

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
 WALDO COUNTY GENERAL HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
 118 NORTHPORT AVENUE

City or town, state or country, and ZIP + 4
 BELFAST, ME 04915

D Employer identification number
 01-0177170

E Telephone number
 (207) 338-2500

G Gross receipts \$ 73,243,856

F Name and address of principal officer
 LINDA B DRINKWATER
 PO BOX 287
 BELFAST, ME 04915

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.WCHI.COM

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1901 **M** State of legal domicile ME

Part I Summary

| | | | |
|---|--|--|--------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities WALDO COUNTY GENERAL HOSPITAL'S MISSION IS TO BE THE BEST - BETTER, EMPATHY, SERVICE AND TEAMWORK OUR GOAL IS TO ENSURE QUALITY, ACCESSIBLE AND AFFORDABLE HEALTH CARE SERVICES AND TO IMPROVE THE HEALTH AND WELL-BEING OF OUR COMMUNITY | | |
| | 2 Check this box <input type="checkbox"/> 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 | 14 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 |
| | 5 Total number of employees (Part V, line 2a) | 5 | 639 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 191 |
| | 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 230,786 | 517,278 |
| | 9 Program service revenue (Part VIII, line 2g) | 61,722,276 | 64,606,145 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 130,755 | 1,140,541 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,431,046 | 1,277,559 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 63,514,863 | 67,541,523 |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 15,088 |
| 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) | | 35,584,048 | 37,281,642 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | | 25,367,547 | 25,483,388 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 60,966,683 | 62,785,645 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 2,548,180 | 4,755,878 | |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
| | 20 Total assets (Part X, line 16) | 71,013,550 | 82,473,154 |
| | 21 Total liabilities (Part X, line 26) | 14,999,222 | 20,633,231 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 56,014,328 | 61,839,923 | |

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

Signature of officer: _____ Date: 2011-07-27

LINDA B DRINKWATER CFO
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: 2011-08-02 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

WALDO COUNTY GENERAL HOSPITAL'S MISSION IS TO BE THE BEST - BETTER, EMPATHY, SERVICE AND TEAMWORK OUR GOAL IS TO ENSURE QUALITY, ACCESSIBLE AND AFFORDABLE HEALTH CARE SERVICES AND TO IMPROVE THE HEALTH AND WELL-BEING OF OUR COMMUNITY

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 \$ 45,737,278 including grants of \$ 20,615) (Revenue \$ 58,082,249)

WALDO COUNTY GENERAL HOSPITAL PROVIDES QUALITY AND AFFORDABLE HEALTH CARE SERVICES TO IMPROVE THE HEALTH AND WELL BEING OF THE COMMUNITIES IT SERVES, REGARDLESS OF THE PATIENT'S ABILITY TO PAY A BROAD SPECTRUM OF SERVICES ARE PROVIDED INCLUDING HOSPITAL ACUTE INPATIENT CARE, ANCILLARY OUTPATIENT DIAGNOSTIC SERVICES INCLUDING LABORATORY AND RADIOLOGY, THERAPEUTIC SERVICES INCLUDING PHYSICAL THERAPY, SPEECH, AUDIOLOGY, SLEEP, AND RESPIRATORY THERAPY, ONCOLOGY CLINICS, EMERGENCY SERVICES, INPATIENT HOSPITALIST CARE, INPATIENT HOSPICE, AND SURGICAL INPATIENT AND OUTPATIENT SERVICES THE HOSPITAL PROVIDED 4,940 DAYS OF ADULT AND NEWBORN INPATIENT CARE, AND 69,661 OUTPATIENT VISITS INCLUDING 506,399 OUTPATIENT PROCEDURES AND EXAMS (CONTINUED ON SCHEDULE O) CONTINUED FROM FORM 990, PART I, LINE 1 AND PART III, LINE 1 OUR MISSION IS TO BE THE BEST - BETTER, EMPATHY, SERVICE AND TEAMWORK - PRINCIPLES THAT GUIDE STAFF MEMBERS IN THEIR INTERACTIONS WITH PATIENTS, PATIENT FAMILIES AND COWORKERS ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF WALDO COUNTY GENERAL HOSPITAL, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES WE PROVIDE QUALITY CARE TO ALL PATIENTS, REGARDLESS OF THE INABILITY TO PAY WALDO COUNTY GENERAL HOSPITAL OFFERS MANY FREE OR LOW COST HEALTH SERVICES, INCLUDING CASE MANAGEMENT OF CHRONIC DISEASES, FAMILY WELLNESS FAIRS, EXERCISE AND FITNESS CLASSES, BLOOD PRESSURE CLINICS, IMMUNIZATIONS, HEALTH INFORMATION LIBRARY, WOMEN HEALTHCARE CONFERENCES, MAMMOGRAMS, HEALTH INFORMATION LIBRARY, ONCOLOGY PATIENT ASSISTANCE FUNDING AND SUPPORT GROUPS MANY OF THE COMMUNITY-BUILDING ACTIVITIES WE OFFER INCLUDE COMMUNITY-WIDE EMERGENCY PREPAREDNESS PLANNING AND DRILLS, BOOKS FOR BABES AND RAISING READERS PROGRAMS, HOSPITAL TOURS FOR SECOND GRADERS, COMMUNITY NEWSLETTERS, BABY FAIRS, AMERICAN RED CROSS BLOOD DRIVE SPONSORSHIPS, ETC OUR CHARITABLE GIVING HAS REACHED TO THE FOLLOWING COMMUNITY ORGANIZATIONS ACTIVE OLDER ADULTS, BELFAST AREA CHAMBER OF COMMERCE, BELFAST ROTARY, BOY SCOUTS OF AMERICA, HABITAT FOR HUMANITY, SPURWINK HUMANITARIAN EVENT, STOCK THE SHELVES FOOD CHALLENGE, TOYS FOR TOTS, WALDO COUNTY ONCOLOGY WALK AND YMCA HEALTHY KIDS DAY PLEASE SEE THE ATTACHED COMMUNITY BENEFITS STATEMENT

4b (Code) (Expenses \$ 5,124,142 including grants of \$) (Revenue \$ 4,743,075)

