

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 10-01-2009 and ending 09-30-2010

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
 MAINE MEDICAL CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
 22 BRAMHALL STREET

City or town, state or country, and ZIP + 4
 PORTLAND, ME 04102

D Employer identification number
 01-0238552

E Telephone number
 (207) 662-2576

G Gross receipts \$ 1,758,811,571

F Name and address of principal officer
 RICHARD W PETERSEN
 22 BRAMHALL STREET
 PORTLAND, ME 04102

H(a) Is this a group return for affiliates? Yes No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW MMC ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1951 **M** State of legal domicile ME

Part I Summary

1 Briefly describe the organization's mission or most significant activities
 THE MAINE MEDICAL CENTER (THE MEDICAL CENTER) IS A VOLUNTARY, NOT-FOR-PROFIT COMMUNITY AND REFERRAL HOSPITAL, DEDICATED TO PROVIDING HIGH QUALITY HEALTH CARE SERVICES TO ALL PERSONS WHO SEEK CARE, REGARDLESS OF THEIR SEX, RACE, RELIGION, AGE, COLOR, SEXUAL ORIENTATION, NATIONAL ORIGIN, PHYSICAL OR EMOTIONAL DISABILITY OR SOCIAL OR ECONOMIC STATUS MAINE MEDICAL CENTER IS ALSO COMMITTED TO EDUCATION AT THE UNDERGRADUATE, GRADUATE, POST-GRADUATE AND CONTINUING EDUCATION LEVELS FOR PHYSICIANS, NURSES AND ALLIED HEALTH PERSONNEL, AND IN-SERVICE TRAINING FOR SUPPORT STAFF ALL OF WHICH ARE ESSENTIAL TO THE DELIVERY OF QUALITY PATIENT CARE OUTREACH EDUCATION TO OTHER INSTITUTIONS AND AGENCIES IS ALSO VITAL TO THE FULFILLMENT OF THE MAINE MEDICAL CENTER'S MISSION THE MEDICAL CENTER ALSO SUPPORTS BASIC AND CLINICAL RESEARCH AS ESSENTIAL TO THE ADVANCEMENT OF HEALTH CARE AT THE MAINE MEDICAL CENTER

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

3 Number of voting members of the governing body (Part VI, line 1a)	3 24
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 20
5 Total number of employees (Part V, line 2a)	5 6,852
6 Total number of volunteers (estimate if necessary)	6 913
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 2,012,227
b Net unrelated business taxable income from Form 990-T, line 34	7b

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	25,375,023	26,204,415
9	Program service revenue (Part VIII, line 2g)	714,292,807	748,241,253
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,907,101	10,199,656
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,046,687	12,303,763
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	753,621,618	796,949,087

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	627,761	1,080,130
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	363,083,917	385,997,437
16a	Professional fundraising fees (Part IX, column (A), line 11e)	59,343	61,503
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,388,682		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	336,539,237	355,096,609
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	700,310,258	742,235,679
19	Revenue less expenses Subtract line 18 from line 12	53,311,360	54,713,408

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,008,334,801	1,085,621,049
21	Total liabilities (Part X, line 26)	450,033,236	488,013,656
22	Net assets or fund balances Subtract line 21 from line 20	558,301,565	597,607,393

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 2011-08-09

JOHN E HEYE CHIEF FINANCIAL OFFICER
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature _____ Date 2011-08-12 Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4
 MAINEHEALTH
 110 FREE ST
 PORTLAND, ME 041013908

Preparer's identifying number (see instructions)
 EIN ▶
 Phone no ▶

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE MAINE MEDICAL CENTER (THE MEDICAL CENTER) IS A VOLUNTARY, NOT-FOR-PROFIT COMMUNITY AND REFERRAL HOSPITAL, DEDICATED TO PROVIDING HIGH QUALITY HEALTH CARE SERVICES TO ALL PERSONS WHO SEEK CARE, REGARDLESS OF THEIR SEX, RACE, RELIGION, AGE, COLOR, SEXUAL ORIENTATION, NATIONAL ORIGIN, PHYSICAL OR EMOTIONAL DISABILITY OR SOCIAL OR ECONOMIC STATUS MAINE MEDICAL CENTER IS ALSO COMMITTED TO EDUCATION AT THE UNDERGRADUATE, GRADUATE, POST-GRADUATE AND CONTINUING EDUCATION LEVELS FOR PHYSICIANS, NURSES AND ALLIED HEALTH PERSONNEL, AND IN-SERVICE TRAINING FOR SUPPORT STAFF ALL OF WHICH ARE ESSENTIAL TO THE DELIVERY OF QUALITY PATIENT CARE OUTREACH EDUCATION TO OTHER INSTITUTIONS AND AGENCIES IS ALSO VITAL TO THE FULFILLMENT OF THE MAINE MEDICAL CENTER'S MISSION THE MEDICAL CENTER ALSO SUPPORTS BASIC AND CLINICAL RESEARCH AS ESSENTIAL TO THE ADVANCEMENT OF HEALTH CARE AT THE MAINE MEDICAL CENTER

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 171,840,309 including grants of \$) (Revenue \$ 264,921,356)
 ROUTINE SERVICES - ADULTS, PEDIATRICS, INTENSIVE CARE, NEONATAL INTENSIVE CARE, CORONARY CARE, NURSERY TOTAL PATIENT DAYS - 160,344 SEE ATTACHED COMMUNITY BENEFIT STATEMENT

4b (Code) (Expenses \$ 95,598,099 including grants of \$) (Revenue \$ 345,070,945)
 OPERATING ROOM AND SCARBOROUGH SURGERY CENTER TOTAL VISITS - 29,379 THROUGH ITS 33 OPERATIVE SUITES, MAINE MEDICAL CENTER (THE MEDICAL CENTER) PROVIDES CRITICAL TRAUMA, EMERGENT, URGENT, AND ELECTIVE SURGICAL SERVICES TO THE COMMUNITY THROUGH ITS EXPANSIVE ARRAY OF SURGICAL CAPABILITIES, THE MEDICAL CENTER PROVIDES MOST SURGICAL PROCEDURES WITHIN ITS COMMUNITY AS A GREAT CONVENIENCE TO ITS PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY

4c (Code) (Expenses \$ 32,257,176 including grants of \$) (Revenue \$ 66,845,024)
 EMERGENCY DEPARTMENT AND BRIGHTON FIRST CARE (BFC) TOTAL VISITS - 85,645 THE EMERGENCY DEPARTMENT AND ESPECIALLY BFC SERVE AS THE PRIMARY CARE PHYSICIAN FOR A NUMBER OF LOW INCOME AND INDIGENT RESIDENTS OF GREATER PORTLAND GIVEN THE MEDICAL CENTER'S COMMITMENT TO ACCESS TO CARE REGARDLESS OF ABILITY TO PAY, THESE EMERGENCY TREATMENT CENTERS SERVE A VITAL ROLE IN THE COMMUNITY'S HEALTH CARE NETWORK

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
 (Expenses \$ 366,320,703 including grants of \$ 1,080,130) (Revenue \$ 71,403,928)

4e Total program service expenses \$ 666,016,287

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)? <i>If "Yes," complete Schedule A.</i>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i>	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III.</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		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? <i>If "Yes," complete Schedule D, Part II.</i>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i>	12A Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I.</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II.</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III.</i>		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? <i>If "Yes," complete Schedule G, Part I.</i>	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 764		
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?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 6,852		
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 this return (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	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)?		No
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
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	

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.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (24); 1b Enter the number of voting members that are independent (20); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 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? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (Yes); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (Yes); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 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? (Yes); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (ME); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply: Own website, Another's website, Upon request (checked); 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DIRECTOR OF ACCOUNTING, 22 BRAMHALL STREET, PORTLAND, ME 04102, (207) 662-4500.

1b Total	8,428,986	1,463,053	965,247
-----------------	-----------	-----------	---------

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **480**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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

(A) Name and business address	(B) Description of services	(C) Compensation
WILLIAM A BERRY & SONS INC 100 CONIFER HILL DR DANVERS, MA 01923	CONSTRUCTION	18,331,182
LANGFORD & LOW PO BOX 662 PORTLAND, ME 04104	CONSTRUCTION	4,357,310
GE MEDICAL SYSTEMS ACCOUNTS RECEIVABLE 5517 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	SYSTEMS SUPPORT	2,631,841
SPECTRUM 482 CONGRESS STREET PORTLAND, ME 04101	MEDICAL SERVICE	2,135,438
VARIAN MEDICAL SYSTEMS 70140 NETWORK PLACE CHICAGO, IL 60673	SYSTEMS SUPPORT	2,011,500

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **127**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a 1,266,247						
	b	Membership dues 1b						
	c	Fundraising events 1c 267,226						
	d	Related organizations 1d 30,836						
	e	Government grants (contributions) 1e 15,945,268						
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 8,694,838						
	g	Noncash contributions included in lines 1a-1f \$ 622,169						
	h	Total. Add lines 1a-1f ▶ 26,204,415						
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	623,000	748,241,253	748,241,253			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f ▶ 748,241,253						
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶ 11,839,828				11,839,828		
	4	Income from investment of tax-exempt bond proceeds . . . ▶						
	5	Royalties ▶						
	6a	Gross Rents	(i) Real					
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss) ▶						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	960,022,320				
			(ii) Other	42,259				
			b	Less cost or other basis and sales expenses	961,633,893			
			c	Gain or (loss)	-1,611,573			
	d	Net gain or (loss) ▶ -1,640,172				-1,640,172		
8a	Gross income from fundraising events (not including \$ 267,226 of contributions reported on line 1c) See Part IV, line 18 a 166,759							
b	Less direct expenses b 157,733							
c	Net income or (loss) from fundraising events . . . ▶ 9,026				9,026			
9a	Gross income from gaming activities See Part IV, line 19 a							
b	Less direct expenses b							
c	Net income or (loss) from gaming activities . . . ▶							
10a	Gross sales of inventory, less returns and allowances . . . a							
b	Less cost of goods sold b							
c	Net income or (loss) from sales of inventory . . . ▶							
	Miscellaneous Revenue	Business Code						
11a	OTHER REVENUE	722,210	6,963,269	6,963,269				
b	NON OPERATING REVENUE	900,099	5,410,673	5,410,673				
c	ADMIN SERVICES REVENUE	561,000	2,012,227		2,012,227			
d	All other revenue		-2,091,432	-2,091,432				
e	Total. Add lines 11a-11d ▶ 12,294,737							
12	Total revenue. See Instructions ▶ 796,949,087				2,012,227			
					10,208,682			

