GUARINO, RICHARD - CHIEF OPERATING OFFICER, MOUNT AUBURN HOSPITAL - FORMER VICE PRESIDENT, HOSPITAL BASED CLINICIAN DEPARTMENTS LAHEY CLINIC HOSPITAL, INC. - FORMER VICE PRESIDENT, HOSPITAL BASED CLINICIAN DEPARTMENTS LAHEY CLINIC, INC. MR. GUARINO'S POSITION AS CHIEF OPERATING OFFICER FOR MOUNT AUBURN HOSPITAL BEGAN ON JUNE 10, 2020. PAYMENTS REPORTED BY: MAH BASE COMPENSATION: 183,479 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 1,438 DEFERRED COMPENSATION: 9,446 NON-TAXABLE BENEFITS: 14,314 PAYMENTS REPORTED BY: LCH BASE COMPENSATION: 146,594 INCENTIVE COMPENSATION: 28,894 OTHER REPORTABLE COMPENSATION: 51,103 DEFERRED COMPENSATION: 28,659 NON-TAXABLE BENEFITS: 14,425 OTHER REPORTABLE COMPENSATION REPORTED BY LCH FOR THE 2019 CALENDAR YEAR INCLUDES PTO CASHED OUT AT THE TIME MR. GUARINO LEFT HIS POSITION AT LAHEY CLINIC HOSPITAL IN THE AMOUNT OF $50,451. WHITE, KENDALL - CHIEF INFORMATION OFFICER MOUNT AUBURN HOSPITAL PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL: BASE COMPENSATION: 330,736 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 28,675 DEFERRED COMPENSATION: 16,800 NON-TAXABLE BENEFITS: 6,428 OTHER REPORTABLE COMPENSATION REPORTED BY MAH FOR THE 2019 CALENDAR YEAR INCLUDES PTO CASHED OUT IN THE AMOUNT OF $26,005.

Return Reference	Explanation
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	CHEUNG, M.D., YVONNE Y. - CHAIR, QUALITY AND SAFETY MOUNT AUBURN HOSPITAL PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL: BASE COMPENSATION: 287,373 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 1,847 DEFERRED COMPENSATION: 14,000 NON-TAXABLE BENEFITS: 36,798 BONO, DIANE - VICE PRESIDENT, HUMAN RESOURCES MOUNT AUBURN HOSPITAL PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL: BASE COMPENSATION: 271,475 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 39,265 DEFERRED COMPENSATION: 0 NON-TAXABLE BENEFITS: 10,734 OTHER REPORTABLE COMPENSATION REPORTED BY MAH FOR THE 2019 CALENDAR YEAR INCLUDES A TAX GROSS UP IN THE AMOUNT OF $36,667. BAKER, R.N., DEBORAH - VICE PRESIDENT PATIENT CARE SERVICES MOUNT AUBURN HOSPITAL PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL: BASE COMPENSATION: 267,232 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 2,600 DEFERRED COMPENSATION: 19,349 NON-TAXABLE BENEFITS: 27,690 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. AS REQUIRED BY THIS FORM 990, 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: 262,633 INCENTIVE COMPENSATION: 92,923 OTHER REPORTABLE COMPENSATION: 1,862 DEFERRED COMPENSATION: 27,440 NON-TAXABLE BENEFITS: 34,225 PAYMENTS REPORTED BY MAPS: BASE COMPENSATION: 112,557 INCENTIVE COMPENSATION: 39,824 OTHER REPORTABLE COMPENSATION: 798 DEFERRED COMPENSATION: 11,760 NON-TAXABLE BENEFITS: 14,668 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. AS REQUIRED BY THIS FORM 990, ALTHOUGH DR. NAUTA IS PAID DIRECTLY BY MOUNT AUBURN HOSPITAL, THE PORTION OF DR. NAUTA'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW. PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL: BASE COMPENSATION: 335,016 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 17,996 DEFERRED COMPENSATION: 17,920 NON-TAXABLE BENEFITS: 27,605 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES: BASE COMPENSATION: 83,754 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 4,499 DEFERRED COMPENSATION: 4,480 NON-TAXABLE BENEFITS: 6,901 OTHER REPORTABLE COMPENSATION FOR DR. NAUTA INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF $17,091. BURKE, KATHRYN MS. BURKE HELD THE POSITIONS NOTED BELOW FOR THE FULL FISCAL YEAR COVERED BY THIS FILING UNLESS OTHERWISE NOTED. - VICE PRESIDENT, CONTRACTING BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK - VICE PRESIDENT CONTRACTING AND BUSINESS DEVELOPMENT, TRUSTEE - CAREGROUP PARMENTER HOME CARE & HOSPICE (THROUGH DECEMBER 21, 2019) ALTHOUGH MS. BURKE SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2019 COMPENSATION. PRIOR TO OCTOBER 1, 2019 MS. BURKE SERVED AS THE VICE PRESIDENT OF CONTRACTING AND BUSINESS DEVELOPMENT FOR MOUNT AUBURN HOSPITAL (MAH) AND WAS COMPENSATED BY MAH THOSE SERVICES. EFFECTIVE OCTOBER 1, 2019, MS. BURKE COMMENCED HER POSITION AS VICE PRESIDENT, CONTRACTING FOR THE BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK. AMOUNTS PAID TO MS. BURKE BY MAH AND BILH HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL: BASE COMPENSATION: 216,755 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 88,860 DEFERRED COMPENSATION: 19,600 NON-TAXABLE BENEFITS: 22,923 PAYMENTS REPORTED BY BETH ISRAEL LAHEY HEALTH: BASE COMPENSATION: 65,209 INCENTIVE COMPENSATION: 35,000 OTHER REPORTABLE COMPENSATION: 4,156 DEFERRED COMPENSATION: 811 NON-TAXABLE BENEFITS: 8,640 OTHER REPORTABLE COMPENSATION FOR MS. BURKE INCLUDES COMBINED DEFERRALS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF $15,621 AND PTO CASHED OUT UPON COMMENCING HER POSITION AT BILH IN THE AMOUNT OF $70,442. BRIDGEMAN, JOHN - FORMER VICE PRESIDENT CLINICAL SERVICES MOUNT AUBURN HOSPITAL PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL: BASE COMPENSATION: 97,830 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 37,720 DEFERRED COMPENSATION: 10,952 NON-TAXABLE BENEFITS: 12,303 OTHER REPORTABLE COMPENSATION REPORTED BY MAH FOR THE 2019 CALENDAR YEAR INCLUDES PTO CASHED OUT IN THE AMOUNT OF $35,068. DIIESO, NICHOLAS - FORMER CHIEF OPERATING OFFICER MOUNT AUBURN HOSPITAL PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL: BASE COMPENSATION: 230,138 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 878,435 DEFERRED COMPENSATION: 22,400 NON-TAXABLE BENEFITS: 17,878 MR. DILESO RETIRED FROM HIS LONGSTANDING RELATIONSHIP WITH MOUNT AUBURN HOSPITAL EFFECTIVE DECEMBER 31, 2019. OTHER REPORTABLE COMPENSATION AND DEFERRED COMPENSATION FOR MR. DIIESO INCLUDES $703,303 RELATED TO A 457(F) PLAN, WHICH, IN TOTAL, REPRESENTS AMOUNTS CONTRIBUTED BY MAH TO MR. DIIESO'S 457(F) ACCOUNT OVER SEVERAL PRIOR YEARS, PLUS ASSOCIATED INVESTMENT EARNINGS. OTHER REPORTABLE COMPENSATION FOR MR. O'CONNOR ALSO INCLUDES $173,470 OF PTO CASHED OUT UPON RETIREMENT AT DECEMBER 31, 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				
1TABB MD KEVIN TRUSTEE (EX-OFFICIO), CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,716,877	719,125	52,249	738,626	50,425	3,277,302	0
1LEWIS MD STANLEY M TRUSTEE (BILH DESIGNATE)	(i)	0	0	0	0	0	0	0
	(ii)	672,069	299,125	67,825	245,470	72,070	1,356,559	0
2CLOUGH JEANETTE G TRUSTEE, PRESIDENT & CEO	(i)	614,999	0	146,255	16,785	25,075	803,114	0
	(ii)	135,000	0	32,105	3,685	5,504	176,294	0
3HUANG MD EDWIN TRUSTEE AND CHAIR-OB/GYN	(i)	251,765	63,000	30,956	8,400	17,676	371,797	0
	(ii)	167,843	42,000	20,637	5,600	11,784	247,864	0
4SPIVAK MD BARBARA TTEE (EX-OFF, NV); MACIPA PRES	(i)	97,715	65,930	1,050	13,275	9,503	187,473	0
	(ii)	0	0	0	0	0	0	0
5SETNIK MD GARY S CHAIR, EMER MED & TRUSTEE	(i)	132,980	0	8,533	0	8,202	149,715	0
	(ii)	88,653	0	5,689	0	5,468	99,810	0
6FISCHER STEVEN P TREASURER (EX-OFICIO)	(i)	0	0	0	0	0	0	0
	(ii)	812,612	430,208	68,316	356,595	73,596	1,741,327	0
7KATZ JAMIE CLERK	(i)	0	0	0	0	0	0	0
	(ii)	625,145	261,938	47,567	243,128	51,416	1,229,194	0
8SULLIVAN WILLIAM J VP & CFO	(i)	283,510	0	12,568	15,288	21,192	332,558	0
	(ii)	79,965	0	3,545	4,312	5,977	93,799	0
9GUARINO RICHARD J COO	(i)	183,479	0	1,438	9,446	14,314	208,677	0
	(ii)	146,594	28,894	51,103	28,659	14,425	269,675	0
10BURKE KATHRYN VP, CONTRACTING & BUS. DEV	(i)	216,755	0	88,860	19,600	22,923	348,138	0
	(ii)	65,209	35,000	4,156	811	8,640	113,816	0
11WHITE KENDALL CIO	(i)	330,736	0	28,675	16,800	6,428	382,639	0
	(ii)	0	0	0	0	0	0	0
12CHEUNG MD YVONNE Y CHAIR QUALITY & SAFETY	(i)	287,373	0	1,847	14,000	36,798	340,018	0
	(ii)	0	0	0	0	0	0	0
13BONO DIANE VP, HUMAN RESOURCES	(i)	271,475	0	39,265	0	10,734	321,474	0
	(ii)	0	0	0	0	0	0	0
14BAKER RN DEBORAH VP, PATIENT CARE SERVICES	(i)	267,232	0	2,600	19,349	27,690	316,871	0
	(ii)	0	0	0	0	0	0	0
15CLARDY PETER MD, CHAIR MEDICAL EDUCATION	(i)	262,633	92,923	1,862	27,440	34,225	419,083	0
	(ii)	112,557	39,824	798	11,760	14,668	179,607	0
16NAUTA RUSSELL FRMR TTEE, CHAIR SURGERY DEPT	(i)	335,016	0	17,996	17,920	27,605	398,537	0
	(ii)	83,754	0	4,499	4,480	6,901	99,634	0
17BROWN JENNIFER CHAIR, DEPT OF PSYCHIATRY	(i)	304,627	60,000	1,159	17,215	46,293	429,294	0
	(ii)	0	0	0	0	0	0	0
18SULLIVAN SARA MED DIR, INPT GER PSYCH SERV	(i)	356,335	0	1,086	0	12,967	370,388	0
	(ii)	0	0	0	0	0	0	0
19WU PHILLIP CHIEF MEDICAL INFORMATION OFF	(i)	316,671	0	1,830	14,000	27,359	359,860	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21DIIESO NICHOLAS COO	(i)	230,138	0	878,435	22,400	17,878	1,148,851	0
	(ii)	0	0	0	0	0	0	0
1BRIDGEMAN JOHN FORMER VP, CLINICAL SERVICES	(i)	97,830	0	37,720	10,952	12,303	158,805	0
	(ii)	0	0	0	0	0	0	0