WALDO COUNTY GENERAL HOSPITAL EMPLOYS MANY HOSPITAL-BASED PHYSICIANS AND PROVIDES THE FOLLOWING SPECTRUM OF PHYSICIAN PATIENT CARE SERVICES FAMILY MEDICINE, GENERAL SURGERY, INTERNAL MEDICINE, ORTHOPEDICS, NEUROLOGY, OB/GYN, PODIATRY, CARDIOLOGY, UROLOGY, PULMONOLOGY, OTOLARYNGOLOGY AND ONCOLOGY OUR PHYSICIANS PROVIDED CARE TO PATIENTS DURING 25,171 PHYSICIAN-OFFICE PATIENT VISITS

4c (Code) (Expenses \$ 2,048,578 including grants of \$) (Revenue \$ 1,780,821)

WALDO COUNTY GENERAL HOSPITAL OFFERS THE COMMUNITY IT SERVES FIVE HEALTH CENTERS ARTHUR JEWELL COMMUNITY HEALTH CENTER, STOCKTON SPRINGS REGIONAL HEALTH CENTER, DONALD S WALKER HEALTH CENTER, LINCOLNVILLE REGIONAL HEALTH CENTER AND SEARSPORT HEALTH CENTER WE PROVIDED HEALTHCARE SERVICES TO PATIENTS DURING 19,759 HEALTH CENTER VISITS

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 52,909,998

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 covering various organizational requirements like political activities, lobbying, donor funds, and financial statements.

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 | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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 | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 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 | | No |
| 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 | | No |
| 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 113 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| | 1b 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |
| | 1c | | |
| 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 639 | | |
| 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 | |
| | 2b | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | No |
| | 3a | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| | 3b | | |
| 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 |
| | 4a | | |
| 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 | | |
| | 4b | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | No |
| | 5a | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | No |
| | 5b | | |
| 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? | | |
| | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | | No |
| | 6a | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | No |
| | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | No |
| | 7c | | |
| 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 |
| | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | No |
| | 7f | | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | No |
| | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | No |
| | 7h | | |
| 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? | | |
| | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | | |
| | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |

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

| | | Yes | No |
|-----------|---|-----|----|
| 1a | Enter the number of voting members of the governing body . . . | | |
| 1b | Enter the number of voting members that are independent . . . | | |
| 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? | | No |
| 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.)

| | | Yes | No |
|------------|--|-----|----|
| 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 If "Yes" to line a or b, describe the process in Schedule O (See instructions) | 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? | | No |
| 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? | | |

Section C. Disclosure

| | |
|-----------|---|
| 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 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 LINDA B DRINKWATER 118 NORTHPORT AVENUE BELFAST, ME 04915 (207) 338-2500 |

| | | | |
|-----------------|-----------|--------|---------|
| 1b Total | 2,911,873 | 81,061 | 193,714 |
|-----------------|-----------|--------|---------|

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 **43**

| | | 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 |
|---|--------------------------------|---------------------|
| SHERIDAN CORPORATION PO BOX 359 FAIRFIELD, ME 04937 | CONSTRUCTION | 322,634 |
| VISTA STAFFING SOLUTIONS FILE 50834 LOS ANGELES, CA 900740834 | MED STAFFING | 271,548 |
| WEATHERBY LOCUMS PO BOX 972633 DALLAS, TX 75397 | MED STAFFING | 246,351 |
| BAKER NEWMAN NOYES 280 FORE STREET PO BOX 507 PORTLAND, ME 04112 | AUDITING | 187,244 |
| MAINE GROUP PO BOX 569 BELFAST, ME 04915 | ARCHITECTURE | 151,739 |

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 **5**

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 | | | | | |
| | b | Membership dues 1b | | | | | |
| | c | Fundraising events 1c | | | | | |
| | d | Related organizations 1d | 2,100 | | | | |
| | e | Government grants (contributions) 1e | 357,909 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | 157,269 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ _____ | | | | | |
| | h | Total. Add lines 1a-1f | | 517,278 | | | |
| Program Service Revenue | 2a | NET PATIENT SERVICE REVENUE | 623,000 | 64,606,145 | 64,606,145 | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 64,606,145 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) | | 1,120,118 | | 1,120,118 | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6a | Gross Rents | (i) Real | 183,817 | | | |
| | | | (ii) Personal | | | | |
| | | | Less rental expenses | | | | |
| | | | Rental income or (loss) | 183,817 | | | |
| | d | Net rental income or (loss) | | 183,817 | 183,817 | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | 5,704,756 | 18,000 | | |
| | | | (ii) Other | | 5,554 | | |
| | | | Less cost or other basis and sales expenses | 5,696,779 | | | |
| | | | Gain or (loss) | 7,977 | 12,446 | | |
| d | Net gain or (loss) | | 20,423 | | 20,423 | | |
| 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a | | | | | | |
| b | Less direct expenses b | | | | | | |
| c | Net income or (loss) from fundraising events | | | | | | |
| 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 | MISCELLANEOUS REVENUE | | 606,238 | 606,238 | | | |
| b | CAFETERIA REVENUE | | 247,216 | 247,216 | | | |
| c | MANAGEMENT FEE REVENUE | | 240,288 | 240,288 | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | 1,093,742 | | | | |
| 12 | Total revenue. See Instructions | | 67,541,523 | 65,883,704 | | 1,140,541 | |

