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# Short Form Return of Organization Exempt From Income Tax

# 2011

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- ▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

Department of the Treasury  
Internal Revenue Service

<b>A</b>	For the 2011 calendar year, or tax year beginning <u>7/1/2011</u> , and ending <u>6/30/2012</u>	
<b>B</b>	<input type="checkbox"/> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	
	<b>C</b> Name of organization MID COAST HOSPITAL AUXILLIARY Number and street (or P O box, if mail is not delivered to street address) Room/suite 123 MEDICAL CENTER DRIVE City or town state or country ZIP + 4 BRUNSWICK ME 04011	<b>D</b> Employer identification number 01-0279581  <b>E</b> Telephone number (207) 882-4067  <b>F</b> Group Exemption Number ▶
<b>G</b>	Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____	
<b>I</b>	Website: ▶ N/A	
<b>J</b>	Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>H</b>	Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	

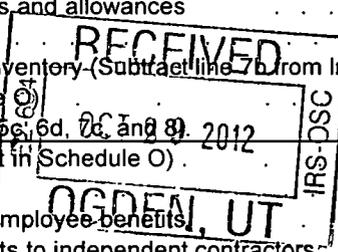
**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 126,189

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)  
Check if the organization used Schedule O to respond to any question in this Part I.

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	121,262
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	4,860
	4 Investment income	4	67
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8		
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 2012	9	126,189	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	90,600
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	400
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	29,110
	17 <b>Total expenses.</b> Add lines 10 through 16.	17	120,110
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,079
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	55,952
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	9,982
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	72,013

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**Part II Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	55,952	72,013
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	55,952	72,013
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	55,952	72,013

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? TO ASSIST MID COAST HOSPITAL IN ACQUIRING NECESS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 PROVIDED VOLUNTEER SERVICES AND AWARDED \$50,000 IN GIFTS TO MID COAST HOSPITAL		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	50,000
29 AWARDED 34 SCHOLARSHIPS TOTALING \$40,600 TO STUDENTS PURSUING CAREERS IN THE MEDICAL FIELD.		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	40,600
30 INCURRED \$29,004. IN OPERATIONAL EXPENSES		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	29,004
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	119,604

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CAROL GIBSON 14 ARBORETUM WAY HARPSWELL ME 04079	Title PRES Hr/WK 5.00	0		
JOY JOHNSON 69 SHORE ROAD HARPSWELL ME 04079	Title VP Hr/WK 1 00	0		
ANNE BARNES 113 MILL ISLAND ROAD ARROWSIC ME 04530	Title SECR Hr/WK 2 00	0		
SANDRA DENHAM 17 NORTH STREET BATH ME 04530	Title SECR Hr/WK 2 00	0		
JOAN SHEA 203 YOUNGS POINT RD WISCASSETT ME 04578	Title TREAS Hr/WK 2 00	0		
RODGER CUTHBERT 42 WOODARD POINT RD BRUNSWICK ME 04011	Title ASS TR Hr/WK .00	0		
ABAGAIL A. MANNING 11 HOGTIDE LANE HARPSWELL ME 04079	Title PAST PR Hr/WK .00	0		
PAT LAZ 18 BRIAR CLIFF ROAD HARPSWELL ME 04079	Title DIR Hr/WK 00	0		
DEEDEE MOORE 10 HERON DRIVE TOPSHAM ME 04086	Title DIR Hr/WK 00	0		
ELLEEN HUTCHINSON 61 MIDDLE STREET BATH ME 04530	Title DIR Hr/WK .00	0		
ANN HASSLETT 17 TOWHEE DRIVE TOPSHAM ME 04086	Title DIR Hr/WK 00	0		
GAIL ROSNER 396 PRINCES POINT ROAD BRUNSWICK ME 04011	Title DIR Hr/WK .00	0		

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		X
35 c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b		
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9. 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ , section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41	List the states with which a copy of this return is filed ▶		
42 a	The organization's books are in care of ▶ JOAN SHEA Telephone no ▶ 207.882 4067 Located at ▶ 203 YOUNGS POINT RD City WISCASSETT ST ME ZIP + 4 ▶ 04578		
b	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)? 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.	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country: ▶	Yes	No
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X
44d			X
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45a			X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).		X
45b			X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 46 Yes No X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 47 Yes No X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48 Yes No X

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No X

b If "Yes," was the related organization a section 527 organization? 49b Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. All entries are 'None'.

f Total number of other employees paid over \$100,000.