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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 instructions and the latest information.

OMB No. 1545-0047

2019

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 2018 J-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	6,810,000	2,641,000	15,035,000	28,000,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	211,922,775	501,349,942	257,618,370	262,952,782
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				4,857,465
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	2,931,137	4,594,374	2,515,889	3,129,474
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		178,003,455	19,006,493	89,917,238
11	Other spent proceeds	208,991,638		236,095,988	160,202,232
12	Other unspent proceeds		318,752,113		4,846,373
13	Year of substantial completion			2016	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X		X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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?								
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 A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW A, COLUMN F: 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 A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW B, 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 B, LINE 3: THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE $21,755,568 OF INVESTMENT EARNINGS.

Return Reference	Explanation
BOND C, ENTITY 1:	PART I, ROW C, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW C, 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 C, LINE 3: THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE $6,493 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 I, ROW D, COLUMN A:MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW D, COLUMN F: THE ISSUE'S PURPOSE WAS TO FINANCE CAPITAL PROJECTS AND REFUND ISSUES DATED 08/17/2007 AND 07/14/2005. PART II, COLUMN D, LINE 3: THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE $123,904 OF INVESTMENT EARNINGS. PART III, COLUMN D, LINE 9: THE MEMBERS OF THE LAHEY HEALTH SYSTEM OBLIGATED GROUP WERE LAHEY CLINIC FOUNDATION (LCF), INC., LAHEY CLINIC HOSPITAL, INC. (LCH) AND LAHEY CLINIC, INC. (LCI). ON MARCH 1, 2019, LAHEY HEALTH SYSTEM MERGED INTO LCF, AND PURSUANT TO A PLAN OF MERGER BETH ISRAEL LAHEY HEALTH (BILH) BECAME THE SOLE MEMBER OF LCF. LCF, IN TURN, SERVES AS THE SOLE MEMBER OF LCH AND LCI. IN JUNE 2020, THE BETH ISRAEL LAHEY HEALTH OBLIGATED GROUP WAS CREATED AND THE MEMBERS OF THE LAHEY OBLIGATED GROUP ARE CURRENTLY MEMBERS OF THE BILH OBLIGATED GROUP. SOME MEMBERS OF THE BILH OBLIGATED GROUP HAVE ADOPTED FORMAL WRITTEN POLICIES AND PROCEDURES TO REVIEW AND MONITOR ARRANGEMENTS WHICH COULD GENERATE PRIVATE USE OF BOND FINANCED FACILITIES AND COMPLIANCE RELATED TO INTERNAL REVENUE CODE (IRC) SECTION 141 AND ARBITRAGE RULES UNDER IRC SECTION 148. ALTHOUGH LCF, LCH AND LCI HAVE NOT FORMALLY ADOPTED THESE WRITTEN POLICIES AND PROCEDURE, THESE THREE ENTITIES FOLLOW THE POLICIES AND PROCEDURES ADOPTED BY OTHER MEMBERS OF THE BILH OBLIGATED GROUP TO ENSURE COMPLIANCE WITH THESE SECTIONS OF THE IRC AND THE REGULATIONS PROMULGATED THEREUNDER. SUCH POLICIES AND PROCEDURES INCLUDE, AMONG OTHER THINGS, THAT VIOLATIONS OF FEDERAL TAX REQUIREMENTS, IF ANY, ARE TIMELY IDENTIFIED AND CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF SELF-REMEDIATION ISN'T AVAILABLE UNDER APPLICABLE REGULATIONS.

Return Reference	Explanation
BOND A, ENTITY 2:	PART I, ROW A, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW A, COLUMN F: THE ISSUE'S PURPOSE WAS TO REFINANCE SEVERAL DIFFERENT ISSUES (DATED 06/09/2008; 11/30/2005; 07/16/2003; AND 06/03/1998), 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 A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW B, COLUMN F: DESCRIPTION OF PURPOSE CONSTRUCTION & EQUIPPING OF A POWER PLANT AND ACQUISITION OF CAPITAL ASSETS. PART I, ROW B, COLUMN F: DESCRIPTION OF PURPOSE REFUND ISSUE DATED 02/11/1998. PART III, COLUMN B, LINE 9: THE MEMBERS OF THE LAHEY HEALTH SYSTEM OBLIGATED GROUP WERE LAHEY CLINIC FOUNDATION (LCF), INC., LAHEY CLINIC HOSPITAL, INC. (LCH) AND LAHEY CLINIC, INC. (LCI). ON MARCH 1, 2019, LAHEY HEALTH SYSTEM MERGED INTO LCF, AND PURSUANT TO A PLAN OF MERGER BETH ISRAEL LAHEY HEALTH (BILH) BECAME THE SOLE MEMBER OF LCF. LCF, IN TURN, SERVES AS THE SOLE MEMBER OF LCH AND LCI. IN JUNE 2020, THE BETH ISRAEL LAHEY HEALTH OBLIGATED GROUP WAS CREATED AND THE MEMBERS OF THE LAHEY OBLIGATED GROUP ARE CURRENTLY MEMBERS OF THE BILH OBLIGATED GROUP. SOME MEMBERS OF THE BILH OBLIGATED GROUP HAVE ADOPTED FORMAL WRITTEN POLICIES AND PROCEDURES TO REVIEW AND MONITOR ARRANGEMENTS WHICH COULD GENERATE PRIVATE USE OF BOND FINANCED FACILITIES AND COMPLIANCE RELATED TO INTERNAL REVENUE CODE (IRC) SECTION 141 AND ARBITRAGE RULES UNDER IRC SECTION 148. ALTHOUGH LCF, LCH AND LCI HAVE NOT FORMALLY ADOPTED THESE WRITTEN POLICIES AND PROCEDURE, THESE THREE ENTITIES FOLLOW THE POLICIES AND PROCEDURES ADOPTED BY OTHER MEMBERS OF THE BILH OBLIGATED GROUP TO ENSURE COMPLIANCE WITH THESE SECTIONS OF THE IRC AND THE REGULATIONS PROMULGATED THEREUNDER. SUCH POLICIES AND PROCEDURES INCLUDE, AMONG OTHER THINGS, THAT VIOLATIONS OF FEDERAL TAX REQUIREMENTS, IF ANY, ARE TIMELY IDENTIFIED AND CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF SELF-REMEDIATION ISN'T AVAILABLE UNDER APPLICABLE REGULATIONS. 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 I, ROW C, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. 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 D: BOTH THE 2012 AND 2011 ISSUES ARE EXEMPT FROM COMPLETING PART ILL AS BOTH ISSUE WERE REFUNDINGS OF BONDS ISSUED PRIOR TO 12/31/2002.

Return Reference	Explanation
BOND D, ENTITY 2:	PART I, ROW D, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART II, COLUMN D, LINE 11: THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW. PART III, COLUMN D: BOTH THE 2012 AND 2011 ISSUES ARE EXEMPT FROM COMPLETING PART ILL AS BOTH ISSUE WERE REFUNDINGS OF BONDS ISSUED PRIOR TO 12/31/2002.