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 | 20,615 | 20,615 | | |
| 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 | 972,977 | 256,543 | 716,434 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 215,131 | | 215,131 | |
| 7 | Other salaries and wages | 29,294,057 | 25,396,213 | 3,897,844 | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 640,558 | 538,640 | 101,918 | |
| 9 | Other employee benefits | 4,188,264 | 3,527,106 | 661,158 | |
| 10 | Payroll taxes | 1,970,655 | 1,657,108 | 313,547 | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 397,107 | | 397,107 | |
| b | Legal | 2,987 | | 2,987 | |
| c | Accounting | 204,271 | | 204,271 | |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 4,073,887 | 3,586,558 | 487,329 | |
| 12 | Advertising and promotion | 728 | | 728 | |
| 13 | Office expenses | 8,731,336 | 8,387,860 | 343,476 | |
| 14 | Information technology | 969,397 | 389,256 | 580,141 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 1,337,990 | 1,125,105 | 212,885 | |
| 17 | Travel | 24,619 | 24,619 | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 150,697 | 116,202 | 34,495 | |
| 20 | Interest | 364,265 | 306,347 | 57,918 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 3,068,924 | 2,580,965 | 487,959 | |
| 23 | Insurance | 879,936 | 360,100 | 519,836 | |
| 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 | PROVISION FOR BAD DEBTS | 3,245,250 | 3,245,250 | | |
| b | STATE OF ME HOSPITAL TAX | 1,019,239 | 1,019,239 | | |
| c | MISCELLANEOUS EXPENSES | 1,012,755 | 372,272 | 640,483 | |
| d | | | | | |
| e | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 62,785,645 | 52,909,998 | 9,875,647 | 0 |
| 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 | 3,515 | 1 | 3,685 |
| | 2 Savings and temporary cash investments | 6,185,646 | 2 | 3,095,209 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 4,741,366 | 4 | 4,811,411 |
| | 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 | | 7 | |
| | 8 Inventories for sale or use | 1,779,735 | 8 | 1,876,650 |
| | 9 Prepaid expenses and deferred charges | 616,905 | 9 | 623,333 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 54,765,521 | | |
| | b Less accumulated depreciation | 31,394,566 | | |
| | 11 Investments—publicly traded securities | 22,104,062 | 10c | 23,370,955 |
| | 12 Investments—other securities See Part IV, line 11 | 20,109,997 | 11 | 28,355,005 |
| | 13 Investments—program-related See Part IV, line 11 | 155,634 | 12 | 152,653 |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets See Part IV, line 11 | | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 15,316,690 | 15 | 20,184,253 | |
| | 71,013,550 | 16 | 82,473,154 | |
| Liabilities | 17 Accounts payable and accrued expenses | 6,865,835 | 17 | 7,089,585 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | 7,257,367 | 20 | 7,018,289 |
| | 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 | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities Complete Part X of Schedule D | 876,020 | 25 | 6,525,357 |
| | 26 Total liabilities. Add lines 17 through 25 | 14,999,222 | 26 | 20,633,231 |
| 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 | 43,186,589 | 27 | 48,545,647 |
| | 28 Temporarily restricted net assets | 1,418,917 | 28 | 1,546,298 |
| | 29 Permanently restricted net assets | 11,408,822 | 29 | 11,747,978 |
| | 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 | 56,014,328 | 33 | 61,839,923 | |
| 34 Total liabilities and net assets/fund balances | 71,013,550 | 34 | 82,473,154 | |

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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" 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? | | No |
| 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 . . . | | |

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
WALDO COUNTY GENERAL HOSPITAL

Employer identification number

01-0177170

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

Additional Data

Software ID:
Software Version:
EIN: 01-0177170
Name: WALDO COUNTY GENERAL HOSPITAL

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 | | | |
| D KENT CLARK MD DIRECTOR/EMP | 40 00 | X | | | | | | 324,224 | 0 | 23,196 |
| ANN HOOPER DIRECTOR/EMP | 40 00 | X | | | | | | 127,274 | 0 | 14,620 |
| JENNESS ROBBINS PRESIDENT | 1 00 | X | | X | | | | 0 | 0 | 0 |
| PETER D HADDOCK DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| JOHN D WORTH III SECRETARY | 1 00 | X | | X | | | | 0 | 0 | 0 |
| FRANK MORONG TREASURER | 1 00 | X | | X | | | | 0 | 0 | 0 |
| DALE KUHNERT VICE PRES | 1 00 | X | | X | | | | 0 | 0 | 0 |
| GREGOR DAVENS DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| WAYNE HAMILTON DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| LEE WOODWARD JR DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| REP JANE CROSBY GILES DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| SENATOR CAROL WESTON DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| JAMES PATTERSON EDD DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| JAMES C DELEHANTY MD DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| DAVID TASSONI DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| MARK BISCONI CEO | 40 00 | | | X | | | | 262,675 | 81,061 | 25,764 |
| LINDA DRINKWATER CFO | 40 00 | | | X | | | | 186,585 | 0 | 8,639 |
| RICHARD BOWER MD OTHOPEdic MD | 40 00 | | | | | X | | 398,253 | 0 | 17,042 |
| DENNIS DESILVEY MD CARDIO MD | 32 00 | | | | | X | | 378,970 | 0 | 24,301 |
| TERRANCE SMITH MD ANESTH MD | 40 00 | | | | | X | | 347,451 | 0 | 31,223 |
| OWEN NELSON MD ORTHOPEDIC | 32 00 | | | | | X | | 343,483 | 0 | 5,292 |
| JOHN GAGE MD ER MD | 40 00 | | | | | X | | 341,746 | 0 | 29,718 |
| GORDON TIBBETTS FORMER CFO | 40 00 | | | | | | X | 201,212 | 0 | 13,919 |

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 WALDO COUNTY GENERAL HOSPITAL

Employer identification number

01-0177170

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 | | 5,043 |
| j Total lines 1c through 1i | | | 5,043 |
| 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 | PERCENTAGE OF ANNUAL MAINE HOSPITAL ASSOCIATION DUES ALLOCATED TOWARDS LOBBYING EXPENSES 5,043 |

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 WALDO COUNTY GENERAL HOSPITAL

Employer identification number 01-0177170

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.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 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

Table with 2 columns: Description, Amount. Rows: 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.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Investment earnings or losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance

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

- a Board designated or quasi-endowment, b Permanent endowment 100.000%, c Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Table with 3 columns: Description, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

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 | 67,541,523 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 62,785,645 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 4,755,878 |
| 4 | Net unrealized gains (losses) on investments | 4 | 1,119,287 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -49,570 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 1,069,717 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 5,825,595 |

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 | 68,251,231 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | 1,119,287 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | -49,570 |
| e | Add lines 2a through 2d | 2e | 1,069,717 |
| 3 | Subtract line 2e from line 1 | 3 | 67,181,514 |
| 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 | 360,009 |
| c | Add lines 4a and 4b | 4c | 360,009 |
| 5 | Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12) | 5 | 67,541,523 |

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

| | | | |
|----------|--|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 62,425,636 |
| 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 | 62,425,636 |
| 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 | 360,009 |
| c | Add lines 4a and 4b | 4c | 360,009 |
| 5 | Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18) | 5 | 62,785,645 |

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 |
|--|--|--|
| INTENDED USES FOR ENDOWMENT FUNDS | SCHEDULE D, PAGE 2, PART V, LINE 4 | TWO OF THE ENDOWMENT FUNDS ARE INTENDED FOR THE EARNINGS TO BE USED IN THE GENERAL OPERATIONS OF THE HOSPITAL OTHERS ARE INTENDED FOR THE EMERGENCY DEPARTMENT, INPATIENT HOSPICE, CANCER PATIENTS, CRIPPLED CHILDREN, AND NEEDY RESIDENTS |
| RECONCILIATION OF CHANGES - OTHER | SCHEDULE D, PAGE 4, PART XI, LINE 8 | GAIN ON PERPETUAL AND CHARITABLE TRUSTS 486,121 EQUITY TRANSFERS TO AFFILIATES -535,691 GRANT REVENUE -360,009 GRANT EXPENSES 360,009 |
| REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER | SCHEDULE D, PAGE 4, PART XII, LINE 2D | GAIN ON PERPETUAL AND CHARITABLE TRUSTS 486,121 EQUITY TRANSFERS TO AFFILIATES -535,691 |
| REVENUE AMOUNTS INCLUDED ON RETURN - OTHER | SCHEDULE D, PAGE 4, PART XII, LINE 4B | GRANT REVENUE 360,009 |
| EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER | SCHEDULE D, PAGE 4, PART XIII, LINE 4B | GRANT EXPENSES 360,009 |

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.