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	1,080,130	1,080,130		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,318,370		3,318,370	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	291,132,249	254,891,006	35,343,455	897,788
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	27,676,334	24,316,427	3,359,907	
9	Other employee benefits	43,030,615	37,806,698	5,223,917	
10	Payroll taxes	20,839,869	18,251,498	2,529,960	58,411
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,366,763		1,366,763	
c	Accounting	1,466,403		1,466,403	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	61,503			61,503
f	Investment management fees	1,095,150		1,095,150	
g	Other	29,069,449	26,595,404	2,471,482	2,563
12	Advertising and promotion	1,576,201	1,384,850	191,351	
13	Office expenses	117,614,877	116,268,966	1,243,041	102,870
14	Information technology	6,936,090	6,094,049	842,041	
15	Royalties				
16	Occupancy	17,395,646	15,170,796	2,111,831	113,019
17	Travel	1,679,333	842,489	815,263	21,581
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	630,311	555,085	73,581	1,645
20	Interest	4,707,802	4,136,275	571,527	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	48,024,985	42,194,752	5,830,233	
23	Insurance	5,072,291	4,456,515	615,776	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBT	37,061,489	37,061,489		
b	OUTSIDE MEDICAL SERVICES	24,121,069	24,121,069		
c	HOSPITAL TAX	13,322,813	13,322,813		
d	MAINTENANCE	11,966,982	10,485,563	1,452,792	28,627
e	MISCELLANEOUS	8,321,182	7,229,336	1,010,191	81,655
f	All other expenses	23,667,773	19,751,077	3,897,676	19,020
25	Total functional expenses. Add lines 1 through 24f	742,235,679	666,016,287	74,830,710	1,388,682
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	37,474,892	2	29,633,942
	3 Pledges and grants receivable, net	1,781,984	3	6,433,185
	4 Accounts receivable, net	48,132,119	4	58,263,438
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	788,387	7	738,526
	8 Inventories for sale or use	6,470,245	8	6,834,682
	9 Prepaid expenses and deferred charges	16,760,159	9	30,734,917
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	773,802,599		
	b Less accumulated depreciation	345,267,749		
		427,735,001	10c	428,534,850
	11 Investments—publicly traded securities	405,178,804	11	438,667,780
	12 Investments—other securities. See Part IV, line 11	23,788,453	12	29,636,974
	13 Investments—program-related. See Part IV, line 11	8,901,959	13	8,945,524
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	31,322,798	15	47,197,231	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,008,334,801	16	1,085,621,049	
Liabilities	17 Accounts payable and accrued expenses	57,708,451	17	66,329,692
	18 Grants payable		18	
	19 Deferred revenue	657,331	19	498,050
	20 Tax-exempt bond liabilities	136,657,647	20	128,638,940
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	276,092	23	239,535
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	254,733,715	25	292,307,439
	26 Total liabilities. Add lines 17 through 25	450,033,236	26	488,013,656
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	467,088,781	27	496,352,709
	28 Temporarily restricted net assets	69,623,971	28	78,235,213
	29 Permanently restricted net assets	21,588,813	29	23,019,471
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	558,301,565	33	597,607,393	
34 Total liabilities and net assets/fund balances	1,008,334,801	34	1,085,621,049	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? . . .		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?	Yes	
3b	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 . . .	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
MAINE MEDICAL CENTER

Employer identification number

01-0238552

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

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

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) 14

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 15

16a 33 1/3% support test—2009. 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—2008. If the organization did not check the 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—2009. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. 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 IV 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
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 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2009. 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—2008. 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization MAINE MEDICAL CENTER

Employer identification number

01-0238552

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. The table is currently empty.

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
- 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														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	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		
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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable 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)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV	Yes		68,407
j Total 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?		No	

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	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible 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

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
	SCHEDULE C, PART II-B, LINE 1I	PORTION OF DUES PAID THAT RELATE TO LOBBYING EXPENSES MAINE HOSPITAL ASSOCIATION - 47,938 AMERICAN HOSPITAL ASSOCIATION - 17,835 NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS - 1,432 ASSOCIATION OF AMERICAN MEDICAL COLLEGES - 677 MAINE STATE CHAMBER OF COMMERCE - 525

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization MAINE MEDICAL CENTER

Employer identification number 01-0238552

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

Part II Conservation Easements. Complete if the organization answered "Yes" to 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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?
9 In Part XIV, 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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items: a Revenues included in 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 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 XIV

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" to 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 XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? **Yes** **No**

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	82,336,677	82,100,837			
b Contributions	1,430,663	554,091			
c Investment earnings or losses	7,253,231	-318,252			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	91,020,571	82,336,677			

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment **▶**
- b** Permanent endowment **▶** **25.000 %**
- c** Term endowment **▶** **75.000 %**

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		21,757,361		21,757,361
b Buildings		390,669,601	156,910,253	233,759,348
c Leasehold improvements		18,840	16,642	2,198
d Equipment		343,045,111	188,340,854	154,704,257
e Other		18,311,686		18,311,686
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c). ▶				428,534,850

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
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 XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
TERMS FOR NOT REPORTING ASSETS PER SFAS 116	SCHEDULE D, PAGE 1, PART III, LINE 1A	THE ORGANIZATION HAS ARTWORK THAT WAS RECEIVED DIRECTLY FROM THE ARTISTS THIS ARTWORK IS NOT RECORDED IN THE ORGANIZATION'S FINANCIAL STATEMENTS THE ARTWORK IS ON DISPLAY AT THE HOSPITAL
COLLECTIONS AND RELATION TO EXEMPT PURPOSE	SCHEDULE D, PAGE 2, PART III, LINE 4	THE MAINE MEDICAL CENTER ARTS PROGRAM ENGAGES THE HOSPITAL IN THE ARTS AND HUMANITIES TO FURTHER SUPPORT AND ENHANCE PATIENT AND FAMILY CENTERED CARE
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	THE ENDOWED FUNDS SUPPORT THE FOLLOWING TYPES OF ACTIVITIES MMC TUSM SCHOLARSHIP PROGRAM, TRAINING AND EDUCATION OF NURSES, MMC RESEARCH AND EDUCATION PROGRAMS, SUPPORTING THE SALARY OF ENDOWED CHAIR OF PEDIATRICS

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization MAINE MEDICAL CENTER

Employer identification number 01-0238552

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

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

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

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

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

ME,FL

Part III Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>BBCH GOLF/AUCTI</u> (event type)	<u>MAINE CHILDRENS</u> (event type)	<u>4</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	172,973	124,952	136,060	433,985
	2 Less Charitable contributions	75,875	124,952	66,399	267,226
	3 Gross income (line 1 minus line 2)	97,098		69,661	166,759
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	2,223			2,223
	6 Rent/facility costs	56,946		5,321	62,267
	7 Food and beverages	793	63	4,638	5,494
	8 Entertainment	950		7,900	8,850
	9 Other direct expenses	6,130	21,953	50,816	78,899
	10 Direct expense summary Add lines 4 through 9 in column (d)				157,733
11 Net income summary Combine lines 3, column d, and line 10.				9,026	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d)					
8 Net gaming income summary Combine lines 1, column d, and line 7					

		Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____			
a Is the organization licensed to operate gaming activities in each of these states?	9a		
b If "No," Explain _____			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b If "Yes," Explain _____			
11 Does the organization operate gaming activities with nonmembers?	11		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a		
b An outside facility	13b		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
c If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

**SCHEDULE H
(Form 990)**

Hospitals

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
MAINE MEDICAL CENTER

Employer identification number
01-0238552

Part I Charity Care and Certain Other Community Benefits at Cost

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	1a Yes	
b If "Yes," is it a written policy?	1b Yes	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>1.75000</u> %	3a Yes	
b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	4 Yes	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a Yes	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b Yes	
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 eligible for free or discounted care?	5c	No
6a Does the organization prepare an annual community benefit report?	6a Yes	
6b If "Yes," does 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 Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from Worksheets 1 and 2)			18,903,109		18,903,109	2.680 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			104,413,344	65,595,562	38,817,782	5.500 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			123,316,453	65,595,562	57,720,891	8.180 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			353,970		353,970	0.050 %
f Health professions education (from Worksheet 5)			33,407,930	9,337,620	24,070,310	3.410 %
g Subsidized health services (from Worksheet 6)			2,872,347		2,872,347	0.410 %
h Research (from Worksheet 7)			10,346,368		10,346,368	1.470 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			491,817		491,817	0.070 %
j Total Other Benefits			47,472,432	9,337,620	38,134,812	5.410 %
k Total. Add lines 7d and 7j			170,788,885	74,933,182	95,855,703	13.590 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(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			5,000		5,000	
2 Economic development						
3 Community support			97,635		97,635	0.010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			17,623		17,623	
9 Other						
10 Total			120,258		120,258	0.020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense (at cost)	2		
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
<p>4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.</p>			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	225,915,982	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	259,099,053	
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-33,183,071	
<p>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:</p> <p><input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other</p>			

Section C. Collection Practices

9a Does the organization have a written debt collection policy?	9a	Yes	
9b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

(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				
14				

Part VI Supplemental Information

Complete this part to provide the following information

- 1** Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

See additional data

- 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 charity care policy

See additional data

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

See additional data

- 5 Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

See additional data

- 6** Provide any other information important to describing how the organization's hospitals 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)

See additional data

- 7** 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

See additional data

- 8** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

ME

Additional Data

Software ID:
Software Version:
EIN: 01-0238552
Name: MAINE MEDICAL CENTER

Form 990 Schedule H, Part V - Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
MAINE MEDICAL CENTER 22 BRAMHALL STREET PORTLAND, ME 04102	X	X			X				
MCGEACHY HALL 216 VAUGHN STREET PORTLAND, ME 04102									
MMC BRIGHTON CAMPUS 335 BRIGHTON AVE PORTLAND, ME 04102		X				X			
MMC SCARBOROUGH SURGICAL CENTER 84 CAMPUS DRIVE SCARBOROUGH, ME 04074		X							
MAINE INSTITUTE FOR SLEEP & BREATHING DISORDERS 930 CONGRESS STREET PORTLAND, ME 04102									
MAINE TRANSPLANT PROGRAM 19 WEST STREET PORTLAND, ME 04102									
MMC FAMILY MEDICINE 272 CONGRESS STREET PORTLAND, ME 04101		X							
COASTAL CANCER TREATMENT CENTER 175 CONGRESS STREET BATH, ME 04530									
MAINE MENTAL HEALTH SERVICES 295 PARK AVE PORTLAND, ME 04102									
DEPARTMENT OF VOCATIONAL SERVICES 39 FOREST AVE PORTLAND, ME 04101									
GERIATRIC OUTPATIENT SERVICES 66 BRAMHALL STREET PORTLAND, ME 04102									
MENTAL HEALTH SERVICES 66 BRAMHALL STREET PORTLAND, ME 04102									
AMBULATORY CLINIC SERVICES 48-52 GILMAN STREET PORTLAND, ME 04102									
MMC FALMOUTH CAMPUS 5 BUCKNAM ROAD SUITE 2 FALMOUTH, ME 04105		X							
MMC BARIATRIC SURGERY CLINIC 12 ANDOVER ROAD PORTLAND, ME 04102									
MMC SCARBOROUGH CAMPUS 100 US ROUTE 1 SCARBOROUGH, ME 04074									
MMC PEDIATRIC CLINIC 22 BRAMHALL STREET PORTLAND, ME 04102									
MMC INFECTIOUS DISEASE 48-52 GILMAN STREET PORTLAND, ME 04102									
MMC TURNING POINT REHAB CENTER 96 CAMPUS DRIVE SCARBOROUGH, ME 04074									
MMCRI 81 RESEARCH DRIVE SCARBOROUGH, ME 04074				X					