Return Reference	Explanation
BOND A, ENTITY 3:	PART I, ROW A, COLUMN A: MASSACHUSETTS HEALTH AND EDUCATIONAL FACILITIES AUTHORITY. PART I, ROW A, COLUMN F: DESCRIPTION OF PURPOSE - REFUND ISSUE DATED 06/28/2000. PART III, COLUMN A, LINE 9: WINCHESTER HOSPITAL (WINCHESTER) IS A MEMBER OF THE BETH ISRAEL LAHEY HEALTH OBLIGATED GROUP. SOME MEMBERS OF THE BILH OBLIGATED GROUP HAVE ADOPTED FORMAL WRITTEN POLICIES AND PROCEDURES TO REVIEW AND MONITOR ARRANGEMENTS WHICH COULD GENERATE PRIVATE USE OF BOND FINANCED FACILITIES AND COMPLIANCE RELATED TO INTERNAL REVENUE CODE (IRC) SECTION 141 AND ARBITRAGE RULES UNDER IRC SECTION 148. ALTHOUGH WINCHESTER HAS NOT FORMALLY ADOPTED THESE WRITTEN POLICIES AND PROCEDURE, WINCHESTER FOLLOWS THE POLICIES AND PROCEDURES ADOPTED BY OTHER MEMBERS OF THE BILH OBLIGATED GROUP TO ENSURE COMPLIANCE WITH THESE SECTIONS OF THE IRC AND THE REGULATIONS PROMULGATED THEREUNDER. SUCH POLICIES AND PROCEDURES INCLUDE, AMONG OTHER THINGS, THAT VIOLATIONS OF FEDERAL TAX REQUIREMENTS, IF ANY, ARE TIMELY IDENTIFIED AND CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF SELF-REMEDIATION ISN'T AVAILABLE UNDER APPLICABLE REGULATIONS. PART IV, ROW 2C, COLUMN A: ARBITRAGE REBATE & YIELD RESTRICTION LIABILITY CALCULATION PERFORMED ON OCTOBER 10, 2009.

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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 instructions and the latest information.

OMB No. 1545-0047

2019

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 2011 F-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	63,880,000	90,470,000		102,480,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	203,702,204	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	2015	2012	2011

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X	X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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?								
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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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 instructions and the latest information.

OMB No. 1545-0047

2019

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	3,900,000			
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	2004			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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?								
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 instructions and the latest information.**

OMB No. 1545-0047

2019

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 section 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 the 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
(1) SUBSTAINTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	302,639	MD FEES		No

Part V Supplemental Information

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

Return Reference	Explanation

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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

2019

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	X	8	26,500	REPLACEMENTS COST
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	47,452	OTHER
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (COVID RELATED PPE)	X	4	135,724	REPLACEMENTS COST
26	Other ▶ (COVID RELATED FOOD)	X	0	19,325	REPLACEMENTS COST
27	Other ▶ ( )				
28	Other ▶ ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Return Reference	Explanation
PART I, COLUMN (B):	DURING THE FISCAL YEAR COVERED BY THIS FILING AND THE HEIGHT OF THE COVID PANDEMIC, MOUNT AUBURN HOSPITAL RECEIVED MANY GENEROUS CONTRIBUTIONS OF FOOD FROM MULTIPLE COMMUNITY MEMBERS TO FEED COVID-RELATED FRONT-LINE STAFF. DUE TO SIGNIFICANT OPERATIONAL AND ADMINISTRATIVE DIFFICULTIES OF TRACKING OUTREACH OF THIS TYPE AND DURING UNPRECEDENTED TIMES, THE EXACT NUMBER OF DONATIONS OF COVID RELATED FOOD FOR FRONTLINE STAFF MEALS GIFTS CANNOT BE DETERMINED.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

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	MOUNT AUBURN HOSPITAL'S (MAH OR HOSPITAL) PRIMARY PURPOSE IS TO IMPROVE THE HEALTH OF THE RESIDENTS OF CAMBRIDGE, MA AND THE SURROUNDING COMMUNITIES. THE HOSPITAL'S SERVICES ARE DELIVERED IN A PERSONABLE, CONVENIENT AND COMPASSIONATE MANNER, WITH RESPECT FOR THE DIGNITY OF OUR PATIENTS AND THEIR FAMILIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III LINE 4A - INPATIENT MEDICAL / SURGICAL SERVICES	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 FISCAL 2020, MOUNT AUBURN HOSPITAL HAD 183 LICENSED MEDICAL/SURGICAL BEDS, AND PROVIDED INPATIENT MEDICAL SERVICES TO 5,949 PATIENTS, AND INPATIENT SURGICAL SERVICES TO 1,372 PATIENTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III LINE 4B - OUTPATIENT SURGERY	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 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 2020, MOUNT AUBURN HOSPITAL PERFORMED 5,184 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 ASSU RED THAT AN EXCEPTIONAL LEVEL OF CARE AND SUPPORT IS AVAILABLE FOR EXPECTANT AND NEW MOTHE RS AND NEWBORNS THROUGHOUT PREGNANCY AND DELIVERY. WOMEN CAN CHOOSE FROM A VARIETY OF HIGH LY TALENTED PROVIDERS, INCLUDING OBSTETRICIANS, NURSE-MIDWIVES AND NURSE PRACTITIONERS, AL L OF WHOM COLLABORATE WITH EACH OTHER AS NEEDED. THESE PROVIDERS OFFER PERSONAL AND INDIVI DUALIZED CARE, PROVIDING SUPPORT THROUGH LABOR AND ENCOURAGING FAMILY PARTICIPATION. THE H OSPITAL'S GOAL IS A SAFE AND HEALTHY PREGNANCY AND DELIVERY FOR EACH MOTHER AND BABY. MOUN T AUBURN HOSPITAL OFFERS GUIDANCE, OPTIONS AND A SEASONED TEAM OF PROVIDERS WHO ARE COMMIT TED TO DELIVERING INDIVIDUALIZED CARE. WOMEN WHO SEEK A MORE NATURAL APPROACH TO CHILDBIRT H ARE ENCOURAGED AND SUPPORTED. WOMEN WHOSE PREGNANCIES ARE CONSIDERED TO BE HIGH RISK, SU CH AS THOSE HAVING TWINS OR MEDICAL PROBLEMS COMPLICATING THE PREGNANCY, WILL FIND THE SPE CIALIZED EXPERTISE AND TECHNOLOGY THAT THEY NEED. FOR EXAMPLE, IF A WOMAN DEVELOPS COMPLIC ATIONS DURING PREGNANCY, SHE CAN CONTINUE TO RECEIVE PRENATAL CARE FROM HER NURSE-MIDWIFE IN ADDITION TO SEEING MATERNAL-FETAL MEDICINE SPECIALISTS ON A REGULAR BASIS. IN ADDITION, MAH'S SPECIALIZED EXPERTISE INCLUDES A LEVEL II NURSERY FOR NEWBORNS WHO REQUIRE EXTRA ME DICAL ATTENTION AND MONITORING DURING THE FIRST DAYS OF LIFE. LABOR, DELIVERY AND POSTPART UM CARE ARE ALL CENTERED AT THE BIRTHPLACE, MOUNT AUBURN'S OBSTETRICAL UNIT. AFTER DELIVER Y, MOST NEW MOTHERS NEED SUPPORT FROM NURSING STAFF AND LACTATION CONSULTANTS ON INFANT CA RE AND BREASTFEEDING. MOUNT AUBURN'S BIRTHPLACE IS WHERE NEW MOTHERS AND BABIES RECEIVE AL L THE ATTENTION THEY NEED. MOUNT AUBURN'S MAIN PROVIDERS INCLUDE: OBSTETRICIANS - DOCTORS WHO SPECIALIZE IN PREGNANCY AND CHILDBIRTH; THEY HAVE THE TRAINING TO PROVIDE THE FULL SCO PE OF OBSTETRICAL PRACTICE, INCLUDING PERFORMING CESAREAN SECTIONS NURSE-MIDWIVES - NURSES WHO SPECIALIZE IN NORMAL PREGNANCY AND CHILDBIRTH AND COLLABORATE WITH OBSTETRICIANS IN C ASES WHERE COMPLICATIONS ARISE; NURSE-MIDWIVES SUPPORT WOMEN THROUGHOUT LABOR AND ENCOURAG E FAMILY INVOLVEMENT NURSE PRACTITIONERS - NURSES WITH SPECIALIZED EXPERIENCE IN OBSTETRIC S WHO PRACTICE IN COLLABORATION WITH OBSTETRICIANS AND NURSE-MIDWIVES IN PROVIDING PRENATA L CARE MATERNAL-FETAL MEDICINE SPECIALISTS - OBSTETRICIANS WHO HAVE SPECIAL TRAINING IN TH E COMPLICATIONS OF PREGNANCY AND CHILDBIRTH MOUNT AUBURN HOSPITAL HAS A TALENTED NURSING S TAFF IN PRENATAL/ANTENATAL TESTING, LABOR AND DELIVERY, ON THE POSTPARTUM UNIT AND IN THE NURSERY. ANESTHESIOLOGISTS ARE AVAILABLE 24 HOURS A DAY TO PROVIDE PAIN RELIEF DURING LABO R. IN ADDITION, NEONATOLOGISTS, WHO SPECIALIZE IN CARING FOR NEWBORNS, AND PEDIATRICIANS A RE ON SITE AROUND THE CLOCK TO CARE FOR NEWBORNS. MOUNT AUBURN ALSO OFFERS ADDITIONAL SERV ICES TO WOMEN WHO ARE PLANNING TO HAVE THEIR BABIES AT OUR HOSPITAL: FERTILITY SERVICES, I NCLUDING OPTIONS, TESTING AND