Name of the organization WALDO COUNTY GENERAL HOSPITAL

Employer identification number 01-0177170

Part I Charity Care and Certain Other Community Benefits at Cost

1a Does the organization have a charity care policy? 1b If "Yes," is it a written policy? 2 If the organization has multiple hospitals... 3 Answer the following based on the charity care eligibility criteria... 3a Does the organization use Federal Poverty Guidelines... 3b Does the organization use FPG to determine eligibility... 4 Does the organization's policy provide free or discounted care... 5a Does the organization budget amounts... 5b If "Yes," did the organization's charity care expenses... 5c If "Yes" to line 5b... 6a Does the organization prepare an annual community benefit report? 6b If "Yes," does the organization make it available to the public?

7 Charity Care and Certain Other Community Benefits at Cost

Table with 7 columns: (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. Rows include Charity Care and Means-Tested Government Programs and Other Benefits.

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 | | | | | | |
| 2 Economic development | | | | | | |
| 3 Community support | | | | | | |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | | | | | | |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|--|----------|-----------|----|
| 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 | Yes | |
| 2 Enter the amount of the organization's bad debt expense (at cost) | 2 | 2,077,609 | |
| 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 | | |
| 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. | | | |

Section B. Medicare

| | | |
|---|----------|------------|
| 5 Enter total revenue received from Medicare (including DSH and IME) | 5 | 18,361,437 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 18,505,571 |
| 7 Subtract line 6 from line 5. This is the surplus or (shortfall) | 7 | -144,134 |
| 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: | | |
| <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other | | |

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 | | | | |
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| 12 | | | | |
| 13 | | | | |
| 14 | | | | |

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) |
|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|
| WALDO COUNTY GENERAL HOSPITAL 118 NORTHPORT AVENUE BELFAST, ME 04915 | | | X | | X | | | | |
| ARTHUR JEWELL COMMUNITY HEALTH CTR 55 REYNOLDS ROAD BROOKS, ME 04921 | | | | | | | | | |
| DONALD S WALKER HEALTH CENTER 43 WEST MAIN STREET LIBERTY, ME 04949 | | | | | | | | | |
| LINCOLNVILLE HEALTH CENTER 2399 ATLANTIC HIGHWAY LINCONVILLE, ME 04849 | | | | | | | | | |
| SEARSPORT HEALTH CENTER 37 MORTLAND ROAD SEARSPORT, ME 04974 | | | | | | | | | |
| STOCKTON SPRINGS REG HEALTH CENTER 11 CAPE JELLISON ROAD STOCKTON SPRINGS, ME 04981 | | | | | | | | | |
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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 ATTACHED COMMUNITY BENEFITS STATEMENT

- 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 ATTACHED COMMUNITY BENEFITS STATEMENT

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

SEE ATTACHED COMMUNITY BENEFITS STATEMENT

- 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 ATTACHED COMMUNITY BENEFITS STATEMENT

- 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 ATTACHED COMMUNITY BENEFITS STATEMENT

- 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 ATTACHED COMMUNITY BENEFITS STATEMENT

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

Additional Data

Software ID:

Software Version:

EIN: 01-0177170

Name: WALDO COUNTY GENERAL HOSPITAL

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

THE AMOUNTS REPORTED IN THE TABLE WERE CALCULATED USING THE WORKSHEETS PROVIDED IN THE SCHEDULE H INSTRUCTIONS. THE COST-TO-CHARGE RATIO WAS USED AS THE COSTING METHODOLOGY AND WAS ALSO CALCULATED USING WORKSHEET 2 OF THE SCHEDULE H INSTRUCTIONS.

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

PHYSICIAN CLINIC COSTS WERE INCLUDED AS SUBSIDIZED HEALTH SERVICES IN THE AMOUNT OF 9,420,868

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

THE AMOUNT OF BAD DEBTS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A) IS 3,245,250

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

THE ORGANIZATION USES A COST-TO-CHARGE RATIO METHODOLOGY THE AMOUNT REPORTED ON PART III, LINE 2 WAS DETERMINED USING WORKSHEET A, PROVIDED IN THE SCHEDULE H INSTRUCTIONS DISCOUNTS PROVIDED TO PATIENTS ARE NOT INCLUDED IN BAD DEBT EXPENSE AN AMOUNT THAT COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY, IF SUFFICIENT INFORMATION HAD BEEN AVAILABLE TO MAKE A DETERMINATION OF THEIR ELIGIBILITY COULD NOT BE REASONABLE DETERMINED PART III, LINE 4 - BAD DEBT FOOTNOTE IN THE ORGANIZATION'S FINANCIAL STATEMENTS CHARGES FOR SERVICES RENDERED TO INDIVIDUALS FROM WHOM PAYMENT IS EXPECTED AND ULTIMATELY NOT RECEIVED ARE WRITTEN OFF AND INCLUDED IN EXPENSES AS PART OF THE PROVISION FOR BAD DEBTS BAD DEBT EXPENSE REPRESENTS HEALTHCARE SERVICES WALDO COUNTY GENERAL HOSPITAL HAS PROVIDED WITHOUT COMPENSATION AS A TAX-EXEMPT HOSPITAL, WALDO COUNTY GENERAL HOSPITAL PROVIDES NECESSARY PATIENT CARE REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THE SERVICES A PORTION OF THE HOSPITAL'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 WALDO COUNTY GENERAL HOSPITAL CANNOT DETERMINE THE AMOUNT OF BAD DEBT EXPENSE THAT COULD BE REASONABLY ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'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, WALDO COUNTY GENERAL HOSPITAL BELIEVES THAT BAD DEBT EXPENSE SHOULD BE INCLUDED AS A COMMUNITY BENEFIT

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

THE COSTING METHODOLOGY USED TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE HOSPITAL'S MEDICARE COST REPORT IS THE MEDICARE COST-TO-CHARGE RATIO, WHICH INCORPORATES MEDICARE ALLOWABLE COSTS. THE TOTAL AMOUNT OF 144,134 REPORTED ON PART III, LINE 7 SHOULD BE TREATED AS COMMUNITY BENEFIT BECAUSE THE LOSSES ARE INCURRED IN PERFORMING AN IMPORTANT PUBLIC SERVICE. THE HOSPITAL HAS MADE A CLEAR MISSION COMMITMENT TO SERVING ELDERLY PATIENTS.