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE COSTING METHODOLOGY FOR THE AMOUNTS REPORTED IN PART I, LINE 7 OF THE SCHEDULE H IS BASED ON A RATIO OF PATIENT CARE COST TO CHARGES THIS COST TO CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES PROVIDED IN THE INSTRUCTIONS FOR SCHEDULE H

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

522,729 OF EXPENSES RELATED TO OUTPATIENT CLINICS ARE INCLUDED IN THE SUBSIDIZED HEALTH SERVICES TOTAL IN PART I, LINE 7G

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

BAD DEBT EXPENSE OF 37,061,489 WAS REMOVED FROM TOTAL EXPENSES WHEN CALCULATING THE PERCENT OF TOTAL EXPENSES IN COLUMN (F)

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

MAINE MEDICAL CENTER DOES NOT HAVE A SPECIFIC FOOTNOTE IN THE FINANCIAL STATEMENTS THAT DESCRIBES "BAD DEBT EXPENSE" MAINE MEDICAL CENTER REPORTS ACCOUNTS RECEIVABLE FOR SERVICES RENDERED NET OF ALLOWANCES FOR CONTRACTUAL ADJUSTMENTS, THIRD PARTY REIMBURSING AGENCIES, FREE CARE AND BAD DEBTS A BAD DEBT ALLOWANCE IS ESTABLISHED FOR ACCOUNTS THE HOSPITAL BELIEVES WILL BECOME UNCOLLECTIBLE THE ALLOWANCE IS ESTABLISHED BY EXAMINING HISTORICAL DATA, AGING TRENDS OF COMMERCIAL INSURANCE AND SELF-PAY BALANCES AND ECONOMIC TRENDS THE OFFSET TO THE ALLOWANCE ACCOUNT IS TO BAD DEBT EXPENSE ON THE STATEMENT OF OPERATIONS RECOVERIES ON ACCOUNTS PREVIOUSLY WRITTEN OFF ARE ACCOUNTED FOR ON A CASH BASIS AND ARE APPLIED DIRECTLY TO THE PROVISION FOR BAD DEBTS ON THE STATEMENT OF OPERATIONS AMOUNTS WRITTEN OFF OR RECOVERED FROM BAD DEBTS DURING THE YEAR ARE CHARGED AGAINST THE ALLOWANCE ACCOUNT ON THE BALANCE SHEET BAD DEBT EXPENSE REPRESENTS HEALTHCARE SERVICES MAINE MEDICAL CENTER HAS PROVIDED WITHOUT COMPENSATION AS A TAX-EXEMPT HOSPITAL, MAINE MEDICAL CENTER PROVIDES NECESSARY PATIENT CARE REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THE SERVICES A PORTION OF MAINE MEDICAL CENTER'S BAD DEBT EXPENSE IS ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE THAT, FOR A VARIETY OF REASONS, DO NOT COMPLETE THE FINANCIAL ASSISTANCE APPLICATION PROCESS MAINE MEDICAL CENTER CANNOT DETERMINE THE AMOUNT OF BAD DEBT EXPENSE THAT COULD BE REASONABLY ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE MEDICAL CENTER'S FREE CARE POLICY IN ADDITION, BAD DEBT EXPENSE ALSO INCLUDES AMOUNTS FOR SERVICES PROVIDED TO INDIVIDUALS EXPERIENCING DIFFICULT PERSONAL OR ECONOMIC CIRCUMSTANCES RELATED TO A PORTION OF OUR COMMUNITY BASED PATIENT POPULATION THEIR MEDICAL BILLS OFTEN PLACE THESE INDIVIDUALS IN UNTENABLE POSITIONS WHERE THEY ARE NOT ABLE TO HANDLE THEIR PERSONAL DEBT AND THEN THEIR NEW MEDICAL DEBT HOWEVER, BECAUSE OF THEIR INCOME LEVEL, THEY DO NOT QUALIFY FOR FREE CARE BY PROVIDING NECESSARY HEALTHCARE SERVICES TO THOSE INDIVIDUALS EITHER WHO FAIL TO APPLY FOR FINANCIAL ASSISTANCE OR WHO ARE EXPERIENCING DIFFICULT PERSONAL OR ECONOMIC CIRCUMSTANCES, MAINE MEDICAL CENTER BELIEVES THAT BAD DEBT EXPENSE SHOULD BE INCLUDED AS A COMMUNITY BENEFIT

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST TO CHARGE RATIO MAINE MEDICAL CENTER BELIEVES THAT THE MEDICARE SHORTFALL SHOULD BE INCLUDED AS A COMMUNITY BENEFIT BECAUSE THE MEDICAL CENTER HAS A CLEAR MISSION COMMITMENT TO SERVING ELDERLY PATIENTS AND ADULTS WITH DISABILITIES THROUGH THE PROVISION OF SPECIFIC SUBSIDIZED PROGRAMS DEVELOPED TO HELP IMPROVE THE HEALTH STATUS OF THESE PATIENTS IF THESE CRITICAL SUBSIDIZED PROGRAMS WERE NOT PROVIDED BY THE MEDICAL CENTER, THEY WOULD BECOME THE OBLIGATION OF THE FEDERAL GOVERNMENT

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

PATIENTS WHO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE HAVE THEIR ACCOUNT BALANCE ADJUSTED ACCORDINGLY ONCE CHARITY CARE OR FINANCIAL ASSISTANCE HAS BEEN APPROVED FOR PATIENTS THAT DO NOT QUALIFY FOR 100% FINANCIAL ASSISTANCE, THE APPROPRIATE DISCOUNT PERCENTAGE IS APPLIED AND A MONTHLY PAYMENT PLAN IS SET UP FOR THE REMAINDER OF THE PATIENT'S BALANCE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

PART I, LINE 3B MAINE MEDICAL CENTER USES FEDERAL POVERTY GUIDELINES (FPG) FOR PROVIDING DISCOUNTED CARE TO LOW INCOME INDIVIDUALS THE FAMILY INCOME LIMIT FOR ELIGIBILITY FOR DISCOUNTED CARE IS 176% - 225% AN AVERAGE RATE OF 200% IS USED IN PART I, LINE 3B

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

MMC'S BOARD IS MADE UP OF A DIVERSE SET OF COMMUNITY MEMBERS THE BOARD REQUIRES A THOROUGH COMMUNITY NEEDS ASSESSMENT ON BEHALF OF THE ORGANIZATION, AND DIRECTS THE ORGANIZATION TO ANALYZE AND RESPOND TO THE CURRENT NEEDS ASSESSMENT MAINEHEALTH ALSO PARTICIPATES IN VARIOUS INITIATIVES TO HELP SUPPORT AND PROVIDE UPDATES TO COMMUNITY NEEDS ASSESSMENT PLANNING SOME OF THESE INITIATIVES INCLUDE - CLINICAL STRATEGIC PLANNING - FINANCIAL STRATEGIC PLANNING - FACILITY PLANNING - MANPOWER PLANNING - PHYSICIAN RECRUITMENT STRATEGIC PLANNING - EMERGENCY PREPAREDNESS PLANNING ALONG WITH THE INTERNAL ASSESSMENTS, MOST MEMBER ORGANIZATIONS ALSO REVIEW AND ACT ON MANY OF THE RECOMMENDATIONS PROVIDED BY EXTERNAL GROUPS SUCH AS THE MAINE CENTER FOR DISEASE CONTROL AND PREVENTION AND THE "STATE HEALTH PLAN" CREATED BY THE ADVISORY COMMITTEE FOR HEALTH SYSTEMS DEVELOPMENT IN ADDITION, MAINEHEALTH AND ITS PARTNERS IN THE ONEMAINE HEALTH COLLABORATIVE, EASTERN MAINE HEALTH SYSTEM AND MAINEGENERAL HEALTH, RELEASED THE ONEMAINE HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT REPORT IN MARCH 2011 THE REPORT IS A COMPREHENSIVE COMPILATION AND ANALYSIS CONTAINING PRIMARY AND SECONDARY HEALTH DATA SOURCES THE REPORT CONTAINS A HEALTH STATUS PROFILE FOR THE STATE AS A WHOLE AND FOR EACH OF MAINE'S SIXTEEN COUNTIES THE PRIMARY DATA SOURCE WAS A RANDOMIZED TELEPHONE SURVEY, THE SAMPLING METHODOLOGY WAS DESIGNED TO PERMIT COMPARISONS AT THE COUNTY LEVEL SECONDARY DATA SOURCES INCLUDE NUMEROUS STATE AND FEDERAL SOURCES THIS REPORT PROVIDES BASELINE DATA ON HUNDREDS OF HEALTH INDICATORS THAT ARE RELEVANT TO HOSPITALS AND COMMUNITIES TO INFORM PLANNING AND EVALUATION ACTIVITIES PLANS CALL FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT TO BE REPLICATED EVERY FIVE YEARS MAINEHEALTH WILL HOLD COMMUNITY FORUMS IN PARTNERSHIP WITH EACH MEMBER AND AFFILIATE HOSPITAL IN ORDER TO INCREASE UNDERSTANDING AND USE OF THE COMMUNITY HEALTH NEEDS ASSESSMENT AND TO INFORM IDENTIFICATION AND ACTION ON LOCAL, COMMUNITY-BASED HEALTH PRIORITIES

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

FINANCIAL ASSISTANCE INFORMATION IS PROVIDED IN THE ADMITTING , OUTPATIENT, AND EMERGENCY REGISTRATION LOCATIONS IN THE FOLLOWING MANNER - POSTINGS INCLUDING FREE CARE, PROMPT PAYMENT PROGRAM, MONTHLY PAYMENT PLAN AND EXPANDED FREE CARE PROGRAM - HANDOUTS - INTERVIEWS ALL PATIENTS RECEIVE MMC'S FREE CARE GUIDELINES AND FINANCIAL POLICIES BROCHURE EXPLAINING OUR BILLING POLICIES, AND CONTACT INFORMATION IF THE PATIENT IS SELF PAY , UNDER INSURED OR CANNOT AFFORD TO PAY THEIR HOSPITAL BILL, THEY RECEIVE A FINANCIAL POLICIES BOOK AND FINANCIAL COUNSELING FROM THE REGISTRATION STAFF THE BOOKLET INCLUDES - INFORMATION ON MMC'S FINANCIAL POLICIES - FINANCIAL ASSISTANCE INFORMATION INCLUDING FREE CARE PROGRAM, INCOME BASED DISCOUNT PROGRAM, PROMPT PAY DISCOUNT PROGRAM, MONTHLY PAYMENT PLAN PROGRAM AND CARE PARTNERS - PROGRAM APPLICATIONS AND INSTRUCTIONS FOR MMC'S FREE CARE PROGRAM, INCOME BASED DISCOUNT PROGRAM, AND MONTHLY PAYMENT PLAN APPLICATION - CONTACT INFORMATION FOR ASSISTANCE WITH APPLICATIONS, BILLS OR FINANCIAL CONCERNS SELF PAY OR UNDERINSURED PATIENTS REGISTERING IN PERSON OR VIA A PHONE INTERVIEW RECEIVE FINANCIAL COUNSELING INCLUDING INFORMATION ON OUR FINANCIAL ASSISTANCE PROGRAMS AND MAINECARE REGISTRATION STAFF PROVIDE FORMS AND ASSIST WITH COMPLETING FINANCIAL ASSISTANCE APPLICATIONS AND PROVIDING FOLLOW UP CONTACT INFORMATION INPATIENTS WHO ARE UNINSURED, UNDER INSURED OR ANY PATIENTS WHO MAY HAVE DIFFICULTY PAYING THEIR HOSPITAL BILLS ARE VISITED BY AN ADMITTING FINANCIAL COUNSELOR TO DISCUSS FINANCIAL ASSISTANCE PROGRAMS AND ASSIST WITH APPLICATIONS THESE PATIENTS ARE ALSO REFERRED TO SOCIAL WORK FOR ASSISTANCE WITH MAINECARE APPLICATIONS AND OTHER FINANCIAL NEEDS MMC'S WEB SITE INCLUDES ON LINE REGISTRATION AND PATIENT BILLING INFORMATION - BILLING PROCESS - FREE CARE - DISCOUNT PROGRAM - PROMPT PAY DISCOUNT - MONTHLY PAYMENT PLAN - PATIENT STATEMENT - PRICE INFORMATION - CONTACT US AND QUESTIONS PRIMARY LANGUAGE, DEAF AND HARD OF HEARING AND INTERPRETER NEEDS ARE ASSESSED DURING THE REGISTRATION INTERVIEW AND SERVICES ARE PROVIDED AS NEEDED IF A PATIENT DOES NOT RESPOND AT PRE-REGISTRATION, REGISTRATION, OR WHILE RECEIVING CARE, ALL OF THESE PROGRAMS ARE EXPLAINED AGAIN BY THE PATIENT ACCOUNTS STAFF THE INTENT OF THESE EFFORTS IS TO ENSURE THAT THE PATIENT IS FULLY INFORMED OF AND ABLE TO TAKE ADVANTAGE OF THESE ASSISTANCE PROGRAMS