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FORM 990, PART III LINE 4C	TREATMENT: MANY COUPLES NEED THE EXPERTISE OF A FERTILITY SPECIALIST. MOUNT AUBURN HOSPITA L HAS FERTILITY SPECIALISTS ON STAFF THAT COUNSEL COUPLES ON THE MOST CURRENT AVAILABLE OP TIONS AND DIRECT THE NECESSARY TESTING AND TREATMENT AIMED AT A HEALTHY PREGNANCY AND BIRT H. THIS INCLUDES ACCESS TO IN VITRO FERTILIZATION AND OTHER PROCEDURES. HIGH-RISK PREGNANC Y SPECIALISTS: A FULL RANGE OF SERVICES IS AVAILABLE FOR WOMEN WHO ARE EXPERIENCING HIGH-R ISK PREGNANCIES. IN THOSE INSTANCES, A MATERNAL-FETAL MEDICINE SPECIALIST, A PHYSICIAN WHO SPECIALIZES IN THE COMPLICATIONS OF PREGNANCY AND CHILDBIRTH, BECOMES PART OF THE TEAM AN D SEES THE WOMAN ON A REGULAR BASIS. NURSERIES, CARING FOR YOUR BABY: MOST NEWBORNS SPEND MOST OF THE DAY WITH THEIR MOTHERS. WHEN NEWBORNS NEED SPECIAL CARE, THEY STAY IN THE HOSP ITAL'S LEVEL II NURSERY, WHICH IS STAFFED BY NEONATOLOGISTS AND NEONATAL NURSES. BY STAYIN G AT MOUNT AUBURN, WHERE A PEDIATRICIAN IS ON SITE 24 HOURS A DAY, BABIES REMAIN CLOSE TO THEIR FAMILY MEMBERS WHILE A PEDIATRICIAN IS AROUND THE CORNER IF NEEDED. IN ALL PREGNANCI ES, A SAFE AND HEALTHY DELIVERY FOR MOTHER AND BABY IS THE PRIORITY. THE ADDITIONAL GOAL I S TO MAKE PRENATAL CARE AND CHILDBIRTH A SMOOTH, WELL-COORDINATED EXPERIENCE. THE BAIN BIR THING CENTER THE BAIN BIRTHING CENTER AT MOUNT AUBURN HOSPITAL PROVIDES A COMFORTABLE, HOM E-LIKE SETTING FOR CHILDBIRTH, WITH ALL THE ADVANCED TECHNOLOGY THAT MIGHT BE NEEDED. MOUN T AUBURN IS PROUD TO OFFER TOP-NOTCH PRENATAL AND ANTENATAL FACILITIES IN AN INTIMATE SETT ING. BIRTH AT MOUNT AUBURN IS AN INCLUSIVE EXPERIENCE. THE BAIN BIRTHING CENTER FEATURES A WARM, PERSONAL AND NURTURING ATMOSPHERE, PAYING SPECIAL ATTENTION TO THE COMFORT OF THE M OTHER BY OFFERING SPECIAL FEATURES LIKE JACUZZI TUBS, RESTAURANT-STYLE MEALS, PARTNER CHAI RS 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 PE RFORMED, SURGICAL SUITES ARE LOCATED ADJACENT TO THE LABOR AND DELIVERY AREA. A STATE-OF-T HE-ART MONITORING SYSTEM ALLOWS WOMEN TO SAFELY WALK AROUND THE UNIT WHILE THEY ARE IN LAB OR. AT THE MOUNT AUBURN HOSPITAL BAIN BIRTHING CENTER, A PATIENT'S CHOICE IS PARAMOUNT. PA IN RELIEF DURING LABOR IS AN ISSUE THAT EACH WOMAN SHOULD EXPLORE WITH HER PROVIDER. MANY WOMEN CHOOSE TO HAVE AN EPIDURAL, BUT PROVIDERS AT MOUNT AUBURN, ESPECIALLY NURSE-MIDWIVES , ALSO SUPPORT ALTERNATIVE METHODS SUCH AS PRESSURE-POINT MASSAGE, AND HYPNO-BIRTHING (SEL F-HYPNOSIS DURING THE BIRTH PROCESS). WOMEN WHO SEEK AN ALTERNATIVE APPROACH TO CHILDBIRTH ITSELF, SUCH AS A WATER BIRTH, WILL ALSO FIND NURSE-MIDWIVES TO HELP THEM WITH SUCH OPTIO NS. MOUNT AUBURN HOSPITAL STRIVES TO PROVIDE SUPPORT AND INFORMATION; PRIVACY AND CHOICE. THE POSTPARTUM NURSING STAFF PROVIDE NEW MOTHERS WITH ONE-ON-ONE CARE AND EDUCATION. THE B AIN BIRTHING CENTER OFFERS A VARIETY OF SERVICES FOR PREGNANT AND NEW MOTHERS, INCLUDING C HILDBIRTH EDUCATION CLASSES, B

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FORM 990, PART III LINE 4C	IRTHPLACE TOURS AND BREAST PUMP RENTALS. SERVICES FOR NON-ENGLISH SPEAKING PATIENTS INCLUD E STAFF INTERPRETERS, SPANISH-SPEAKING NURSE-MIDWIVES AND INTERPRETER SERVICES FOR VARIOUS LANGUAGES AND ACCESS TO 24-HOUR TELEPHONE INTERPRETER SERVICES FOR MORE THAN 100 LANGUAGE S. ONCE FAMILIES LEAVE THE BAIN BIRTHING CENTER, THEY HEAD HOME KNOWING THAT THE NURSING S TAFF IS AVAILABLE AFTER DISCHARGE TO ANSWER ANY QUESTIONS THAT MAY ARISE ABOUT THE HEALTH OF MOTHER AND BABY 24 HOURS A DAY. LEVEL II NURSERY IF A NEWBORN NEEDS SPECIAL CARE, MOUNT AUBURN'S LEVEL II NURSERY IS EQUIPPED TO ADDRESS YOUR INFANT'S CRITICAL HEALTH ISSUES, IN CLUDING PREMATURITY, MEDICAL AND FEEDING DIFFICULTIES. THIS SEVEN-BED NURSERY IS STAFFED B Y A HIGHLY SKILLED TEAM OF NEONATOLOGISTS AND NEONATAL NURSES WHO ARE CERTIFIED TO RESUSCI TATE AND ALSO TO STABILIZE AND PREPARE CRITICALLY ILL INFANTS FOR TRANSFER TO A BOSTON-ARE A LEVEL III NURSERY IN THE EVENT OF AN EMERGENCY. MAH'S NURSERY HAS A SPECIALIST PEDIATRIC IAN ON CALL 24 HOURS A DAY, AS WELL AS AROUND THE CLOCK NEONATAL BACKUP COVERAGE. ANESTHES IA IS AVAILABLE 24 HOURS A DAY, AS WELL. IN ADDITION TO THE EXPERT OBSTETRIC TEAM, MOUNT A UBURN'S LEVEL II NURSERY FEATURES STATE-OF-THE-ART MONITORING EQUIPMENT FOR NEONATES. IF A NEWBORN IS SERIOUSLY ILL, HIS/HER PARENTS CAN BE ASSURED THAT HE OR SHE WILL RECEIVE THE BEST CARE POSSIBLE IN MOUNT AUBURN'S LEVEL II NURSERY. DURING FISCAL 2020, MOUNT AUBURN HO SPITAL HAD 28 LICENSED OB/GYN BEDS PROVIDING SERVICES TO 2,404 PATIENTS AND 35 BASSINETS P ROVIDING INPATIENT SERVICES TO 2,442 NEWBORNS.