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

ONCE A PATIENT HAS BEEN DETERMINED TO QUALIFY FOR FREE CARE, THE PATIENT IS NOT BILLED FOR SERVICES PROVIDED, NOR IS THE PATIENT BILLED FOR AMOUNTS NOT PAID BY AN INSURER

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 WALDO COUNTY GENERAL HOSPITAL

Employer identification number 01-0177170

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
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. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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 (book, FMV, appraisal, other), (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
WALDO COUNTY GENERAL HOSPITAL

Employer identification number
01-0177170

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
- First-class or charter travel
 - Travel for companions
 - Tax idemnification and gross-up payments
 - Discretionary spending account
 - Housing allowance or residence for personal use
 - Payments for business use of personal residence
 - Health or social club dues or initiation fees
 - 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

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- 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 | | |
| 2 | | |
| 4a | | No |
| 4b | | No |
| 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 | | | | |
| D KENT CLARK MD | (i) (ii) | 307,306 | | 16,918 | 6,900 | 16,296 | 347,420 | |
| MARK BISCONI | (i) (ii) | 240,103 81,061 | | 22,572 | 6,900 | 18,864 | 288,439 81,061 | |
| LINDA DRINKWATER | (i) (ii) | 176,671 | | 9,914 | 5,652 | 2,987 | 195,224 | |
| RICHARD BOWER MD | (i) (ii) | 369,395 | | 28,858 | | 17,042 | 415,295 | |
| DENNIS DESILVEY MD | (i) (ii) | 358,612 | | 20,358 | 6,900 | 17,401 | 403,271 | |
| TERRANCE SMITH MD | (i) (ii) | 343,887 | | 3,564 | 6,900 | 24,323 | 378,674 | |
| OWEN NELSON MD | (i) (ii) | 343,483 | | | | 5,292 | 348,775 | |
| JOHN GAGE MD | (i) (ii) | 324,437 | | 17,309 | 6,900 | 22,818 | 371,464 | |
| GORDON TIBBETTS | (i) (ii) | 178,446 | | 22,766 | 6,184 | 7,735 | 215,131 | |
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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 |
|------------|------------------|-------------|
|------------|------------------|-------------|

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

WALDO COUNTY GENERAL HOSPITAL

Employer identification number

01-0177170

| Identifier | Return Reference | Explanation |
|------------------------|-----------------------------------|---|
| ORGANIZATION'S MISSION | FORM 990 - ORGANIZATION'S MISSION | WALDO COUNTY GENERAL HOSPITAL'S MISSION IS TO BE THE BEST - BETTER, EMPATHY, SERVICE AND TEAMWORK OUR GOAL IS TO ENSURE QUALITY, ACCESSIBLE AND AFFORDABLE HEALTH CARE SERVICES AND TO IMPROVE THE HEALTH AND WELL-BEING OF OUR COMMUNITY |

| Identifier | Return Reference | Explanation |
|-------------------------------|-------------------------------------|---|
| FIRST ACHIEVEMENT DESCRIPTION | FORM 990, PAGE 2, PART III, LINE 4A | CONTINUED FROM FORM 990, PART I, LINE 1 AND PART III, LINE 1 OUR MISSION IS TO BE THE BEST - BETTER, EMPATHY, SERVICE AND TEAMWORK - PRINCIPLES THAT GUIDE STAFF MEMBERS IN THEIR INTERACTIONS WITH PATIENTS, PATIENT FAMILIES AND COWORKERS ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF WALDO COUNTY GENERAL HOSPITAL, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES WE PROVIDE QUALITY CARE TO ALL PATIENTS, REGARDLESS OF THE INABILITY TO PAY WALDO COUNTY GENERAL HOSPITAL OFFERS MANY FREE OR LOW COST HEALTH SERVICES, INCLUDING CASE MANAGEMENT OF CHRONIC DISEASES, FAMILY WELLNESS FAIRS, EXERCISE AND FITNESS CLASSES, BLOOD PRESSURE CLINICS, IMMUNIZATIONS, HEALTH INFORMATION LIBRARY, WOMEN HEALTHCARE CONFERENCES, MAMMOGRAMS, HEALTH INFORMATION LIBRARY, ONCOLOGY PATIENT ASSISTANCE FUNDING AND SUPPORT GROUPS MANY OF THE COMMUNITY-BUILDING ACTIVITIES WE OFFER INCLUDE COMMUNITY-WIDE EMERGENCY PREPAREDNESS PLANNING AND DRILLS, BOOKS FOR BABES AND RAISING READERS PROGRAMS, HOSPITAL TOURS FOR SECOND GRADERS, COMMUNITY NEWSLETTERS, BABY FAIRS, AMERICAN RED CROSS BLOOD DRIVE SPONSORSHIPS, ETC OUR CHARITABLE GIVING HAS REACHED TO THE FOLLOWING COMMUNITY ORGANIZATIONS ACTIVE OLDER ADULTS, BELFAST AREA CHAMBER OF COMMERCE, BELFAST ROTARY, BOY SCOUTS OF AMERICA, HABITAT FOR HUMANITY, SPURWINK HUMANITARIAN EVENT, STOCK THE SHELVES FOOD CHALLENGE, TOYS FOR TOTS, WALDO COUNTY ONCOLOGY WALK AND YMCA HEALTHY KIDS DAY PLEASE SEE THE ATTACHED COMMUNITY BENEFITS STATEMENT |