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

MOST OF MAINE MEDICAL CENTER'S SERVICES ARE FOUND AT OUR MAIN CAMPUS, AT 22 BRAMHALL STREET IN MAINE'S LARGEST CITY. A CITY OF 63,000, PORTLAND IS LOCATED ON MAINE'S SOUTHERN COAST. THE COST OF LIVING INDEX IS 104.7. SERVICES ARE ALSO LOCATED AT OUR BRIGHTON CAMPUS AND OUR FAMILY MEDICINE CENTER, BOTH LOCATED IN PORTLAND, AS WELL AS AT OUR CAMPUS IN SCARBOROUGH, THE FALMOUTH FAMILY HEALTH CENTER, AND COASTAL CANCER TREATMENT CENTER IN BATH. A JOINT VENTURE WITH SOUTHERN MAINE MEDICAL CENTER AND GOODALL HOSPITAL, THE CANCER CARE CENTER OF YORK COUNTY IS LOCATED IN SANFORD. NEW ENGLAND REHABILITATION HOSPITAL OF PORTLAND, A JOINT VENTURE WITH HEALTHSOUTH, IS LOCATED ON OUR BRIGHTON CAMPUS. MAINE MEDICAL CENTER IS A TERTIARY HOSPITAL FOR ALL OF MAINE, CARING FOR NEARLY ONE OF EVERY FIVE HOSPITAL INPATIENTS IN THE STATE. AS A NONPROFIT INSTITUTION, MAINE MEDICAL CENTER PROVIDES NEARLY 23 PERCENT OF ALL THE CHARITY CARE DELIVERED IN MAINE. PORTLAND, WHERE OUR MAIN CAMPUS IS LOCATED, HAS A LARGE REFUGEE AND IMMIGRANT POPULATION. WHILE SERVING ALL SIXTEEN COUNTIES IN MAINE, 84% OF ALL INPATIENT AND OUTPATIENT SERVICES PROVIDED BY MAINE MEDICAL CENTER WERE FOR THE RESIDENTS OF BOTH CUMBERLAND AND YORK COUNTIES. FOR PATIENTS INDICATING THEIR ETHNICITY, 90% REPORTED THEMSELVES AS WHITE, 6% AS BLACK, 2% AS ASIAN.

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

PHYSICAL IMPROVEMENTS & HOUSING MAINE MEDICAL CENTER HAS DONATED BUILDING MATERIALS TO THE LOCAL COMMUNITY FOR THE CONSTRUCTION AND REHABILITATION OF HOUSING FOR LOW INCOME RESIDENTS COMMUNITY SUPPORT MAINE MEDICAL CENTER IS DEEPLY INVOLVED IN DISASTER PLANNING AT THE LOCAL AND STATE LEVELS ONE OF THREE STATE REGIONAL RESOURCE CENTERS FOR EMERGENCY PREPAREDNESS IS LOCATED AT THE MEDICAL CENTER, AND THE HOSPITAL HAS A FULL-TIME DIRECTOR OF EMERGENCY PREPAREDNESS WORKFORCE DEVELOPMENT MAINE MEDICAL CENTER'S DEPARTMENT OF VOCATIONAL SERVICES OPERATES MAINE'S WORK INCENTIVES PLANNING AND ASSISTANCE PROGRAM WHICH ENCOURAGES INDIVIDUALS WITH DISABLING CONDITIONS WHO RECEIVE SOCIAL SECURITY BENEFITS TO WORK TOWARD SELF-SUFFICIENCY WITH A REAL UNDERSTANDING OF HOW A RETURN TO WORK WILL, OR WILL NOT, IMPACT THEIR BENEFITS

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

MAINE MEDICAL CENTER'S DAY-TO-DAY OPERATIONS AS A TAX-EXEMPT ORGANIZATION INCLUDE MANY SYSTEM-WIDE INITIATIVES IN CUMBERLAND COUNTY AND IN THE STATE OF MAINE AND THE NORTHERN NEW ENGLAND REGION. CLINICAL SERVICES RANGE FROM OUTPATIENT CLINICS FOR A DIVERSE POPULATION, TO FULL INPATIENT AND SURGICAL SERVICES, TO A REGIONAL TRAUMA CENTER AND A NEUROSCIENCE INSTITUTE, MANY OF OUR SERVICES AND SPECIALTIES ARE NOT AVAILABLE ELSEWHERE IN THE STATE OR IN OUR REGION. WE HAVE PROGRAMS IN UNDERGRADUATE AND CONTINUING EDUCATION, ENGAGE IN CLINICAL RESEARCH, AND SUPPORT ORGANIZATIONS AND EFFORTS WHOSE MISSIONS AUGMENT OR COMPLEMENT OURS, WE STRIVE TO BE A GOOD "INSTITUTIONAL CITIZEN" OF OUR REGION AND STATE. WITH THESE PROGRAMS, MAINE MEDICAL CENTER HOPES TO FILL EXISTING LOCAL GAPS, WHILE MAKING A POSITIVE IMPACT IN THE COMMUNITIES WE SERVE. THESE PROGRAMS INCLUDE SUBSIDIZED HEALTH SERVICES, COMMUNITY-BASED CLINICAL SERVICES, COMMUNITY EDUCATION SERVICES, HEALTH CARE SUPPORT SERVICES, COMMUNITY BUILDING ACTIVITIES, MEDICAL EDUCATION AND RESEARCH. SEE THE ATTACHED COMMUNITY BENEFIT REPORT FOR ADDITIONAL INFORMATION ON EACH OF THESE PROGRAMS AND SERVICES. MAINE MEDICAL CENTER MADE A NET ASSET TRANSFER TO ITS WHOLLY OWNED SUBSIDIARY, MAINE MEDICAL PARTNERS, IN THE AMOUNT OF 28,140,417 TO COVER THE LOSSES RELATED TO MISSION-CRITICAL PHYSICIAN PRACTICES TO ENSURE COVERAGE FOR THE COMMUNITY IN SUCH SPECIALTIES AS TRAUMA SURGERY, NEUROSURGERY, UROLOGY, VARIOUS PEDIATRIC SPECIALTIES, AND HIGH-RISK OBSTETRICS.

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

MAINEHEALTH IS A NOT-FOR-PROFIT FAMILY OF LEADING HIGH-QUALITY PROVIDERS AND OTHER HEALTHCARE ORGANIZATIONS WORKING TOGETHER SO THEIR COMMUNITIES ARE THE HEALTHIEST IN AMERICA. RANKED AMONG THE NATIONS TOP 100 INTEGRATED HEALTHCARE DELIVERY NETWORKS, MAINEHEALTH IS GOVERNED BY A BOARD OF TRUSTEES CONSISTING OF COMMUNITY AND BUSINESS LEADERS FROM ITS SOUTHERN, CENTRAL AND WESTERN MAINE REGIONAL SERVICE AREA. THE COLLABORATION OF MAINEHEALTH MEMBERS MAKES IT POSSIBLE TO OFFER AN EXTENSIVE RANGE OF CLINICAL INTEGRATION AND COMMUNITY HEALTH PROGRAMS, MANY AIMED AT IMPROVING ACCESS TO PREVENTIVE AND PRIMARY CARE SERVICES. MAINEHEALTH INCLUDES THE FOLLOWING MEMBER ORGANIZATIONS: LINCOLN COUNTY HEALTHCARE (MILES MEMORIAL HOSPITAL AND ST. ANDREWS HOSPITAL & HEALTHCARE CENTER), MAINE MEDICAL CENTER, MAINE MENTAL HEALTH PARTNERS (SPRING HARBOR HOSPITAL), PEN BAY HEALTHCARE (PEN BAY MEDICAL CENTER), SOUTHERN MAINE MEDICAL CENTER, WALDO COUNTY HEALTHCARE (WALDO COUNTY GENERAL HOSPITAL), WESTERN MAINE HEALTH (STEPHENS MEMORIAL HOSPITAL), HOMEHEALTH VISITING NURSES, MAINE PHYSICIAN HOSPITAL ORGANIZATION, NORDX AND SYNERNET. AFFILIATES OF MAINEHEALTH INCLUDE MAINEGENERAL MEDICAL CENTER, MID COAST HOSPITAL, NEW ENGLAND REHABILITATION HOSPITAL AND ST. MARYS REGIONAL MEDICAL CENTER.