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FORM 990, PART III LINE 4D: OTHER PROGRAM SERVICE	MOUNT AUBURN HOSPITAL'S NUMEROUS CLINICAL STRENGTHS ARE THE RESULT OF A COMMITMENT TO EXCE LLENCE BY THE HOSPITAL AND ITS STAFF, WHICH INCLUDES RECOGNIZED AND RESPECTED PROFESSIONAL S, AS WELL AS TALENTED STUDENTS AND TRAINEES WHO COME TO MOUNT AUBURN HOSPITAL FOR THE OUT STANDING EDUCATIONAL OPPORTUNITIES IT PROVIDES. THIS COMMITMENT BY OUR STAFF IS MATCHED BY THE CUTTING-EDGE CLINICAL TECHNOLOGY USED THROUGHOUT THE HOSPITAL. AT MOUNT AUBURN, PATIE NTS RECEIVE CARE THAT IS FIRST-RATE, AS WELL AS COMPASSIONATE. MOUNT AUBURN HOSPITAL'S CLI NICAL SERVICE BEYOND THOSE LISTED ABOVE INCLUDE: CANCER CARE, DIABETES EDUCATION, EMPLOYEE ASSISTANCE PROGRAM, OUTPATIENT RADIOLOGY, NUTRITION SERVICES, OCCUPATIONAL HEALTH, PEDIAT RICS, PHARMACY, PREVENTION AND RECOVERY, PSYCHIATRY, QUALITY AND SAFETY, REHABILITATION, H OME CARE, LABORATORY, TRAVEL MEDICINE, UROGYNECOLOGY AND WALK-IN CLINIC. DURING FISCAL 202 0, MOUNT AUBURN HOSPITAL HAD 15 LICENSED INPATIENT PSYCHIATRY BEDS, AND PROVIDED INPATIENT PSYCHIATRY SERVICES TO 170 PATIENTS. THE HOSPITAL HAS A 24 HOUR EMERGENCY DEPARTMENT THAT SERVICED $28,366 VISITS. IN ADDITION, THE HOSPITAL PROVIDED A VARIETY OF OUTPATIENT SERVI CES TO MORE THAN 67,000 PATIENTS IN VARIOUS SPECIALTIES LISTED ABOVE, AND CONDUCTED MORE T HAN 120,000 VISITS TO PATIENT'S HOMES THROUGH OUR HOME CARE DEPARTMENT. FOR ADDITIONAL INF ORMATION ON MAH'S ACCOMPLISHMENTS AND HOW IT HELPS SUPPORT CAMBRIDGE AND THE SURROUNDING C OMMUNITIES, PLEASE SEE THE DETAIL RELATED TO MOUNT AUBURN HOSPITAL COMMUNITY BENEFITS ACTI VITIES INCLUDED IN THE SUPPLEMENTAL NARRATIVE TO SCHEDULE H. BILH'S COVID-19 RESPONSE IN F Y 2020 BETH ISRAEL LAHEY HEALTH ("BILH") QUICKLY AND EFFECTIVELY MARSHALLED ITS RESOURCES TO MOUNT A COMPREHENSIVE RESPONSE TO THE COVID-19 PANDEMIC. SINCE THE START OF THE PANDEMI C (THROUGH JUNE OF 2021), BILH HAS TREATED OVER 8,500 HOSPITALIZED PATIENTS WITH COVID-19 AND PERFORMED MORE THAN 700,000 COVID-19 DIAGNOSTIC TESTS. HIGHLIGHTS OF THE SYSTEM'S PAND EMIC RESPONSE IN FY 2020 INCLUDE: BILH QUICKLY ESTABLISHED AN EMERGENCY OPERATIONS CENTER ("EOC") TO ALIGN SYSTEM EFFORTS ACROSS ITS HOSPITALS AND OTHER BUSINESS UNITS AND WITH EXT ERNAL ENTITIES, INCLUDING THE STATE GOVERNMENT. THE EOC HELD REGULAR MEETINGS WITH INCIDEN T COMMANDERS, EMERGENCY MANAGERS, AND SENIOR LEADERS FROM BILH HOSPITALS, PRIMARY CARE, AN D OTHER SYSTEM ENTITIES TO COORDINATE PLANS, POLICIES, AND COMMUNICATIONS. IT PARTICIPATED IN WEEKLY CONFERENCE OF BOSTON TEACHING HOSPITALS ("COBTH") CALLS AND MASSACHUSETTS DEPAR TMENT OF PUBLIC HEALTH COMMAND CENTER CALLS. A KEY ROLE OF THE EOC INVOLVED MANAGING THE F LOW OF INTERNAL AND EXTERNAL INFORMATION TO ENSURE SITUATIONAL AWARENESS AND ALIGNMENT OF RESPONSES TO THE PANDEMIC. FINALLY, THE EOC WORKED WITH INTERNAL AND EXTERNAL PARTNERS TO CENTRALIZE COVID-19 RELATED DATA COLLECTION AND REPORTING FOR THE SYSTEM, COMMONWEALTH, AN D FEDERAL GOVERNMENT. IN MARCH 2020, BETH ISRAEL DEACONESS MEDICAL CENTER ("BIDMC") BECAME ONE OF THE FIRST HOSPITAL LAB

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FORM 990, PART III LINE 4D: OTHER PROGRAM SERVICE	ORATORIES IN THE STATE TO BEGIN IN-HOUSE HIGH-THROUGHPUT POLYMERASE CHAIN REACTION ("PCR") COVID-19 TESTING FOR PATIENTS AND HEALTHCARE WORKERS. BIDMC'S LABORATORY PROVIDED THIS TE ST TO BILH HOSPITALS AND OTHER COMMUNITY PARTNERS, SUCH AS HEALTH CENTERS AND CORRECTIONS FACILITIES, AT A TIME OF CRITICAL SUPPLY SHORTAGE. THROUGHOUT THE PANDEMIC, BILH WORKED TO WARD ADDITIONAL IN-HOUSE TESTING CAPABILITIES, INCLUDING HIGH-THROUGHPUT THERMO FISHER INS TRUMENTS AT LAHEY HOSPITAL & MEDICAL CENTER ("LHMC"). THE SYSTEM OPERATIONALIZED MULTIPLE DRIVE-THROUGH COVID-19 TESTING SITES TO ENABLE EASY ACCESS FOR PATIENTS AND STAFF. IN THE SUMMER OF 2020, TO EXPAND HOSPITAL AND CLINIC-BASED COVID-19 TESTING SITES, BILH OPENED AN ADDITIONAL HIGH-CAPACITY DRIVE-THROUGH TESTING SITE IN WOBURN. TO ENSURE CONTINUED ACCESS TO CARE FOR ITS PATIENTS, BILH PRIMARY CARE RAPIDLY DEPLOYED A TELEHEALTH STRATEGY, QUICK LY TRANSITIONED TO COHORT CLINICS TO CARE FOR SICK PATIENTS, AND SUCCESSFULLY MANAGED A PH ASED REOPENING BY JULY 2020. BILH ESTABLISHED A TEMPORARY COMMUNITY CRISIS STABILIZATION U NIT AT NEW ENGLAND BAPTIST HOSPITAL TO MANAGE BEHAVIORAL HEALTH PATIENT VOLUME DURING THE PANDEMIC. BILH ESTABLISHED A DAILY HUDDLE CONSISTING OF BILH ED AND BEHAVIORAL HEALTH LEAD ERS TO DETERMINE APPROPRIATE PATIENT TRANSFERS TO THE UNIT. BILH'S VIRTUAL TRANSFER CENTER WAS FORMED IN SEPTEMBER 2019 TO OPTIMIZE SYSTEM-WIDE BED CAPACITY USING REAL-TIME INFORMA TION EXCHANGE AMONG THE THREE EXISTING TRANSFER CENTERS AT BIDMC, LHMC AND MOUNT AUBURN HO SPITAL ("MAH"). THE TRANSFER TEAM PERSONNEL AT THESE CENTERS WORK TOGETHER AS A SINGLE "VI RTUAL" CENTER TO ACCOMMODATE INCOMING TRANSFER REQUESTS BY MAKING ALL BEDS AVAILABLE IN TH E SYSTEM BASED ON FACILITY CAPACITY AND LEVEL OF CARE REQUIRED. THE TRANSFER CENTER ENHANC ED PATIENT QUALITY, SAFETY, AND ACCESS BY LOAD BALANCING COVID PATIENTS ACROSS ALL OF ITS HOSPITALS SO THAT THESE PATIENTS RECEIVED TIMELY ACCESS TO THE TYPE OF BED AND LEVEL OF CA RE NEEDED. BILH COLLABORATED WITH EXTERNAL ENTITIES TO STAND UP A 1,000-BED FIELD HOSPITAL , THE BOSTON HOPE HOSPITAL, AND OPEN AND STAFF A COVID HOTEL FOR UNDERSERVED COMMUNITIES. BILH LAUNCHED A WEBSITE TITLED THE CORONAVIRUS RESOURCE CENTER TO PROVIDE ITS PATIENT COMM UNITY WITH UP-TO-DATE INFORMATION REGARDING THE SYSTEM'S RESPONSE TO THE PANDEMIC, AVAILAB LE RESOURCES SUCH AS TESTING SITES, AND INNOVATION EFFORTS UNDERWAY THROUGHOUT BILH (E.G., VAPORIZED HYDROGEN PEROXIDE STERILIZATION FOR N95 RESPIRATORS). BILH LAUNCHED AN INTERNAL WEBSITE WITH RESOURCES FOR ITS STAFF AS WELL. BILH CREATED SYSTEM-WIDE GUIDELINES FOR INF ECTION PREVENTION ACROSS MANY DOMAINS, INCLUDING PATIENT AND VISITOR SCREENING AND THE REC ONFIGURATION OF AMBULATORY CLINIC SPACES TO ALLOW FOR RECOMMENDED PHYSICAL DISTANCING. BIL H'S HUMAN RESOURCES TEAM DEVELOPED AND PROVIDED SYSTEM-WIDE PROGRAMS, POLICIES, AND TOOLS TO ENSURE ITS HOSPITALS WERE ABLE TO SUPPORT THE PHYSICAL AND EMOTIONAL WELL-BEING OF ITS STAFF WHILE DELIVERING SAFE, E