| Identifier | Return Reference | Explanation |
|------------------------------------|-----------------------------------|---|
| CLASSES OF MEMBERS OR STOCKHOLDERS | FORM 990, PAGE 6, PART VI, LINE 6 | WALDO COUNTY HEALTHCARE, INC (WCHI)-(EIN 22-2864961) IS THE SOLE MEMBER OF WALDO COUNTY GENERAL HOSPITAL MAINEHEALTH (EIN 01-0431680), IS THE SOLE MEMBER OF WCHI AS SOLE MEMBER OF WCHI, MAINEHEALTH HAS THE RIGHT TO APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY OF WCHI AND ITS SUBSIDIARIES |

| Identifier | Return Reference | Explanation |
|--------------------------------------|------------------------------------|---|
| ELECTION OF MEMBERS AND THEIR RIGHTS | FORM 990, PAGE 6, PART VI, LINE 7A | MAINEHEALTH MAY ELECT MEMBERS OF THE BOARD OF DIRECTORS FROM A SLATE OF NOMINEES SUBMITTED BY THE CORPORATION |

| Identifier | Return Reference | Explanation |
|--|------------------------------------|---|
| DECISIONS SUBJECT TO APPROVAL OF MEMBERS | FORM 990, PAGE 6, PART VI, LINE 7B | DECISIONS OF THE GOVERNING BODY SUCH AS BUDGETS, BUSINESS STRATEGIES, SIGNIFICANT FINANCIAL COMMITMENTS, AMENDMENTS TO THE ARTICLES OF INCORPORATION, AND ELECTION OF THE PRESIDENT/CEO AMONG OTHER DECISIONS, ARE SUBJECT TO APPROVAL BY MAINEHEALTH |

| Identifier | Return Reference | Explanation |
|--|------------------------------------|---|
| ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 | FORM 990, PAGE 6, PART VI, LINE 11 | THE FINANCE COMMITTEE PERFORMS A DETAILED REVIEW OF THE FORM 990 THE FORM 990 IS THEN PRESENTED TO THE FULL BOARD |

| Identifier | Return Reference | Explanation |
|---------------------------------|-------------------------------------|---|
| ENFORCEMENT OF CONFLICTS POLICY | FORM 990, PAGE 6, PART VI, LINE 12C | WALDO COUNTY GENERAL HOSPITAL'S CONFLICT OF INTEREST POLICY IS INCORPORATED AS PART OF THE BY-LAWS OF THESE CORPORATIONS THE ORGANIZATION CONSISTENTLY REVIEWS ALL TRANSACTIONS TO ASSURE COMPLIANCE IN ACCORDANCE WITH THE BY-LAWS |

| Identifier | Return Reference | Explanation |
|---------------------------------------|-------------------------------------|---|
| COMPENSATION PROCESS FOR TOP OFFICIAL | FORM 990, PAGE 6, PART VI, LINE 15A | THE PROCESS FOLLOWED FOR DETERMINING COMPENSATION OF THE EXECUTIVE DIRECTOR IS A FORMAL PROCESS PERFORMED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS THIS COMMITTEE USES THE TOWERS-PERRIN ANNUAL EXECUTIVE COMPENSATION ANALYSIS TO COMPARE MARKET ANALYSIS IN SETTING THE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER AS WELL AS THE OTHER KEY ADMINISTRATIVE EMPLOYEES OF THE ORGANIZATION |

| Identifier | Return Reference | Explanation |
|-----------------------------------|-------------------------------------|---|
| COMPENSATION PROCESS FOR OFFICERS | FORM 990, PAGE 6, PART VI, LINE 15B | THE PROCESS FOLLOWED FOR DETERMINING COMPENSATION OF THE EXECUTIVE DIRECTOR IS A FORMAL PROCESS PERFORMED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THIS COMMITTEE USES THE TOWERS-PERRIN ANNUAL EXECUTIVE COMPENSATION ANALYSIS TO COMPARE MARKET ANALYSIS IN SETTING THE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER AS WELL AS THE OTHER KEY ADMINISTRATIVE EMPLOYEES OF THE ORGANIZATION. |

| 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 |

**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
WALDO COUNTY GENERAL HOSPITAL

Employer identification number
01-0177170

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

| (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 |
|--|-------------------------|--|----------------------------|---|----------------------------------|
| WALDO COUNTY HEALTHCARE INC PO BOX 287 BELFAST, ME 04915 22-2864961 | COMM EDUC | ME | 501 | 11B | NA |
| COASTAL MEDICAL CARE PO BOX 287 BELFAST, ME 04915 01-0487091 | MED SERV | ME | 501 | 9 | NA |
| BELFAST PUBLIC HEALTH NURSING PO BOX 287 BELFAST, ME 04915 04-3359810 | PUB HLTH | ME | 501 | 9 | NA |
| WALDO COUNTY HOME HEALTHCARE SERV PO BOX 287 BELFAST, ME 04915 22-2864960 | HOSPICE | ME | 501 | 9 | NA |
| MAINEHEALTH 110 FREE STREET PORTLAND, ME 04101 01-0431680 | HEALTHCARE | ME | 501 | 11C | NA |
| | | | | | |
| | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
| WALDO COUNTY HEALTHCARE MGMT CO PO BOX 287 BELFAST, ME04915 01-0485133 | MGMT SVCS | ME | N/A | | | | |
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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 | Yes | |
| 1b | | No |
| 1c | | No |
| 1d | | No |
| 1e | | No |
| | | |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| | | |
| 1j | | No |
| 1k | Yes | |
| 1l | Yes | |
| 1m | | No |
| 1n | | No |
| | | |
| 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

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

Waldo County Healthcare Community Benefits Report – FY10

I. Why create a Community Benefits report?

Waldo County Healthcare's operations as a tax-exempt organization include many initiatives focused on improving the health of our community, including family wellness fairs, immunization clinics, health classes, support groups, scholarships, a mammography fund, an oncology patient assistance fund and other charitable contributions to community programs. With these programs, Waldo County Healthcare hopes to fill existing gaps in local healthcare services, while improving the healthcare of the communities it serves. This report will summarize Waldo County Healthcare's community benefits efforts over the last year. The final section will provide a financial summary of free care, bad debt, government-sponsored healthcare shortfall and all subsidized community programs.