Schedule I (Form 990)

OMB No 1545-0047

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

2009

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization MAINE MEDICAL CENTER

Employer identification number

01-0238552

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
MAINE MEDICAL CENTER

Employer identification number

01-0238552

Part I Questions Regarding Compensation

Yes No

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in 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?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a	Yes	
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WILLIAM L CARON JR	(i) (ii)	677,253	168,000	272,555	4,900	27,744	1,150,452	
RICHARD W PETERSEN	(i) (ii)	614,632	165,000	162,213	4,900	27,744	974,489	
SAMUEL BROADDUS MD	(i) (ii)	379,395		2,297	29,600	12,608	423,900	
MARY C BRANDES MD	(i) (ii)	353,846	4,645	2,074	4,900	18,476	383,941	
PETER BATES MD	(i) (ii)	433,088	58,800	44,454	1,600	27,744	565,686	
JOHN E HEYE	(i) (ii)	260,837	34,671	93,947	4,900	27,788	422,143	
MARJORIE WIGGINS	(i) (ii)	236,548	38,205	108,104	4,900	22,424	410,181	
DONALD E QUIGLEY	(i) (ii)	257,785	35,000	52,460	4,900	27,788	377,933	
JEFFREY FLORMAN MD	(i) (ii)	513,320	388,547	3,742	119,862	27,788	1,053,259	
JAMES WILSON MD	(i) (ii)	513,999	385,235	4,022	141,976	24,640	1,069,872	
JOSEPH ALEXANDER MD	(i) (ii)	746,845	146,198	4,454	55,795	27,744	981,036	
JOHN WAHLIG MD	(i) (ii)	509,937	351,838	3,742	111,086	11,907	988,510	
KONRAD BARTH MD	(i) (ii)	510,194	350,850	4,022	124,019	27,201	1,016,286	
VINCE CONTI	(i) (ii)	636,480					636,480	
GEORGE HIGGINS MD	(i) (ii)	217,839	76,601	68,365	27,468	12,845	403,118	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
FRINGE OR EXPENSE EXPLANATION	SCHEDULE J, PAGE 1, PART I, LINE 1A	THE SOCIAL CLUB MEMBERSHIPS, DUE TO THE RESTRICTIONS OF THE SOCIAL CLUB, NEED TO BE INDIVIDUAL MEMBERSHIPS, SO THE MAINE MEDICAL CENTER CEO IS NAMED ON THE MEMBERSHIP. THE SOCIAL CLUBS ARE USED PRIMARILY FOR MEETING SPACE OPTIONS AND BUSINESS FUNCTIONS FOR MAINE MEDICAL CENTER.
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	WILLIAM L CARON, JR 0 260,144 0 RICHARD W PETERSEN 0 150,923 0 PETER BATES, M D 0 42,043 0 JOHN E HEYE 0 90,246 0 MARJORIE WIGGINS 0 64,460 0 DONALD E QUIGLEY 0 45,208 0 JEFFREY FLORMAN, M D 0 3,181 0 JAMES WILSON, M D 0 3,181 0 JOSEPH ALEXANDER, M D 0 3,181 0 JOHN WAHLIG, M D 0 3,181 0 KONRAD BARTH, M D 0 3,181 0 VINCE CONTI 636,480 0 0 GEORGE HIGGINS, M D 0 50,620 0

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990. ▶ See separate instructions.**

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
MAINE MEDICAL CENTER

Employer identification number
01-0238552

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	
							Yes	No	Yes	No
A	MHHEFA REVENUE BONDS SERIES 2008A	01-0314384	560425W48	07-01-2008	107,180,000	REFINANCE BONDS		X		X
B	MHHEFA REVENUE BONDS SERIES 2008B	01-0314384	560425W55	07-01-2008	25,985,000	REFINANCE BONDS		X		X

Part II Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	107,180,000		25,985,000							
2	Gross proceeds in reserve funds	8,840,406		2,598,500							
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds										
5	Issuance costs from proceeds										
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds										
8	Year of substantial completion	2008		2008							
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X		X							
10	Were the bonds issued as part of an advance refunding issue?		X		X						
11	Has the final allocation of proceeds been made?	X		X							
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use

		A		B		C		D		E	
		Yes	No								
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X						
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X						

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No								
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
3b Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		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										
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government										
6 Total of lines 4 and 5										
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X						
2 Is the bond issue a variable rate issue?	X		X							
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X		X							
b Name of provider	SEE SCHEDULE O		SEE SCHEDULE O							
c Term of hedge										
4a Were gross proceeds invested in a GIC?		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?										
5 Were any gross proceeds invested beyond an available temporary period?	X		X							
6 Did the bond issue qualify for an exception to rebate?		X		X						

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

Open to Public Inspection

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 lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization MAINE MEDICAL CENTER

Employer identification number

01-0238552

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) 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

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type 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.

Table with 5 main columns: (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?

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

OMB No 1545-0047
2009
Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization
MAINE MEDICAL CENTER

Employer identification number
01-0238552

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	15	2,870	SELLING PRICE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		80	SELLING PRICE
5 Clothing and household goods	X		5,752	SELLING PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	6	561,072	FAIR MARKET VALUE
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	X	34	7,535	SELLING PRICE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	317	44,860	SELLING PRICE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS	SCHEDULE M, PAGE 1, PART I, LINE 32B	A REAL ESTATE BROKER WAS USED TO ASSIST WITH DONATED REAL ESTATE RECEIVED IN FY09 AN AUCTIONEER WAS USED DURING THE AUCTIONS

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MAINE MEDICAL CENTER

Employer identification number

01-0238552

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	THE MAINE MEDICAL CENTER (THE MEDICAL CENTER) IS A VOLUNTARY, NOT-FOR-PROFIT COMMUNITY AND REFERRAL HOSPITAL, DEDICATED TO PROVIDING HIGH QUALITY HEALTH CARE SERVICES TO ALL PERSONS WHO SEEK CARE, REGARDLESS OF THEIR SEX, RACE, RELIGION, AGE, COLOR, SEXUAL ORIENTATION, NATIONAL ORIGIN, PHYSICAL OR EMOTIONAL DISABILITY OR SOCIAL OR ECONOMIC STATUS. MAINE MEDICAL CENTER IS ALSO COMMITTED TO EDUCATION AT THE UNDERGRADUATE, GRADUATE, POST-GRADUATE AND CONTINUING EDUCATION LEVELS FOR PHYSICIANS, NURSES AND ALLIED HEALTH PERSONNEL, AND IN-SERVICE TRAINING FOR SUPPORT STAFF ALL OF WHICH ARE ESSENTIAL TO THE DELIVERY OF QUALITY PATIENT CARE. OUTREACH EDUCATION TO OTHER INSTITUTIONS AND AGENCIES IS ALSO VITAL TO THE FULFILLMENT OF THE MAINE MEDICAL CENTER'S MISSION. THE MEDICAL CENTER ALSO SUPPORTS BASIC AND CLINICAL RESEARCH AS ESSENTIAL TO THE ADVANCEMENT OF HEALTH CARE AT THE MAINE MEDICAL CENTER.

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	LABORATORY, EDUCATION, RESEARCH, MEDICAL SUPPLIES, RADIOLOGY, DELIVERY AND LABOR ROOM, ANESTHESIOLOGY, AND OTHER ANCILLARY SERVICES

Identifier	Return Reference	Explanation
SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	FORM 990, PAGE 6, PART VI, LINE 4	SIGNIFICANT CHANGES WERE MADE TO MAINE MEDICAL CENTER'S BYLAWS DURING THE YEAR - A 49% LIMIT ON THE NUMBER OF TRUSTEES WITH FINANCIAL TIES TO MAINE MEDICAL CENTER IS STATED TO REFLECT STATE LAW - AN EXCEPTION TO TRUSTEE TERM LIMITS ALLOWS A THIRD TERM FOR THE CHAIR AND VICE CHAIR, REVISING THE BROADER PRIOR EXCEPTION - MAINEHEALTH APPROVAL OF MAINE MEDICAL CENTER BOARD ACTION IS RESTATED - NEW LANGUAGE IS ADDED TO STATE GOOD GOVERNANCE STANDARDS (CONFLICTS, CONFIDENTIALITY) WITH REFERENCE TO POTENTIAL SPECIFIC POLICIES - CHIEF OPERATING OFFICER POSITION IS ADDED AS AN OFFICER

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	MAINEHEALTH (EIN 01-0431680) IS THE SOLE MEMBER OF THE ORGANIZATION

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE SOLE MEMBER OF THE ORGANIZATION HAS THE RESPONSIBILITY FOR THE ELECTION OF THE MEMBERS OF THE GOVERNING BODY

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	THERE ARE DECISIONS BY THE GOVERNING BODY THAT REQUIRE THE APPROVAL OF ITS SOLE MEMBER THEY INCLUDE 1 THE ADOPTION OF OPERATING AND CAPITAL BUDGETS, 2 THE APPROVAL OF ANY SIGNIFICANT STRATEGIC PLAN FOR PROGRAMS OR FACILITIES, 3 THE AUTHORIZATION OF DEBT INCURRED, ASSUMED, OR GUARANTEED BY THE MEDICAL CENTER IN EXCESS OF 1,000,000 AND ITS SUBSIDIARIES IN EXCESS OF 1,000,000 OTHER THAN AS PROVIDED FOR IN ANNUAL CAPITAL AND OPERATING BUDGETS, 4 THE AUTHORIZATION FOR ANY ACQUISITION, DISPOSITION, ORGANIZATION OR INVESTMENT IN ANY OTHER CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY OR JOINT VENTURE, 5 THE AUTHORIZATION FOR ANY SALE, ASSIGNMENT, TRANSFER, MORTGAGE OR ENCUMBRANCE OF ANY PROPERTIES OR ASSETS HAVING AN AGGREGATE VALUE IN EXCESS OF 1,000,000, 6 THE AUTHORIZATION FOR ANY MERGER OR CONSOLIDATION INVOLVING THE MEDICAL CENTER OR ITS SUBSIDIARIES AS A CONSTITUENT ENTITY OR ANY SALE OR OTHER DISPOSITION OF SUBSTANTIALLY ALL OF THE ASSETS OF THE MEDICAL CENTER OR ITS SUBSIDIARIES, 7 THE AUTHORIZATION FOR THE INSTITUTION OF ANY BANKRUPTCY, INSOLVENCY OR REORGANIZATION PROCEEDINGS, 8 THE AUTHORIZATION FOR THE CAPITAL INVESTMENT IN ANY INDIVIDUAL, ENTITY, OR PROJECT IN THE FORM OF CASH OR EITHER TANGIBLE OR INTANGIBLE PROPERTY IN EXCESS OF 1,000,000, 9 THE AMENDMENT OF THE ARTICLES OF INCORPORATION, 10 THE SELECTION, ANNUAL ELECTION, EVALUATION, AND TERMINATION OF THE MEDICAL CENTER'S CEO, 11 THE AUTHORIZATION FOR THE COMMENCEMENT OF LITIGATION BY THE MEDICAL CENTER OTHER THAN ROUTINE COLLECTION ACTIONS, 12 THE ADOPTION OF THE MEDICAL CENTER'S BYLAWS AND ANY AMENDMENTS AND MODIFICATIONS TO THE MEDICAL CENTER'S BYLAWS

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	THE 990 WAS REVIEWED IN DETAIL BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES THE 990 WAS ALSO MADE AVAILABLE TO THE OVERALL BOARD OF TRUSTEES THE BOARD WAS THEN GIVEN AN OPPORTUNITY TO ASK QUESTIONS OF THE CHAIRMAN OF THE BOARD, THE CEO, OR THE CFO THE CFO ALSO REVIEWED THE 990 IN DETAIL BEFORE SIGNING THE RETURN

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	CONFLICTS OF INTEREST STATEMENTS ARE OBTAINED ANNUALLY MAINEHEALTH'S AUDIT & COMPLIANCE SERVICES DEPARTMENT COLLECTS AND REVIEWS THE RESPONSES TO THESE DOCUMENTS AND ADDRESSES ANY ISSUES IMMEDIATELY THE RESULTS ARE SHARED WITH BOARD LEADERSHIP

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	MAINE MEDICAL CENTER USES AN OUTSIDE FIRM, TOWERS WATSON, TO PERFORM AN INDEPENDENT BENCHMARK ANALYSIS. THEY MEET WITH THE BOARD OF TRUSTEES EXECUTIVE COMPENSATION COMMITTEE TO REVIEW THE CEO'S BENCHMARK REPORT. THE EXECUTIVE COMMITTEE THEN DELIBERATES ON MMC'S WRITTEN SALARY AND INCENTIVE PLAN PHILOSOPHY AND DOCUMENTS BEFORE MAKING A FINAL DECISION. ALL DECISIONS AND MEETINGS ARE CAPTURED IN MINUTES. THERE ARE APPROPRIATE SIGN OFFS AT ALL LEVELS.