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FORM 990, PART III LINE 4D: OTHER PROGRAM SERVICE	FFECTIVE CARE TO ITS PATIENTS. EXAMPLES OF THESE RESOURCES INCLUDE AN ENHANCED SUPPLEMENTA L LEAVE POLICY; AN EASY-TO-USE, AUTOMATED EMPLOYEE COVID-19 SYMPTOM ATTESTATION TOOL; AN O NLINE, COGNITIVE BEHAVIORAL TREATMENT PROGRAM FOR MANAGING ANXIETY; AND TELECOMMUTING GUID ELINES. IN LATE MARCH 2020 BILH CREATED HOUSING FOR QUARANTINE OF STAFF EXPOSED TO COVID-1 9. HOUSING WAS SET UP AT A LOCAL UNIVERSITY AND HOTELS COVERING THE NETWORK'S SERVICE AREA . APPROXIMATELY 300 STAFF MEMBERS TOOK ADVANTAGE OF THE HOUSING FROM MARCH TO JULY 2020. I N ADDITION TO HOUSING, FOOD AND SUPPLY DELIVERY SERVICES WERE CREATED TO MINIMIZE PUBLIC C ONTACT. BILH COLLABORATED REGULARLY WITH COMMUNITY HEALTH CENTER ("CHC") AFFILIATES ON COV ID-RELATED CARE, TESTING, PERSONAL PROTECTIVE EQUIPMENT ("PPE"), AND PATIENT OUTREACH. BIL H SHARED REAL-TIME ACCESS TO BILH COVID-19-RELATED OPERATIONAL POLICIES, PROCESSES, AND GU IDELINES IN ADDITION TO TRANSLATED PATIENT HANDOUTS, FLYERS, AND SOCIAL MEDIA GRAPHICS ARO UND THE "STOP THE SPREAD" CAMPAIGN. AS HEALTH CENTERS WORKED TO ESTABLISH STABLE SUPPLY CH AINS OF PPE, BILH DONATED GLOVES, N95S, ISOLATION GOWNS, DISINFECTANT WIPES, EYE PROTECTIO N, HAND SANITIZER, AND SURGICAL MASKS. BILH DEPLOYED STAFF AT COMMUNITY TESTING SITES SUCH AS AT THE DIMOCK CENTER. CHC STAFF WERE INCLUDED IN THE AFOREMENTIONED BILH-FUNDED TEMPOR ARY HOUSING PROGRAM FOR STAFF. BILH ALSO SUPPORTED SAFETY NET AFFILIATE HOSPITALS WITH REA L-TIME BILH COVID-19 PROTOCOLS AND POLICIES, MED/SURG AND ICU BED LOAD-BALANCING EFFORTS, ICU STAFFING, AND PPE NEEDS. IN FY 2021, BILH CONTINUED TO PLAY A SIGNIFICANT ROLE IN THE COMMONWEALTH'S RESPONSE TO THIS UNPRECEDENTED PUBLIC HEALTH CRISIS, MOST NOTABLY THROUGH I TS PATIENT VACCINATION EFFORTS. BILH WILL PROVIDE DETAIL ON THESE EFFORTS IN ITS FY 2021 T AX RETURN FILING.

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FORM 990, PART IV, LINE 24A	AS DESCRIBED IN THIS FORM 990, BETH ISRAEL LAHEY HEALTH, INC. (BILH) IS 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. DURING THIS SAME PERIOD, MOUNT AUBURN HOSPITAL WAS A MEMBER OF THE BILH OBLIGATED GROUP AND ITS TAX EXEMPT BOND FINANCING WAS ISSUED THROUGH BILH OR THROUGH A PREVIOUS OBLIGATED GROUP WHICH IS NOW A PART OF THE BILH OBLIGATED GROUP. THE SCHEDULE K AS INCLUDED IN THIS FORM 990 INCLUDES ALL OF THE BILH OBLIGATED GROUP OUTSTANDING TAX EXEMPT DEBT FOR BONDS ISSUED AFTER DECEMBER 31, 2002, ONLY A PORTION OF WHICH IS ALLOCABLE TO AND REPORTED ON MOUNT AUBURN HOSPITAL'S BALANCE SHEET.

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FORM 990, PART IV, LINE 24B	AS REPORTED ON THE FORM 990 SCHEDULE K, THE LAHEY HEALTH SYSTEM INC. (LHSI) SERIES F BONDS WHICH WERE ISSUED IN 2015 ARE NOW PART OF THE BETH ISRAEL LAHEY HEALTH (BILH) OBLIGATED GROUP DEBT. THE BONDS WERE ISSUED IN 2015 AND AS OF SEPTEMBER 30, 2020 THERE WAS A BALANCE REMAINING IN THE CONSTRUCTION FUND. PROCEEDS IN THE CONSTRUCTION FUND WERE UNEXPECTEDLY HELD BEYOND THE THREE-YEAR TEMPORARY PERIOD, AND WERE YIELD RESTRICTED IN COMPLIANCE WITH FEDERAL TAX REQUIREMENTS. ALTHOUGH THESE BONDS ARE NOT ON THE MOUNT AUBURN HOSPITAL BALANCE SHEET, MOUNT AUBURN HOSPITAL IS INCLUDING THIS DISCLOSURE IN ITS FORM 990 BECAUSE MOUNT AUBURN HOSPITAL IS A MEMBER OF THE BILH OBLIGATED GROUP.

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FORM 990, PART IV, LINE 12 AND 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, 2020 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 AND OTHER AFFILIATES IN THE BILH NETWORK ACCOMPLISH THEIR CHARITABLE PURPOSES.

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PART V, LINE 7G:	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
PART V, LINE 7H:	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 HEALTH CORPORATION (NBHC) AND ANNA JAQUES HOSPITAL). EACH OF THESE AFFILIATES MAY HAVE, IN TURN, SERVED AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE BILH NETWORK OF AFFILIATES. IN ADDITION, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (HMFP) IS THE DEDICATED PHYSICIAN PRACTICE OF BIDMC AND AN ENTITY INTEGRALLY RELATED TO HELPING BIDMC AND OTHER AFFILIATES IN THE BILH NETWORK ACCOMPLISH THEIR CHARITABLE PURPOSES. FOR THIS SAME PERIOD HMFP SERVED AS THE SOLE MEMBER OF AFFILIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (APHMFP) AS WELL AS SEVERAL ADDITIONAL ENTITIES. 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 THE AFFILIATED ORGANIZATIONS NOTED ABOVE. ADDITIONAL DETAIL IS PROVIDED IN THE EXPLANATORY NOTES TO THIS FORM 990 SCHEDULE J.