II. Organizational Description and Information

Waldo County Healthcare's goal is to ensure quality, accessible and affordable health care services and to improve the health and well being of the communities it serves. Waldo County General Hospital (WCGH) and its five health centers - Arthur Jewell Community Health Center, Donald S. Walker Health Center, Lincolnville Regional Health Center, Searsport Health Center and Stockton Springs Regional Health Center - primarily serve Waldo County residents. The organization's internal mission is: To be the BEST – Better, Empathy, Service and Teamwork – principles that guide staff members in their interactions with patients, patient families and co-workers. A broad spectrum of services are provided including hospital, physicians, laboratory, inpatient hospice unit, sleep disorders laboratory and medical oncology clinic. Other member organizations, Waldo County Home Healthcare Services, Belfast Public Health Nursing Association, and Coastal Medical Care provide home health and hospice services, preventative and occupational health services and public health nursing.

III. Community Needs Assessment

The Waldo County Healthcare Board of Directors is made up of a diverse set of community members. Through its planning processes, the Board evaluates the needs of the community and determines how Waldo County Healthcare can best meet those needs. The Board participates in various continuous planning initiatives covering areas such as clinical services, quality improvement, finances, facilities, personnel, and physician recruitment.

Waldo County Healthcare also recognizes and acts on many of the recommendations provided by external groups such as the Maine Center for Disease Control and Prevention and the Association of Professionals in Infection Control.

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 Waldo County Healthcare Community Programs and Other Support

Subsidized Health Services

Community Mental Health Services – Waldo County Healthcare, in partnership with Lincoln County Healthcare, Pen Bay Healthcare, and Maine Mental Health Partners, has agreed to a three-year subsidy plan with the goal to sustain and expand community mental health services in our region. Waldo County Healthcare began to provide a subsidy for the Mid-Coast Mental Health Center as it transitions from ownership by Pen Bay Healthcare to Maine Mental Health Partners. This new collaboration has resulted in expanded mental health services in Waldo County including integrated primary care and mental health care in the Hospital’s two rural health centers; and access to a brief psychiatric consultation service for primary care patients in Waldo County provided at the Mid-Coast Mental Health Center’s Belfast office.

Public Health Nursing – The Belfast Public Health Nursing Association addresses public health issues by offering free health education and services to low-income, at risk, individuals and families in Belfast who would not otherwise have access to healthcare. Waldo County Healthcare and the City of Belfast subsidize the services which include walk-in crisis management of health needs, emergency food and housing, home visits to each new mom and baby in Belfast, immunization clinics and blood pressure clinics. Prevention, early intervention and referrals to other agencies increase public safety.

Home Health and Hospice - Waldo County Home Healthcare Services is subsidized by Waldo County Healthcare allowing them to provide comprehensive in-home medical, physical, social and emotional care to home bound people of all ages and to those choosing to die at home without denying any patients care because of inability to pay.

Occupational Health and Wellness - In order to ensure access to occupational health services and to reduce the rate of occupational injury in our community, Waldo County Healthcare subsidizes Coastal Medical Care (CMC). CMC offers post offer physicals, ergonomic evaluation, on-site injury prevention programs, medical care for workplace injuries, in-office and on-site injury follow-up, smoking cessation counseling, on-site nursing services and CPR/First Aid classes, on-site immunizations, on-site wellness services and assistance with workers compensation claims.

Physician Services - In order to ensure access to primary care and certain specialty physician services, Waldo County Healthcare owns and operates physician practices and health clinics providing family medicine, cardiology, general surgery, internal medicine, neurology, obstetrics, gynecology, occupational health, orthopedics, and podiatry. Due to the demographics of the population in Waldo County, most of these services would not be available if they were not provided by a system such as ours. Currently 67% of the general and specialty practices available to residents of Waldo County are owned and operated by Waldo County General Hospital. Many local private practice physicians have been forced to close their practice to, or significantly limit access for, new Medicaid (MaineCare) patients. Our practices continue to accept patients regardless of their insurance coverage or lack thereof.

Community Health Services (Offered free or at low cost)

CarePartners – This free program arranges the provision of healthcare services donated by Waldo County Healthcare for low income, uninsured Waldo County residents. CarePartners also provides administrative support to help serve the target population, including comprehensive eligibility assessment and care management.

Case Management - Waldo County General Hospital's Community Case Management Program is a free service for patients with COPD and/or CHF. The program is designed to help patients follow their doctor's treatment plan to reduce complications and symptoms; to answer medical questions; to remove barriers to service; and to develop a plan to reach their goals, including in some cases, returning to work. In its third year, patients enrolled in case management reduced hospitalizations and Emergency Department visits by 90%.

Classes – fitness ball workout, strong women weight training, living well, “look good...feel better”, CPR, babysitting, childbirth, stretch around exercise and weight watchers. A new class called “The Beat Goes On!” was started to provide education on heart failure for patients and their families.

Clinics – services such as blood pressure reading, weight check, immunizations and speech evaluation for children. Nearly 5,500 immunizations for seasonal flu and H1N1 flu were provided to adults and school children during the past year.

“Concussions” – this program involved a presentation by a hospital physician to the Maine Coast Skaters Association coaches on the signs, symptoms and care of concussion injuries.

Family Wellness Fair – a one-day event of interactive health displays and exercises. Literature and samples; free cholesterol, spinal, pulse, oxygen saturation, blood pressure and hearing screenings attended by 250 people.

Health Talks – several free community health talks were offered including “Breast Cancer: Get the facts from screening to treatment”, “Managing Parkinson's Disease” and “Tick Talk”, a discussion of Lyme disease.

Journey to Health – 367 community members are currently enrolled in our free program that provides tips, exercise opportunities and cooking classes to help people reduce their stress, eat healthier and exercise more.

MedAccess – This free program provides access to free medications to uninsured and underinsured community members through 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.

Oncology Patient Assistance Fund and Mammography Fund provided \$5,752 to help cancer patients and \$3,600 for free mammograms.

Staying Healthy – Our monthly community access television show provides lots of helpful tips for living healthier lives, including regular cooking segments featuring healthy recipes.

Support groups – meeting space and some facilitators for groups such as Alcoholics Anonymous, bereavement, breastfeeding, cardiac, family caregivers, hospice caregivers and cancer education.

5-2-1-0 Let's Go! Waldo County – is a community-based initiative of interactive talks, projects and literature to promote healthy lifestyle choices for youth and families and thus address the obesity epidemic. Our goal is to increase physical activity and healthy eating especially for youths, from birth to age 18. The numbers stand for 5 servings of fruits and vegetables per day; no more than 2 hours of recreational screen time; at least 1 hour of physical activity; and 0 sugary drinks. The program started in the schools and daycares but is expanding to doctors' offices, workplaces and adults in the community. To help its employees and visitors eat healthier, the hospital removed soda and unhealthy snacks from all vending machines; offered fresh fruit and a salad bar at all meals; and started putting more low-fat and vegetarian options on its cafeteria menu.