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	MAINE MEDICAL CENTER USES AN OUTSIDE FIRM, TOWERS WATSON, TO PERFORM AN INDEPENDENT BENCHMARK ANALYSIS. THEY MEET WITH THE BOARD OF TRUSTEES EXECUTIVE COMPENSATION COMMITTEE TO REVIEW EACH EXECUTIVE BENCHMARK REPORT. THE EXECUTIVE COMMITTEE THEN DELIBERATES ON MMC'S WRITTEN SALARY AND INCENTIVE PLAN PHILOSOPHY AND DOCUMENTS BEFORE MAKING A FINAL DECISION. ALL DECISIONS AND MEETINGS ARE CAPTURED IN MINUTES. THERE ARE APPROPRIATE SIGN OFFS AT ALL LEVELS.

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	DOCUMENTS THAT ARE REQUIRED TO BE OPEN FOR PUBLIC INSPECTION ARE MADE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE R	MAINE MENTAL HEALTH PARTNERS IS WAITING FINAL APPROVAL OF THEIR PUBLIC CHARITY TAX-EXEMPT STATUS FROM THE IRS

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	FORM 990, PART VII, SECTION A, LINE 1A JEFFREY SANDERS DID NOT JOIN MAINE MEDICAL CENTER UNTIL 2010 THEREFORE, HE HAD NO SALARY FOR CALENDAR YEAR 2009 FORM 990, SCHEDULE K, PART IV LINE 3B, COLUMN A - THE PROVIDERS ARE MORGAN STANLEY AND MERRILL LYNCH THE TERMS OF THE HEDGES ARE 25 8 YEARS AND 15 8 YEARS, RESPECTIVELY LINE 3B, COLUMN B - THE PROVIDER IS MORGAN STANLEY THE TERM OF THE HEDGE IS 3 8 YEARS LINE 5 - SUCH AMOUNTS WERE APPROPRIATELY YIELD RESTRICTED FORM 990, SCHEDULE L, PART IV CHRISTOPHER EMMONS IS A MEMBER OF THE BOARD OF TRUSTEES OF MAINE MEDICAL CENTER, AS WELL AS THE PRESIDENT OF GORHAM SAVINGS BANK MAINE MEDICAL CENTER HAS COPIER LEASES THROUGH GORHAM SAVINGS LEASING GROUP WHICH IS A WHOLLY OWNED SUBSIDIARY OF GORHAM SAVINGS BANK ALL TRANSACTIONS WERE AT ARMS LENGTH, FOR FAIR VALUE, AND IN THE ROUTINE COURSE OF BUSINESS MORRIS FISHER IS A MEMBER OF THE BOARD OF TRUSTEES OF MAINE MEDICAL CENTER, AS WELL AS THE PRESIDENT OF THE BOULOS COMPANY THE BOULOS COMPANY PROVIDES PROPERTY MANAGEMENT SERVICES TO MAINE MEDICAL CENTER ALL TRANSACTIONS WERE AT ARMS LENGTH, FOR FAIR VALUE, AND IN THE ROUTINE COURSE OF BUSINESS KATHERINE POPE, M D IS A MEMBER OF THE BOARD OF TRUSTEES OF MAINE MEDICAL CENTER AND MEDICAL MUTUAL INSURANCE CO OF MAINE MEDICAL MUTUAL INSURANCE PROVIDES MALPRACTICE INSURANCE TO MAINE MEDICAL CENTER ALL TRANSACTIONS WERE AT ARMS LENGTH, FOR FAIR VALUE, AND IN THE ROUTINE COURSE OF BUSINESS

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
MAINE MEDICAL CENTER

Employer identification number

01-0238552

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MAINE MEDICAL PARTNERS (MMP) 22 BRAMHALL STREET PORTLAND, ME04102 01-0442142	HEALTHCARE	ME	N/A				
SYNERNET INC 110 FREE STREET PORTLAND, ME04101 01-0539789	ADMINSERV	ME	N/A				
MAINE PHYSICIAN HOSPITAL ORG 110 FREE STREET PORTLAND, ME04101 01-0527540	HEALTHCARE	ME	N/A				
MMC CLINICAL SERVICES SUPPORT CORP 22 BRAMHALL STREET PORTLAND, ME04102 20-3656876	ADMINSERV	ME	N/A				

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

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

1 During the tax year, did the organization 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 **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i	Yes	
1j	Yes	
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r	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

	(b) Transaction type(a-r)	(c) Amount involved
(a) Name of other organization		
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Software ID:
Software Version:
EIN: 01-0238552
Name: MAINE MEDICAL CENTER

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 501(c)(3))	(f) Direct Controlling Entity
MAINEHEALTH 110 FREE STREET PORTLAND, ME04101 01-0431680	HEALTHCARE	ME	501	11C	NA
MMC REALTY 22 BRAMHALL STREET PORTLAND, ME04102 01-0434215	PROP MGMT	ME	501	11A	MMC
MAINE MENTAL HEALTH PARTNERS 123 ANDOVER ROAD WESTBROOK, ME04092 26-3426990	HEALTHCARE	ME	501	11C	NA
LINCOLN COUNTY HEALTH CARE INC 6 ST ANDREWS LANE BOOTHBAY HARBOR, ME04538 26-1475629	HEALTHCARE	ME	501	11C	NA
WESTERN MAINE HEALTH CARE CORP 181 MAIN STREET NORWAY, ME04268 01-0411788	HEALTHCARE	ME	501	11C	NA
WALDO COUNTY HEALTHCARE INC PO BOX 287 BELFAST, ME049150287 22-2864961	HEALTHCARE	ME	501	11C	NA
GERIATRIC RESOURCE NETWORK 110 FREE STREET PORTLAND, ME04101 01-0542842	HEALTHCARE	ME	501	7	NA
WEBBER HOSPITAL ASSOC DBA SMMC PO BOX 626 BIDDEFORD, ME040050626 01-0179500	HOSPITAL	ME	501	3	NA
HOMEHEALTH VISITING NURSES OF SO ME 15 INDUSTRIAL PARK DRIVE SACO, ME04072 22-2571902	HEALTHCARE	ME	501	9	NA
NORDX 301A US ROUTE ONE SCARBOROUGH, ME04074 01-0511356	LABORATORY	ME	501	9	NA

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1) MAINE MEDICAL PARTNERS	I	86,722
(1) MAINE MEDICAL PARTNERS	N	31,739,308
(2) MAINE MEDICAL PARTNERS	O	1,024,935
(3) MAINE MEDICAL PARTNERS	P	28,732,605
(4) MAINE MEDICAL PARTNERS	Q	64,260,209
(5) MAINE MEDICAL PARTNERS	R	2,493,466
(6) MMC REALTY	J	2,262,901
(7) MMC REALTY	N	175,464
(8) MMC REALTY	P	3,775,646
(9) MMC REALTY	Q	2,839,926

Maine Medical Center

FY 2010 Community Benefits Report

I. Why create a Community Benefits report?

Maine Medical Center's day-to-day operations as a tax-exempt organization include many system-wide initiatives in Cumberland County and in the state of Maine and the Northern New England region. Clinical services range from outpatient clinics for a diverse population, to full inpatient and surgical services, to a regional trauma center and a neuroscience institute; many of our services and specialties are not available elsewhere in the state or in our region. We have programs in undergraduate and continuing education, engage in clinical research, and support organizations and efforts whose missions augment or complement ours; we strive to be a good "institutional citizen" of our region and state.

With these programs, Maine Medical Center hopes to fill existing local gaps, while making a positive impact in the communities we serve. This report summarizes Maine Medical Center's community benefits efforts over the last year. The final section (VIII) will also provide a financial summary of charity care, bad debt, government-sponsored health care, and all subsidized community programs and other support.

II. Organizational Description and Information

Maine Medical Center cares for its community, educates tomorrow's caregivers, and researches new ways to provide care. We proudly carry our unique responsibility as Maine's leader in patient care, education, and research. We are dedicated to the traditions and ideals of not-for-profit health care; our care is available and accessible to all who seek it. MMC, a tertiary care hospital serving Cumberland County, the state of Maine, and Northern New England, is a member of the MaineHealth system, a family of health care and support services committed to improving the health of the communities we serve.

Under the governance of its Board of Trustees, MMC's Senior Leadership Team is responsible for the quality and safe delivery of care provided to our patients and their families.

III. Community Needs Assessment

Maine Medical Center's Board is made up of a diverse set of community members. The Board requires a thorough Community Needs Assessment on behalf of the organization, and directs the organization to analyze and respond to the current needs assessment. MaineHealth also participates in various initiatives to help support and provide updates to community needs assessment planning. Some of these initiatives include:

- Clinical Strategic Planning
- Financial Strategic Planning
- Facility Planning
- Manpower Planning
- Physician Recruitment Strategic Planning
- Emergency Preparedness Planning

Along with the internal assessments, most member organizations also review and act on many of the recommendations provided by external groups such as the Maine Center for Disease Control and Prevention and the “State Health Plan” created by the Advisory Committee for Health Systems Development.

In addition, MaineHealth and its partners in the OneMaine Health Collaborative, Eastern Maine Health System and MaineGeneral Health, released the OneMaine Health Community Health Needs Assessment Report in March 2011. The report is a comprehensive compilation and analysis containing primary and secondary health data sources. The report contains a Health Status Profile for the state as a whole and for each of Maine's sixteen counties. The primary data source was a randomized telephone survey; the sampling methodology was designed to permit comparisons at the county level. Secondary data sources include numerous state and federal sources. This report provides baseline data on hundreds of health indicators that are relevant to hospitals and communities to inform planning and evaluation activities. Plans call for the Community Health Needs Assessment to be replicated every five years. MaineHealth will hold community forums in partnership with each member and affiliate hospital in order to increase understanding and use of the Community Health Needs Assessment and to inform identification and action on local, community-based health priorities.

IV. Subsidized Maine Medical Center Community Programs and Other Support*

SUBSIDIZED HEALTH SERVICES

Outpatient Clinics Many MMC outpatient clinics serve specific patient populations with services that would otherwise not be available in the community, including a Virology Treatment Center that is a statewide resource to physicians caring for patients with HIV/AIDS; it also provides education and conducts clinical trials – including many that are not available elsewhere in the state. In addition, one afternoon a week, the International Clinic provides services to immigrants and refugees from around the world who have settled in Portland.

Public H1N1 Influenza Vaccine Clinic In collaboration with the Maine CDC and Cumberland County Emergency Management/public health officials, MMC's Emergency Preparedness Program invited the community to receive free H1N1 flu vaccine. This was the largest clinic held in Maine in 2010. More than 3,500 doses of vaccine were administered over two days at Maine Medical Center's Bramhall Campus.