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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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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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Return Reference	Explanation
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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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AS NOTED IN VARIOUS DISCLOSURES THROUGHOUT THIS FILING, BETH ISRAEL LAHEY HEALTH, INC. (BILH) IS THE SOLE MEMBER OF MOUNT AUBURN HOSPITAL. THIS FORM 990 IS PREPARED IN CONJUNCTION WITH THE MOUNT AUBURN HOSPITAL FINANCE STAFF. IN ADDITION, THE BILH TAX DEPARTMENT WORKS WITH OTHER DISCIPLINES AND DEPARTMENTS WITHIN BILH, MOUNT AUBURN HOSPITAL AND OTHER AFFILIATES TO ENSURE THAT OTHER FINANCIAL AND NON-FINANCIAL DISCLOSURES ARE COMPLETE AND ACCURATE. EXAMPLES OF SUCH DEPARTMENTS MAY INCLUDE: FINANCIAL ASSISTANCE AND REIMBURSEMENT, COMPLIANCE, GRADUATE MEDICAL EDUCATION, LEGAL, COMMUNITY BENEFITS, GOVERNANCE, DEVELOPMENT, HUMAN RESOURCES AND PAYROLL, GOVERNMENT RELATIONS, RESEARCH AND/OR RESEARCH FINANCE. THE TAX RETURNS REVIEWED BY THE BILH EXECUTIVE DIRECTOR, TAXATION, MOUNT AUBURN HOSPITAL'S CHIEF FINANCIAL OFFICER AND DELOITTE TAX, LLP. A COPY OF THE COMPLETE RETURN IS THEN PROVIDED TO EACH MEMBER OF MOUNT AUBURN HOSPITAL'S BOARD OF TRUSTEES 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 IS A MEMBER OF THE BETH ISRAEL LAHEY HEALTH (BILH) SYSTEM OF AFFILIATES. ALL ENTITIES IN THE BILH NETWORK ADHERE TO THE BILH CONFLICT OF INTEREST POLICY AND MAINTAIN A WRITTEN, COMPREHENSIVE CONFLICT OF INTEREST POLICY AT THE ENTITY LEVEL. PURSUANT TO THESE POLICIES, ALL OF [FIRST-TIER ENTITY]'S OFFICERS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE THE ANNUAL CONFLICT OF INTEREST AND TAX QUESTIONNAIRE WHICH IS DESIGNED TO REQUIRE DISCLOSURE OF ANY BUSINESS RELATIONSHIPS AND AFFILIATIONS MAINTAINED BY OFFICERS, TRUSTEES, OR KEY EMPLOYEES AND THEIR FAMILY MEMBERS AND WHICH MAY RESULT IN A REAL OR PERCEIVED CONFLICT OF INTEREST. THE BILH OFFICE OF INTEGRITY AND COMPLIANCE, IN CONJUNCTION WITH THE BILH TAX DEPARTMENT, ADMINISTERS THE CONFLICT OF INTEREST AND TAX QUESTIONNAIRE PROCESS ANNUALLY. BILH INTEGRITY AND COMPLIANCE COLLECTS AND REVIEWS ALL DISCLOSURES. DISCLOSURES FOR BILH EXECUTIVES AND KEY EMPLOYEES ARE ASSIGNED APPROPRIATE FOLLOW-UP ACTION IN ACCORDANCE WITH THE BILH POLICY. A SUMMARY OF POSITIVE RESPONSES OF MOUNT AUBURN HOSPITAL IS PROVIDED TO THE [FIRST-TIER ENTITY]'S COMPLIANCE OFFICER FOR REVIEW FINAL DETERMINATION OF ANY POTENTIAL OR ACTUAL CONFLICT. ANY ACTIVITY THAT REQUIRES ACTION UNDER THE CONFLICT OF INTEREST POLICIES IS SUBJECT TO ONGOING REVIEW BY MOUNT AUBURN HOSPITAL AS WELL AS THE BILH INTEGRITY AND COMPLIANCE OFFICE. PURSUANT TO THE BILH 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 MANAGEMENT PLAN TO REQUIRE DISCLOSURE AND RECUSAL, INCLUDING APPROPRIATE DOCUMENTATION IN THE MINUTES. IN ADDITION AS NOTED ABOVE, THE ANNUAL CONFLICT OF INTEREST PROCESS OUTLINE ABOVE IS JOINTLY ISSUED BY THE BILH TAX DEPARTMENT, TO ENSURE THAT THE QUESTIONNAIRE IS DISTRIBUTED TO ALL CURRENT AND FORMER MEMBERS OF THE MOUNT AUBURN HOSPITAL BOARD OF TRUSTEES AS WELL AS FORMER OFFICERS AND KEY EMPLOYEES. THE TAX QUESTIONNAIRE PROCESS IS DESIGNED TO GATHER THE INFORMATION NECESSARY FOR MOUNT AUBURN HOSPITAL TO COMPLETELY AND ACCURATELY 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 AND MOUNT AUBURN PROFESSIONAL SERVI CES (MAH AND MAPS RESPECTIVELY) ARE MEMBERS OF THE BETH ISRAEL LAHEY HEALTH (BILH) NETWORK OF AFFILIATES WITH BILH SERVING AS MAH'S SOLE MEMBER AND MAH SERVING AS THE SOLE MEMBER O F MAPS. IN THIS ROLE BILH MAINTAINS THE RESPONSIBILITY FOR SETTING COMPENSATION FOR EMPLOY EES AND SENIOR MANAGEMENT OF THE ENTITIES WHICH COMPRISED THE BETH ISRAEL LAHEY HEALTH NET WORK AND TO THAT END, BILH HAS A COMPENSATION COMMITTEE COMPOSED OF INDEPENDENT MEMBERS OF ITS BOARD OF TRUSTEES AND EXCEPT AS OTHERWISE NOTED BELOW, COMPENSATION REPORTED IN THIS FORM 990 FOR MAH'S AND MAP'S OFFICERS, TRUSTEES AND KEY EMPLOYEES WAS SET BY THE BILH COMP ENSATION COMMITTEE. THE BILH COMPENSATION COMMITTEE PROCESS FOR SETTING COMPENSATION IS BE LOW. THE BILH COMPENSATION COMMITTEE ESTABLISHES THE POLICIES AND THE COMPENSATION STRUCTU RE, INCLUDING BENEFITS, FOR THE BETH ISRAEL LAHEY HEALTH NETWORK OF AFFILIATES INCLUDING T HE BILH CHIEF EXECUTIVE OFFICER AS WELL AS OTHER MEMBERS OF SENIOR MANAGEMENT AT BILH AND ITS AFFILIATES. THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR ASSURING THAT THE TOTAL COMP ENSATION PROVIDED TO THESE INDIVIDUALS IS FAIR AND REASONABLE USING CURRENT AND CREDIBLE M ARKET PRACTICE INFORMATION AND IS RESPONSIBLE FOR ENSURING COMPLIANCE WITH APPLICABLE LEGA L AND REGULATORY GUIDELINES, IN SETTING COMPENSATION, THE COMPENSATION COMMITTEE RELIES UP ON PUBLISHED COMPENSATION SURVEYS AND STUDIES PRODUCED BY INDEPENDENT COMPENSATION CONSULT ING FIRMS THAT REGULARLY ASSESS EXECUTIVE COMPENSATION AND BENEFITS OF SUBSTANTIALLY SIMIL AR ORGANIZATIONS. THE COMPENSATION COMMITTEE MEETS TO REVIEW THE COMPENSATION STRUCTURE OF THE INDIVIDUALS DESCRIBED ABOVE AND AT THAT TIME REVIEWS THE COMPENSATION SURVEY DETAILS PREPARED BY THE INDEPENDENT COMPENSATION CONSULTING FIRM. FOR SOME CATEGORIES OF POSITIONS , THE COMPENSATION COMMITTEE WILL REVIEW THE COMPENSATION STRUCTURE AND TARGETS AS A GROUP , RATHER THAN BY INDIVIDUAL. COMPENSATION FOR THE BILH CEO AND OTHER SENIOR EXECUTIVES IS REVIEWED ON AN INDIVIDUAL BASIS. THE COMPENSATION COMMITTEE THEN VOTES TO APPROVE THE COMP ENSATION ARRANGEMENTS OF ALL INDIVIDUALS DESCRIBED ABOVE EXCEPT FOR THE BILH CEO. THE COMP ENSATION PACKAGE FOR THE BILH CEO VOTED BY THE COMPENSATION COMMITTEE IS SUBMITTED TO THE FULL BOARD OF TRUSTEES FOR APPROVAL. ALL DELIBERATIONS WERE CONTEMPORANEOUSLY DOCUMENTED I N MINUTES. THE COMPENSATION COMMITTEE PROCESSES AND PROCEDURES AS DESCRIBED ABOVE ARE DESI GNED TO MEET THE REQUIREMENTS OF TREASURY REGULATION SECTION 53.4958-6(C), REBUTTABLE PRES UMPTION THAT A TRANSACTION IS NOT AN EXCESS BENEFIT TRANSACTION. IN ADDITION, AS REQUIRED BY THIS FORM 990 AND FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, COMPENSATION REPORTED H EREIN IS CALENDAR YEAR 2019 COMPENSATION. PRIOR TO THE MARCH 1, 2019 WHEN BILH BECAME THE SOLE MEMBER OF MAH COMPENSATION FOR MAH AND MAPS WAS SET BY THE MAH COMPENSATION COMMITTEE WHICH WAS COMPRISED OF INDEPE

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	NDENT MEMBERS OF THE MAH BOARD. THE MAH COMPENSATION COMMITTEE ESTABLISHED THE POLICIES AN D THE COMPENSATION STRUCTURE, INCLUDING BENEFITS, FOR MAH AND MAPS MEMBERS OF SENIOR MANAG EMENT. THE COMPENSATION COMMITTEE WAS RESPONSIBLE FOR ASSURING THAT THE TOTAL COMPENSATION PROVIDED TO THESE INDIVIDUALS WAS FAIR AND REASONABLE USING CURRENT AND CREDIBLE MARKET P RACTICE INFORMATION AND WAS RESPONSIBLE FOR ENSURING COMPLIANCE WITH APPLICABLE LEGAL AND REGULATORY GUIDELINES, IN SETTING COMPENSATION, THE COMPENSATION COMMITTEE RELIED UPON PUB LISHED COMPENSATION SURVEYS AND STUDIES PRODUCED BY INDEPENDENT COMPENSATION CONSULTING FI RMS THAT REGULARLY ASSESS EXECUTIVE COMPENSATION AND BENEFITS OF SUBSTANTIALLY SIMILAR ORG ANIZATIONS. THE COMPENSATION COMMITTEE MEETS TO REVIEW THE COMPENSATION STRUCTURE OF THE I NDIVIDUALS DESCRIBED ABOVE AND AT THAT TIME REVIEWS THE COMPENSATION SURVEY DETAILS PREPAR ED BY THE INDEPENDENT COMPENSATION CONSULTING FIRM. COMPENSATION FOR THE MAH AND MAPS CEO AND OTHER SENIOR EXECUTIVES IS REVIEWED ON AN INDIVIDUAL BASIS. THE COMPENSATION COMMITTEE THEN VOTED TO APPROVE THE COMPENSATION ARRANGEMENTS OF ALL INDIVIDUALS DESCRIBED ABOVE EX CEPT FOR THE MAH AND MAPS CEO. THE COMPENSATION PACKAGE FOR THE MAH AND MAPS CEO WAS VOTED BY THE COMPENSATION COMMITTEE AND SUBMITTED TO THE FULL BOARD OF TRUSTEES FOR APPROVAL. A LL DELIBERATIONS WERE CONTEMPORANEOUSLY DOCUMENTED IN MINUTES.

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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

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Return Reference	Explanation
FORM 990, PART XI, LINE 9:	TRANSFER TO AFFILIATES -26,816,361. FAS 158 -24,706. GIFTS IN KIND USED FOR OPERATIONS -181,549. UNREALIZED CHANGE IN EQUITY INTEREST IN LPS -1,124,344.

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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