Community-building Activities

- Wise Kids Summer Camp – The hospital provided free healthy meals and snacks to children attending the city's six-week outdoor education and wellness program.
- Making change – The hospital provides meeting space and healthy snacks for this peer group which meets to help teens make positive lifestyle choices.
- Dancing with Parkinson's – a series of classes to introduce diverse dance movements for all ability levels held at the University of Maine Hutchinson Center.
- Diabetes and pump therapy training – hands-on instruction by hospital RNs for area school nurses on new insulin pumps.
- At the Waldo County YMCA triathlon, the hospital sponsored the first aid tent staffed with two medical practitioners and two physical therapists.
- Hospital tours for second graders in all three school districts in Waldo County to promote familiarity with the hospital and reduce potential anxiety on having to use hospital services.

- Collaborate with Healthy Waldo County which holds educational sessions on topics aimed to make a difference in the health and vitality of our community such as lead poisoning prevention and which teaches 'Fresh Start' smoking cessation classes.
- Belfast Public Health Nursing Association addresses public health concerns – visits new mothers and babies in Waldo County, provides immunizations for city workers, teachers and community, helps school nurses and handles public safety issues such as bug infestations.
- InPulse newsletter – mailed to community members quarterly to inform them of new services, staff and activities at Waldo County Healthcare. Annual report distributed yearly.
- Baby Fair – organize a fair twice a year with educational booths on parenting and also provide a place for community members to buy and sell used children's clothes and toys.
- Sponsor an American Red Cross blood drive.
- Remembrance service for loved ones lost during the previous year, facilitated by home health and hospice staff.

Charitable Giving

- Belfast Area Chamber of Commerce
- Belfast Area Little League
- Belfast Harbor Fest
- Belfast Rotary 100 Fund
- Boy Scouts Katahdin Council & Pine Tree Council
- Coastal Mountains Land Trust
- Fresh Fruit & Vegetable Program at East Belfast School
- Good Life Fest
- Habitat for Humanity of Waldo County
- LifeFlight Foundation of Maine
- Mitten Tree for elementary schools
- Project Graduation at Belfast Area High School
- Stock the Shelves Food Challenge
- Toys for Tots
- Waldo County 4-H
- Waldo County Oncology Walk
- YMCA Healthy Kids Day

Health Professions Education

College scholarships – Awarded scholarships to 15 high school students pursuing a degree in a healthcare profession.

Nursing Program at University of Maine Hutchinson Center – Sponsorship of a nursing faculty position for the B.S.N. program at the college in Belfast.

Health Profession Students – Students from Waldo County Technical College hold classes at the hospital, use the hospital inpatient and outpatient areas for observation and job shadow in home health services.

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| Waldo County Healthcare “Net Community Benefit Investment” = \$3,212,769 |
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* In addition to the aforementioned programs, Waldo County Healthcare 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

Waldo County Healthcare charges all patients the same price for the same services, regardless of source of payment. Individuals are not required to pay, or make arrangements to pay, prior to the provision of services. However, self-pay patients are encouraged to contact the financial counselor to discuss payment arrangements. The timing of the billing cycle can vary depending on the type of services provided. Once a patient account is determined to be self-pay, an itemized statement is mailed to the patient within seven days. After that initial billing, the patient has a minimum of ninety-seven days to make payment or contact customer service to make payment arrangements. During that time, the patient will receive a minimum of three reminder notices, sent approximately thirty days apart. Then if necessary, a responsible and professional collection agency is utilized to continue collection efforts. A patient account becomes classified as “bad debt” if the account is not paid in full within 120 days. Legal collection action is pursued only with prior approval from the Patient Financial Services Manager.

VI. Free Care Policy

Waldo County Healthcare’s Free Care and Financial Assistance policy and procedures are created to be easily understood and are prominently posted at all registration sites and the main lobby. The Free Care policy is explained in the *Guide to Hospital Billing* brochure, which is enclosed with all itemized billing statements mailed to self-pay patients. Waldo County Healthcare provides free care to patients whose family income is at or below 200% of the Federal Poverty Level. Free Care eligibility is determined after the patient receives the itemized statement for services provided. Once a potential free care candidate is identified, financial counselors contact the patient to assist with the application process. All registrars and billing personnel are trained on the Free Care policies.

VII. Good Governance and Executive Compensation Policies

Good Governance

Waldo County Healthcare has a Board of Directors composed of 15 community members. The majority are not practicing physicians, department heads or other Waldo County Healthcare employees with a financial connection or affiliation with the Organization. The Board meets nine 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. Directors understand their fiscal and other specific responsibilities while serving on the Board, and further education/information is provided to Board members if requested. Directors and Executive Officers do not receive loans on behalf of the Organization. The Organization ensures that a substantial part of its activities do not involve attempts to influence legislation and that it will not provide direct support for or against a political candidate. Moreover, the CEO and CFO both sign off on the yearly audited financial statements and the Board of Directors also has final approval. The Board 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

Waldo County Healthcare has a formal written compensation policy. The Board of Directors' Executive Committee determines the level of compensation for its CEO. The findings of the Executive Committee are made transparent to, and voted on by, the full Governing Board. This total executive compensation is filed publicly and includes total cash compensation and total value of all benefits and perquisites associated with the position. The Board takes necessary action to prevent the CEO from voting or directly participating in the final determination of his/her own compensation. The Executive compensation procedure relies upon appropriate data for comparability. Finally, Waldo County Healthcare refrains from allowing executive compensation to be based solely on its revenues or similar profit-sharing strategies.

VIII. Aggregate Financial Data

**Waldo County Healthcare
Community Benefit Summary**

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| 1. Free care (at cost) | \$ 1,781,100 |
| 2. Bad debt (at cost) | \$ 2,077,609 |
| 3. Government-sponsored health care shortfall (Unpaid cost of Medicare and MaineCare) | \$ 1,447,312 |
| 4. Net Community Benefit Investment Programs | \$ 3,212,869 |
| - Subsidized Health Services | - Community Health Services |
| - Community-building Activities | - Charitable Giving |

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| <i>Total Value of Quantifiable Benefits Provided to the Community</i> | \$8,518,790 |
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