Uncompensated Care Drug Program

MMC's Pharmacy provides free medications to qualifying MMC cancer patients and discharged patients. Patients of the Emergency Department and Brighton FirstCare receive 'starter packs' and some routine drugs at no charge when they are discharged.

Behavioral Health Care

MMC is a safety-net provider of behavioral health care services

Palliative Care Program

This program is dedicated to relieving suffering and improving quality of life for patients with advanced and life-threatening illnesses.

Language Line and Interpretive Services

Live and telephonic interpretation services are provided for patients who do not speak English.

Sign Language Interpreting Services

MMC provides on-site interpreters for deaf patients who use American Sign Language to communicate, and offers accommodations and services for deaf and hard of hearing patients and family members. The coordinator trains MMC staff to better accommodate deaf and hard of hearing patients and, with local agencies, brings medical information to members of the deaf community.

Patient Navigators

Seven specially trained oncology nurse Clinical Patient Navigators work with patients diagnosed with cancer to ensure the patient and their family have all of the information they need to make the most informed and timely decisions about their treatment plan. MMC navigators represent all of the major tumor sites: breast, prostate/genitourinary, lower GI (colon/rectal), upper GI (liver/pancreas), gyn onc, and thoracic (lung)/esophageal. There is also a Neurosciences Patient and Family Liaison who spends part of her time working with neuro-oncology (brain tumor) patients.

MMC also pays half the expense of an American Cancer Society Patient Navigator who is available to help patients navigate the myriad of community support resources available as part of the cancer care process.

Maine Medical Partners

MMC supports mission-critical physician practices to ensure coverage for the community in such specialties as trauma surgery, neurosurgery, various pediatric specialties, and high-risk obstetrics.

COMMUNITY-BASED CLINICAL SERVICES

Sagamore Village Health Center

MMC helps provide staffing for this clinic in a disadvantaged Portland neighborhood.

School-based Clinics

MMC provides staff and support for clinics in several Portland public schools.

Sports Physicals/Training Room Coverage

The Sports Medicine division at MMC's Family Medicine Center provides physical exams and training room support for area school teams.

Sports Game Coverage

The Sports Medicine division at MMC's Family Medicine Center provides coverage for sports games at area schools.

COMMUNITY HEALTH EDUCATION

Healthvision Web Portal

MMC offers free "Manage Your Health Online" capabilities to the general public, including a health information library, a consumer messaging suite, and health management tools for patients to manage and track their health information online and complete risk assessments.

HEALTH CARE SUPPORT SERVICES

CarePartners

MMC participates in this free care program operated by MaineHealth, providing not only free care, but funding for operations. Access to low cost or free pharmaceuticals is part of this “safety net” program.

Northern New England Poison Center

The NNEPC serves Maine, New Hampshire, and Vermont with 24/7 toll-free telephone consultations with health care professionals and lay persons about toxic substances. MMC contributes funding to provide services that are not sufficiently supported by state or federal government, such as outreach education for health care professionals and lay persons, research, surveillance for terrorism, unanticipated adverse drug events, public health emergencies, and support for all-hazards preparedness and response.

Physician Referral Line

MMC offers the community a toll-free service to locate a primary care or specialist physician who matches the consumer’s particular needs.

Tutoring

MMC provides tutoring for students who miss school due to hospitalization.

COMMUNITY BUILDING ACTIVITIES

Chambers of Commerce: Portland Regional & Maine State

Maine Medical Center is a dues-paying member of these two organizations.

Disaster Preparation

MMC is deeply involved in disaster planning at the local and state levels. One of three state Regional Resource Centers for Emergency Preparedness is located at MMC, and the hospital has a full-time Director of Emergency Preparedness.

Habitat for Humanity

MMC donated building materials from a property it owned: garage door openers, sink, handrail, lumber, faucets, countertop, cabinets, vanity, bi-fold doors, shower doors, interior doors, scrap metal, and other re-usable items.

MEDICAL EDUCATION

MMC provides a clinical setting for medical students from a number of medical schools as they rotate through the clinical services; post-graduate training in a number of specialties, in both residencies and fellowships; rural practice settings as part of resident education and as a service to the practices; and numerous sessions in which practicing physicians can keep their knowledge current.

FINANCIAL CONTRIBUTIONS

LifeFlight Foundation

MMC made a significant contribution to the LifeFlight Foundation of Maine, which provides helicopter ambulance service to the entire state.

Contributions

MMC makes carefully selected contributions to other nonprofit organizations whose activities augment or complement MMC's mission. Significant contributions went to the American Heart Association, the Maine Cancer Foundation, the NAACP, Ronald McDonald House®, and Maine Citizens Against Handguns.

Charles A. Dana Health Education Center & East Tower Classrooms

The classroom facilities of the Dana Center and the East Tower are available free of charge to external groups who have MMC sponsors. Regular users include Alcoholics Anonymous, the National Alliance for the Mentally Ill, HOPE, and others

Taxi Vouchers

MMC provides taxi vouchers to patients who need transportation home.

United Way

MMC makes a contribution to the Greater Portland obesity initiative and supports the annual United Way campaign.

Clothing for Certain Patients

MMC purchases a supply of clothing for the Emergency Department to keep on hand for patients whose clothing is damaged as a result of their injury

RESEARCH

The Maine Medical Center Research Institute is the largest hospital-based biomedical research facility in northern New England. Many clinicians author scholarly work or participate in various studies and research activities, and the institute offers a summer student program.

WORKFORCE ENHANCEMENT

CNA Training Program

MMC provides a program to train CNAs

Surgical Tech Training Program

MMC conducts a training program for surgical technicians

Work Incentives Planning and Assistance

MMC's Department of Vocational Services operates Maine's Work Incentives Planning and Assistance program, which encourages individuals with disabling conditions who receive Social Security benefits to work toward self-sufficiency with a real understanding of how a return to work will, or will not, impact their benefits.

Maine Medical Center's Aggregate "Net Community Benefit Investment"	=	\$38,255,070
--	----------	---------------------

* In addition to the aforementioned programs, Maine Medical Center provides its proportional share of support for the annual budget of the following programs, through both "member dues" and "fund balance transfers". While all member organizations may not participate directly in the following initiatives, all members provide some level of financial support to help sustain and grow these MaineHealth programs.

Clinical Integration

AMI/PERFUSE Program – The AMI/PERFUSE program helps caregivers provide the highest quality care and achieve the best possible outcomes for patients who experience an acute myocardial infarction – regardless of the patient’s point of entry into the MaineHealth system. A network of providers ensures that heart attack patients receive timely, evidence-based treatment.

Asthma and Chronic Obstructive Pulmonary Disease – AH! Asthma and COPD programs work to adopt quality measures that reflect evidence-based guidelines. The programs provide training and education about lung health treatment, medications and devices. The development of patient and provider education material is a key component of program efforts.

Diabetes – The TARGET Diabetes Program helps improve care and outcomes for people with Type 1 and Type 2 diabetes and increases awareness of diabetes. The program encourages the adoption of quality measures that reflect evidence-based guidelines. The development of patient and provider education material is a key component of program efforts.

Emergency Medicine – The Emergency Medicine Program improves the quality of care received by patients in the emergency departments of MaineHealth member and affiliate hospitals. The program works to streamline processes and to effectively meet the acute medical needs of patients in the ED. Program staff provide training to emergency medical personnel and work with ambulance services to inform the care provided before patients arrive at the hospital.

Heart Failure – The Heart Failure Program improves health outcomes for patients with heart failure by promoting best practices in care at MaineHealth hospitals and across all care settings. The program supports a comprehensive, integrated approach for patients and their families as they move from one care environment to another.

Infection Prevention – The Infection Prevention Program works to reduce infection rates, improve outcomes for patients and decrease preventable hospitalizations across the MaineHealth system. The program aims to reduce hospital-acquired infections through improved hand hygiene compliance.

Mental Health Integration – The Mental Health Integration Program works to improve patient care by bringing mental health clinicians into medical settings, and by improving the collaboration between medical and mental health providers. The goal of the program is to help people get effective and efficient care for mental and behavioral health problems.

Oncology - The Oncology Program promotes high quality oncologic care across the system, ensuring easy access and effective transitions among specialists and locations. The program provides screening and treatment guidelines to clinicians, provides patient education materials to patients, improves awareness of clinical trials, improves access to genetic services and improves the overall delivery of cancer care.

Palliative Care - The Palliative Care Program promotes palliative care across the system. The initiative includes clinician education about palliative care including identification of patients who may benefit from palliative care, provision of palliative services for complex medical conditions, addressing ethical issues and engaging patients in discussing goals of care. The program promotes the use of Physician Orders for Life Sustaining Treatment (POLST) within each MH institution as well as community based advance directive/care planning.

Pharmacy and Therapeutics - The Pharmacy and Therapeutics Program works to improve outcomes of patients in the MaineHealth system by reducing variations in care and promoting best practices. The program seeks to coordinate purchasing and performance initiatives in MaineHealth hospitals.

Pre-Hospital Care/Emergency Medical Services - The program works with hospital emergency medical service medical directors to support obligations in education, quality management and case follow-up. The program also works to standardize the quality improvement process of difficult calls and procedures and to provide education opportunities and credits for emergency medical technicians to maintain licensure.

Preventive Health - The Preventive Health Program works to deliver consistent, high-quality, preventive healthcare across the MaineHealth region for adults and children by providing best-practice, evidence-based tools and support to primary care practice teams. The purpose is to provide a preventive health focus for patients and providers that helps to reduce the prevalence and severity of chronic disease.

Stroke - The goal of the Stroke Program is to improve care for stroke patients who arrive at MaineHealth member and affiliate hospitals within three hours of symptom onset. The program aims to standardize stroke care across the continuum of providers within the MaineHealth system by using evidence-based guidelines to improve outcomes for stroke patients.

Telehealth - The Telehealth Program works to improve the health status of our communities by integrating, advancing and optimizing the use of telehealth technologies. Current telehealth technologies include connections between hospitals, such as bringing specialists to rural areas, connecting providers to patients' homes and remote monitoring of patients in critical care units in most MaineHealth hospitals.

Transitions of Care - The Transitions of Care Program works to ensure that patients receive excellent care throughout the transition from hospital to home and to community-based providers. The program works to improve patient outcomes and reduce unnecessary readmissions by supporting best practices for provider follow-up visits, coordinating medications, patient and family education, and enhancing the communications critical for excellent care once the patient leaves the hospital.

Health Status Programs

Healthy Weight Initiative – This initiative targets both children and adults in the community. The key parts of the initiative include clinical, community, and environmental/policy interventions. MaineHealth's financial support for this initiative recognizes the importance of preventing obesity as a major driver of health care costs, a major risk factor for chronic diseases, and a well-documented community epidemic. MaineHealth also has made significant financial contributions to the Maine Youth Overweight Collaborative.

Child Health Program - The Child Health program is focused on increasing rates of child immunizations within the MaineHealth system and statewide through clinical, community and policy interventions. The program's vision is to create an effective, outcomes-based strategy that engages health professionals and provider organizations, community partners, family members, and local and state government, resulting in Maine being ranked number one in New England for child immunizations by 2016. Amid evidence of increased vaccine refusal and delay in our communities, MaineHealth's financial support for this program underscores the importance

of vaccinations as the most cost-effective health prevention activity for children and one of society's greatest public health achievements.