2019

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
SCHEDULE R PARTS I THROUGH V:	DURING THE FISCAL PERIOD COVERED BY THIS FILING, BETH ISRAEL LAHEY HEALTH (BILH) 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 (LHSS), LAHEY CLINIC FOUNDATION (LCF), WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC) WHICH INCLUDES BEVERLY, ADDISON GILBERT AND BAYRIDGE HOSPITALS, NORTHEAST BEHAVIORAL CORPORATION (NBHC), ANNA JAQUES HOSPITAL (AJH) AND THE BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK (BILHPN). THE LAHEY CLINIC FOUNDATION IN TURN SERVED AS THE SOLE MEMBER OF LAHEY CLINIC INC, AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER (LHMC). THESE ENTITIES MAY HAVE ALSO, IN TURN, SERVED AS MEMBER TO OTHER NETWORK AFFILIATES. THE BY-LAW OF THESE ENTITIES 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). IN ADDITION, UNDER INTERNAL REVENUE CODE SECTION 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 IT'S AFFILIATES ARE INCLUDED IN 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 AVENUE NEWBURYPORT, MA 01950 04-2104338	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
375 LONGWOOD AVENUE BOSTON, MA 02215 32-0058309	TO PROVIDE EMERGENCY MEDICAL SERVICES	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
930 COMMONWEALTH AVENUE BOSTON, MA 02215 04-3521077	SCIENTIFIC & MEDICAL RESEARCH	MA	501(C)(3)	7	CAREGROUP CLINICAL RESEARCH LLC	Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 04-2997215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 04-2776678	INACTIVE CORPORATION	MA	501(C)(3)	7	N/A	Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 36-4803234	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 04-3079630	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 20-8253452	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 04-3030397	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 20-4974585	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 02-0671240	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	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 STREET 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 STREET 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	
300 LONGWOOD AVENUE BOSTON, MA 02215 04-3200113	SUPPORT	MA	501(C)(3)	12A, I	N/A		No
330 BROOKLINE AVENUE BOSTON, MA 02215 04-2794855	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVENUE 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		No
247 STATION DRIVE WESTWOOD, MA 02186 04-3426253	PROMOTE HEALTHCARE	MA	501(C)(3)	12A, I	BETH ISRAEL DEACONESS HOSPITAL - MILTON	Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 04-3117601	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	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
80 WILSON WAY WESTWOOD, MA 02090 82-2526816	TO OPERATE A SPECIALTY PHARMACY AND 340B PROGRAM FOR BIDMC	MA	501(C)(3)	12A, I	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
20 UNIVERSITY ROAD CAMBRIDGE, MA 02138 83-2671600	SUPPORT	MA	501(C)(3)	12A, I	N/A	Yes	
41 MALL ROAD BURLINGTON, MA 01805 47-2248298	HEALTHCARE	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC	Yes	
199 REEDSDALE ROAD MILTON, MA 02186 22-2566792	PROMOTE HEALTHCARE	MA	501(C)(3)	12A, I	BETH ISRAEL DEACONESS HOSPITAL - MILTON	Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 22-2548374	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 04-2571853	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
199 ROSEWOOD DRIVE DANVERS, MA 01923 04-2400270	SUBSTANCE ABUSE	MA	501(C)(3)	10	NORTHEAST BEHAVIORAL HEALTH CORPORATION	Yes	
330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 47-3111453	HOME CARE & HOSPICE	MA	501(C)(3)	12A, I	MOUNT AUBURN HOSPITAL	Yes	
199 REEDSDALE RD MILTON, MA 02186 04-3243146	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	3	BETH ISRAEL DEACONESS HOSPITAL - MILTON	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	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
375 LONGWOOD AVENUE 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 STREET PLYMOUTH, MA 02360 04-3228556	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	10	BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH INC	Yes	
130 KING STREET WEST TORONTO, ONTARIO CA	FUNDRSG ORG	CA			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	
41 MALL ROAD BURLINGTON, MA 01805 04-3178972	ADMINISTRATION	MA	501(C)(3)	10	BETH ISRAEL LAHEY HEALTH INC	Yes	
375 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	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	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
464 HILLSIDE AVENUE NEEDHAM, MA 02492 04-2810972	OUTPATIENT, PRIMARY CARE AND SPECIALTY SERVICES	MA	501(C)(3)	10	BETH ISRAEL LAHEY HEALTH PRIMARY CARE	Yes	
330 MOUNT AUBURN STREET 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 STREET 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 AVENUE BOSTON, MA 02120 04-2103612	ORTHOPEDIC SPECIALTY HOSPITAL	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
125 PARKER HILL AVENUE 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 STREET 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 STREET BEVERLY, MA 01915 04-3201853	HEALTHCARE	MA	501(C)(3)	10	NORTHEAST HOSPITAL CORPORATION	Yes	
800 CUMMINGS 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 AVENUE NEWBURYPORT, MA 01915 04-3485648	PHYSICIAN GROUP	MA	501(C)(3)	10	ANNA JAQUES HOSPITAL INC	Yes	
302 WASHINGTON STREET GLOUCESTER, MA 01930 04-1305001	HEALTHCARE	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC	Yes	
25 HIGHLAND AVENUE NEWBURYPORT, MA 01950 04-3318952	FUNDRSG ORG	MA	501(C)(3)	12A, I	ANNA JAQUES HOSPITAL INC	Yes	
275 SANDWICH STREET PLYMOUTH, MA 02360 04-2103805	PROMOTE HEALTHCARE	MA	501(C)(3)	7	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
41 HIGHLAND AVENUE WINCHESTER, MA 01890 22-3137856	ACO	MA	501(C)(3)	12A, I	WINCHESTER HEALTHCARE MANAGEMENT INC	Yes	
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 01890 04-2104434	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
39 DOUBLET HILL ROAD WESTON, MA 02493 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	
BILH INVESTMENT PARTNERSHIP LLP (FKA CAREGROUP INVESTMENT PARTNERSHIP LLP 109 BROOKLINE AVENUE BOSTON, MA 02215 04-3278109	INVESTMENT PARTNERSHIP	MA	BETH ISRAEL DEACONESS MEDICAL CENTER	EXCLUDED	7,114,637	100,666,520		No	-601,730		No	11.520 %
BIDCO PHYSICIAN LLC ONE UNIVERSITY AVE NORTH ENTRANCE WESTWOOD, MA 02090 46-1589743	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A									
BIDCO HOSPITAL LLC 247 STATION DRIVE NORTHWEST 1 WESTWOOD, MA 02090 46-1643790	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A									
CAREGROUP CLINICAL RESEARCH LLC 109 BROOKLINE AVENUE BOSTON, MA 02215 30-0228711	TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP	MA	N/A									
PHYSICIAN PROFESSIONAL SERVICES LLP 10 CABOT ROAD MEDFORD, MA 02215 04-3275078	TO PROVIDE MEDICAL BILLING SERVICES	MA	N/A									
WINCHESTER HOSPITALSHIELDS MRI LLC 700 CONGRESS ST QUINCY, MA 02169 46-2523117	MRI SERVICES	MA	N/A									
SHIELDS IMAGING AT ANNA JAQUES HOSPITAL LLC 700 CONGRESS ST STE 204 QUINCY, MA 02169 38-3989358	MRI SERVICES	MA	N/A									
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
GREATER NEWBURYPORT MANAGEMENT SERVICES ORGANIZATION INC 25 HIGHLAND AVE NEWBURYPORT, MA 01950 16-1744477	MANAGEMENT SERVICES	MA	N/A	C				Yes	
HUNTINGFIELD CORPORATION C/O LAHEY CLINIC FOUNDATION INC 41 BURLINGTON, MA 01805	TO HOLD OWNERSHIP OF SUBTERRANEAN RIGHTS.	MA	N/A	C				Yes	
JORDAN COMMUNITY ACO INC 275 SANDWICH STREET PLYMOUTH, MA 02360 45-4047430	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BID-PLYMOUTH	MA	N/A	C				Yes	
LAHEY CLINIC INSURANCE CO LTD CRAIG APPIN HOUSE PO BOX HM 2450 HAMILTON BD	INSURANCE	BD	N/A	C				Yes	
LEDGEWOOD HEALTHCARE CORPORATION 87 HERRICK STREET BEVERLY, KY 01915 04-2855189	NURSING HOME	KY	N/A	C				Yes	
NORTHEAST PHYSICIAN HOSPITAL ORGANIZATION INC 500 CUMMINGS CENTER STE 6500 BEVERLY, MA 01915 04-3258053	PHYS HOSP ORG	MA	N/A	C				Yes	
NORTHEAST PHYSICAN PRACTICE INC 85 HERRICK STREET BEVERLY, MA 01915 04-3285837	PHYSICIAN OFFICE	MA	N/A	C				Yes	
NORTHEAST PROPRIETARY CORP 100 POWERS STREET BEVERLY, MA 01915 04-2855191	MEDICAL SERVICES	MA	N/A	C				Yes	
WINCHESTER HEALTHCARE ENTERPRISES INC 41 HIGHLAND AVE WINCHESTER, MA 01890 04-2932059	MANAGEMENT SERVICES	MA	N/A	C				Yes	
WINCHESTER PHYSICIAN ASSOCIATES INC 41 HIGHLAND AVE WINCHESTER, MA 01890 04-3262963	MANAGEMENT SERVICES	MA	N/A	C				Yes	
WINCHESTER PHYSICIAN HOSPITAL ORGANIZATION INC 41 HIGHLAND AVE WINCHESTER, MA 01890 47-2646454	PHYS HOSP ORG	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
BETH ISRAEL DEACONESS MEDICAL CENTER INC	P	1,965,962	FMV
BETH ISRAEL DEACONESS MEDICAL CENTER INC	S	220,334	FMV
BETH ISRAEL LAHEY HEALTH INC	P	6,823,816	FMV
BETH ISRAEL LAHEY HEALTH INC	Q	551,631	FMV
CAREGROUP PARMENTER HOME CARE & HOSPICE INC	J	211,347	FMV
CAREGROUP PARMENTER HOME CARE & HOSPICE INC	Q	720,275	FMV
HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC	P	2,487,673	FMV
LAHEY CLINIC HOSPITAL INC (LAHEY HOSPITALS AND MEDICAL CENTER)	P	301,747	FMV
LAHEY HEALTH SHARED SERVICES INC	P	301,292	FMV
MOUNT AUBURN PROFESSIONAL SERVICES INC	K	289,153	FMV
MOUNT AUBURN PROFESSIONAL SERVICES INC	J	1,683,598	FMV
MOUNT AUBURN PROFESSIONAL SERVICES INC	P	7,750,890	FMV
MOUNT AUBURN PROFESSIONAL SERVICES INC	Q	87,116,452	FMV
NORTHEAST BEHAVIORAL HEALTH CORPORATION	P	62,394	FMV
NORTHEAST PROFESSIONAL REGISTRY OF NURSES INC DBA LAHEY HEALTH AT HOME	Q	639,554	FMV