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. All entries are 'None'.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. [X] Yes [ ] No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: Joan S. Shea, Date: 10-16-12, Type or print name and title: JOAN SHEA, TREASURER

Paid Preparer Use Only: Pprint/Type preparer's name: Arthur V Chapman III, Preparer's signature: Arthur V Chapman III, Date: 10/15/2012, Check [X] if self-employed, PTIN: P01237456, Firm's name: A.V Chapman III, CPA, Firm's EIN: 01-0478361, Firm's address: 28 Hemlock Hill Lane, Bowdoinham, ME 04008, Phone no: (207) 319-7483

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization <b>MID COAST HOSPITAL AUXILLIARY</b>	Employer identification number <b>01-0279581</b>
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**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 described in **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?

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

h Provide the following information about the supported organization(s)

(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	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
<b>Total</b>									<b>0</b>

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	82,634	54,227	136,227	132,630	121,262	526,980
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
4 <b>Total.</b> Add lines 1 through 3 . . . . .	82,634	54,227	136,227	132,630	121,262	526,980
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 <b>Public support.</b> Subtract line 5 from line 4.						526,980

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4 . . . . .	82,634	54,227	136,227	132,630	121,262	526,980
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	855	319	153	247	67	1,641
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	17,743	0	0	0	0	17,743
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						0
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						546,364
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	96.45%
15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	15	91.63%
16a <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
b <b>33 1/3% support test—2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	0.00%

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

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.00%

19a **33 1/3% support tests—2011.** 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—2010.** 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



**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

MID COAST HOSPITAL AUXILLIARY

01-0279581

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: GIFTS, Grantee: MID COAST HOSPITAL 123

MEDICAL CENTER DRIVE BRUNSWICK ME 04011, Relationship: , Description of Property: CASH,

Purpose of Payment: PLEDGE, Book Value: 50,000, Method Used to Determine BV: CASH, Fair Market

Value: 50,000, Method Used to Determine FMV: , Date Received: 6/19/2012

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: SCHOLARSHIP, Grantee: VARIOUS,

Relationship: , Description of Property: CASH, Purpose of Payment: SCHOLARSHIP, Book Value:

40,600, Method Used to Determine BV: CASH, Fair Market Value: 40,600, Method Used to Determine

FMV: , Date Received: 8/1/2011

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 1,035

Form 990-EZ, Part I, Line 16, Other Expenses: FUNDRAIZER EXP-HOLIDAY BAZZARR: 558

Form 990-EZ, Part I, Line 16, Other Expenses: FUNDRAIZER EXP-BOOK SALE: 2,266

Form 990-EZ, Part I, Line 16, Other Expenses: FUNDRAIZER-TEDDY BEAR: 2,543

Form 990-EZ, Part I, Line 16, Other Expenses: FUNDRAIZER-WREATH SALE: 2,201

Form 990-EZ, Part I, Line 16, Other Expenses: FUNDRAIZER-YARD SALE: 7,294

Form 990-EZ, Part I, Line 16, Other Expenses: HEALING GARDEN GIFT: 1,000

Form 990-EZ, Part I, Line 16, Other Expenses: HEART TO HEART: 300

Form 990-EZ, Part I, Line 16, Other Expenses: MCH ENTRY WREATHS: 342

Form 990-EZ, Part I, Line 16, Other Expenses: OPERATION-BANK DEBIT MEMO: 10,076

Form 990-EZ, Part I, Line 16, Other Expenses: OPERATIONS-BANK SERVICE FEE: 168

Form 990-EZ, Part I, Line 16, Other Expenses: OPERATIONS-DEPOSITS SLIPS: 166

Form 990-EZ, Part I, Line 16, Other Expenses: OPERATIONS-FUND RAIZERS: 182

Form 990-EZ, Part I, Line 16, Other Expenses: OPERATIONS-MEMBER ENVELOPES: 312

Form 990-EZ, Part I, Line 16, Other Expenses: OPERATIONS-POSTAGE: 88

Form 990-EZ, Part I, Line 16, Other Expenses: OPERATIONS-SPECIAL SITUATIONS: 398

Form 990-EZ, Part I, Line 16, Other Expenses: PRESIDENTS FUND: 75

Form 990-EZ, Part I, Line 16, Other Expenses: OFFICE SUPPLIES: 106

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

(HTA)





**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

1	Contributions . . . . .	1	119,769
2	Noncash contributions . . . . .	2	
3	Membership dues and assessments (contributions from the public) . . . . .	3	
4	Government contributions (grants) . . . . .	4	
5	Commercial co-venture . . . . .	5	
6	Special events contributions (Line 6 - Special Events). . . . .	6	0
7	Associated organization contributions . . . . .	7	
8	EXPENSE REIMBURSEMENTS . . . . .	8	1,493
9		9	
10		10	
11	Total . . . . .	11	121,262

**Part I, Line 4 (990-EZ) - Investment Income**

1	Interest on savings and temporary cash investments . . . . .	1	67
2	Dividends and interest from securities . . . . .	2	
3	Gross rents . . . . .	3	
4	Other investment income . . . . .	4	
5	Total . . . . .	5	67