Community Education Programs

MaineHealth Learning Resource Centers – With four locations in Maine, the LRCs provide patients, health care providers, and community members with easy access to quality health information and a wealth of educational reference material. In addition, the LRCs offer the public over 100 unique classes taught by professionals (e.g. healthy cooking, yoga, chronic disease self-management, cancer prevention, and mental health awareness).

Parkinson's Information and Referral Center – The Center is a primary resource for people with Parkinson's disease, as well as their families and healthcare providers. Assistance includes "patron requests" for information, direct physician referrals, educational outreach to health care facilities, coordinating support groups, and specialized classes for newly-diagnosed individuals.

Access to Care Programs

CarePartners – The program arranges the provision of donated healthcare services for low income uninsured Mainers in Cumberland, Kennebec, Lincoln, and Waldo Counties. CarePartners also provides administrative support to help serve the target population, including comprehensive eligibility assessment, care management, and access to low cost or free pharmaceuticals.

MedAccess – The program provided access to approximately \$3.2 million of free medications in FY10. CarePartners provides this community resource to uninsured and underinsured community members through the Patient Assistance Programs (PAPs). In addition to this service, MedAccess offers application assistance for other prescription access programs (Medicare Part D, etc), local low-cost generic programs, and other state and federal programs either in-person or through a toll-free number.

Partnership for Healthy Aging

PHA leads the implementation of evidence-based prevention programs for older adults (Living Well, A Matter of Balance, EnhanceWellness, EnhanceFitness, Healthy IDEAS) throughout Maine. The efforts of Elder Care Services focus upon improving transitions, prevention, and quality across the care continuum. Initiatives include Care Transitions coaching, Community Links, and Falls Prevention Tools for providers and patients

VitalNetwork

The enhanced-ICU (E-ICU) initiative allows audio/video patient monitoring to coincide with real time display of information trend and condition changes. The system is staffed by expert ICU Physicians and Nurses in a central station, allowing enhanced remote monitoring of patients in multiple locations. Similar systems have been proven to reduce ICU mortality by 25%. MaineHealth was the first healthcare system in New England to implement the e-ICU program.

V. Billing and Collection Practices

Maine Medical Center charges all patients the same price for the same services regardless of payor source. Individuals are not required to pay or to make arrangements to pay prior to the services being provided. On average, the first bill is sent to a patient seven days after services are provided. After that initial billing date, and after all insurances have paid on that account, the patient has 30 days to pay their portion of the bill for those services. Before collection action is taken by MMC, four notices will be sent to patients informing them of their lack of proper payments and continued attempts will be made to communicate with them about a solution.

In the absence of either full payment or a patient's attempts to communicate in order to resolve the situation, which may include the patient's agreement to enter into a monthly payment program, MMC does use a responsible and professional collection agency if necessary. A bill will become classified as "bad debt" once it has been assigned to our collection agency. If the balance is paid in full within 90 days of placement with our collection agency, it is not reported on their credit file.

VI. Charity Care Policies

Maine Medical Center's policy of charity care and financial assistance is easily understood, prominently posted, and publicly available. A process exists for offering charity care or financial assistance to patients who are unable to pay both before and after services have been rendered and they have been billed. In addition to monitoring collection practices, copies of the charity care policy are made available to patients at all entry points (Registration, Emergency, etc.) and with bill/collection notices. The organization uses simple application procedures as defined by the State of Maine Department of Health and Human Services for charity care or financial assistance that do not intimidate or confuse applicants.

Maine Medical Center's employees who work in Admitting, Billing, Accounts Receivable, or Patient Services are fully informed and educated about all financial assistance policies. These staff members identify unpaid bills where persons are unable to pay, and separate these potential 'charity care' bills from other bad debt accounts.

Maine Medical Center provides 100% free care to our patients who are at or below 175% of the Federal Poverty level. We also provide additional discounted care on an income-based sliding scale program for patients who are between 176% and 225% of the Federal Poverty level.

VII. Good Governance and Executive Compensation Policies

Good Governance

Maine Medical Center has a Board of 27 community members, a majority of whom are not practicing physicians, officers, department heads, or other employees with a financial connection or otherwise affiliated with the organization itself. The Board meets 11 times a year (on average), and has a written "conflict of interest" policy in place. The Board understands the specific mission of the organization, and approves strategic planning initiatives aimed at carrying out this mission. Trustees understand their fiscal and other specific responsibilities while serving on the Board, and further education/information is provided to Board members if requested. Trustees and executive officers of Maine Medical Center do not receive loans on behalf of the organization.

The organization ensures that a substantial part of its activities does not involve attempts to influence legislation, and that it will not take an official position or provide direct support for or against a political candidate. Moreover, in addition to the CEO, CFO, or both officially signing off on Maine Medical Center's yearly 990 and audited financial statements, the Board of Trustees must also have final approval of the yearly audited financial statements. The Board has also adopted and maintains a corporate compliance program that includes a Code of Conduct for all staff education and training, monitoring for compliance, and a Helpline for staff to call, all intended to produce continual compliance with organizational policies and the law.

Executive Compensation

Maine Medical Center has a formal written compensation policy in place. In consultation with Sullivan Cotter and Associates, the MaineHealth Board Compensation Committee establishes appropriate compensation parameters for each member organization's CEO and certain members of their Senior Management team. Working within those parameters, the organization's Board determines the level of compensation for its CEO. The findings of the Compensation Committee are made transparent to, and voted on by, the full Governing Board. This "total executive compensation" is filed publicly by the organization, and includes "total cash compensation" and "total value of all benefits and perquisites associated with position (such as housing allowances, social club memberships, signing bonuses, etc.)" The Board takes necessary action to prevent the CEO from voting or directly participating in the final Committee determination of his own compensation. The organization's executive compensation procedure relies upon appropriate data for comparability (e.g. compensation levels paid by both taxable and tax-exempt similarly situated organizations and independent compensation surveys by nationally recognized independent firms). Finally, the organization refrains from allowing executive compensation to ever be based solely on Maine Medical Center's revenues or other similar profit-sharing strategies.

VIII. Aggregate Financial Data

Maine Medical Center's Community Benefits Summary ***

1. Charity care (at cost)	\$18,903,109
2. Bad debt (at cost)	\$18,367,849
3. Government-sponsored health care (shortfall) - Unpaid cost of Medicare, MaineCare, and other hospital-specific indigent care programs	\$72,000,853
4. Net Community Benefit Investment Programs (net expense), e.g.	\$38,255,070
- Palliative Care Program	- Patient Navigators
- Uncompensated Care Drug Program	- Sagamore Village Health Center
- Interpreter Services	- Northern New England Poison Center

<i>Total Value of Quantifiable Benefits Provided to the Community</i>	\$147,526,881
--	----------------------

*** Form created based on AHA guidelines

Additional Data

Software ID:
Software Version:
EIN: 01-0238552
Name: MAINE MEDICAL CENTER

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

4d. Other program services

(Code) (Expenses \$ 366,320,703 including grants of \$ 1,080,130) (Revenue \$ 71,403,928)

LABORATORY, EDUCATION, RESEARCH, MEDICAL SUPPLIES, RADIOLOGY, DELIVERY AND LABOR ROOM, ANESTHESIOLOGY,
AND OTHER ANCILLARY SERVICES

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	(C) Position (check all that apply)						(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			
WILLIAM L CARON JR TRUSTEE	2 00	X						0	1,117,808	32,644
RICHARD W PETERSEN PRESIDENT	50 00	X		X				941,845	0	32,644
SAMUEL BROADDUS MD TRUSTEE	50 00	X						381,692	0	42,208
MARY C BRANDES MD TRUSTEE	50 00	X						360,565	0	23,376
DAVID E WARREN CHAIRMAN	2 00	X		X				0	0	0
CHRISTOPHER W EMMONS VICE CHAIR	2 00	X		X				0	0	0
LIZ ORSER TRUSTEE	2 00	X						0	0	0
REED QUINN MD TRUSTEE	2 00	X						0	0	0
MORRIS FISHER TRUSTEE	2 00	X						0	0	0
JERE G MICHELSON TRUSTEE	2 00	X						0	0	0
BILL BURKE TRUSTEE	2 00	X						0	0	0
WARD I GRAFFAM TRUSTEE	2 00	X						0	0	0
FRANK H FRYE TRUSTEE	2 00	X						0	0	0
COSTAS T LAMBREW MD TRUSTEE	2 00	X						0	0	0
SUSANNAH SWIHART TRUSTEE	2 00	X						0	0	0
JOE WISHCAMPER TRUSTEE	2 00	X						0	0	0
SUSAN HILTON TRUSTEE	2 00	X						0	0	0
PATRICIA B STOGSDILL MD TRUSTEE	2 00	X						0	0	0
MEG BAXTER TRUSTEE	2 00	X						0	0	0
HEIDI HANSEN TRUSTEE	2 00	X						0	0	0
BRIAN PETROVEK TRUSTEE	2 00	X						0	0	0
KATHERINE POPE MD TRUSTEE	2 00	X						0	0	0
PARKER ROBERTS MD TRUSTEE	2 00	X						0	0	0
ELIZABETH LUNT TRUSTEE	2 00	X						0	0	0
PETER BATES MD CMO	50 00			X				536,342	0	29,344

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	(C) Position (check all that apply)						(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			
JOHN E HEYE REG AGENT	50 00			X				389,455	0	32,688
MARJORIE WIGGINS CNO	50 00			X				382,857	0	27,324
DONALD E QUIGLEY ASST SECRTY	2 00			X				0	345,245	32,688
KURT E KLEBE SECRETARY	2 00			X				0	0	0
JEFFREY SANDERS COO	50 00			X				0	0	0
JEFFREY FLORMAN MD SURGEON	50 00					X		905,609	0	147,650
JAMES WILSON MD SURGEON	50 00					X		903,256	0	166,616
JOSEPH ALEXANDER MD SURGEON	50 00					X		897,497	0	83,539
JOHN WAHLIG MD SURGEON	50 00					X		865,517	0	122,993
KONRAD BARTH MD SURGEON	50 00					X		865,066	0	151,220
VINCE CONTI FORMER CEO							X	636,480	0	0
GEORGE HIGGINS MD FORMER CMO	50 00						X	362,805	0	40,313

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT	37,061,489	37,061,489		
OUTSIDE MEDICAL SERVICES	24,121,069	24,121,069		
HOSPITAL TAX	13,322,813	13,322,813		
MAINTENANCE	11,966,982	10,485,563	1,452,792	28,627
MISCELLANEOUS	8,321,182	7,229,336	1,010,191	81,655

Additional Data

Software ID:
Software Version:
EIN: 01-0238552
Name: MAINE MEDICAL CENTER

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

¹ (a) Description of Liability	(b) Amount
ACCRUED RETIREMENT BENEFITS	180,649,974
A/P UNDER REIMBURSEMENT REGULATIONS	53,250,902
SELF INSURANCE RESERVES	17,429,840
ASSET RETIREMENT OBLIGATION	16,220,440
SWAP AGREEMENTS	12,542,320
DUE TO RELATED PARTIES	8,211,656
LEASES PAYABLE	3,488,140
OTHER LIABILITIES	514,167