

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)

OMB No. 1545-0047

2011

Open to Public Inspection

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

**A** For the 2011 calendar year, or tax year beginning **10/01/11**, and ending **09/30/12**

<b>B</b> 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 <p style="text-align: center; font-weight: bold;">Maine Medical Center</p> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center; font-weight: bold;">22 Bramhall Street</p> City or town, state or country, and ZIP + 4 <p style="text-align: center; font-weight: bold;">Portland ME 04102</p>	<b>D</b> Employer identification number <p style="text-align: center; font-weight: bold;">01-0238552</p> <b>E</b> Telephone number <p style="text-align: center; font-weight: bold;">207-662-2576</p> <b>G</b> Gross receipts \$ <b>1605220640</b>
<b>F</b> Name and address of principal officer: <p style="text-align: center; font-weight: bold;">Richard W. Petersen</p> <p style="text-align: center; font-weight: bold;">22 Bramhall Street</p> <p style="text-align: center; font-weight: bold;">Portland ME 04102</p>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <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(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>www.mmc.org</b>		<b>L</b> Year of formation: <b>1951</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>M</b> State of legal domicile: <b>ME</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <p style="text-align: center; font-weight: bold;">See Schedule O</p>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>20</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>7169</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>853</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>1,868,141</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>32,312,015</b>	<b>29,095,717</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>789,964,187</b>	<b>818,119,733</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>19,555,421</b>	<b>16,462,038</b>
	<b>12</b> Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>52,325,357</b>	<b>82,497,237</b>
		<b>894,156,980</b>	<b>946,174,725</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,585,350</b>	<b>1,570,050</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>430,028,268</b>	<b>456,757,401</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>63,348</b>	<b>66,515</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,760,642</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>390,873,819</b>	<b>409,397,617</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>822,550,785</b>	<b>867,791,583</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>71,606,195</b>	<b>78,383,142</b>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>1098704079</b>	<b>1121281037</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>515,082,782</b>	<b>530,631,360</b>
		<b>583,621,297</b>	<b>590,649,677</b>

**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.

<b>Sign Here</b>	Signature of officer 	Date <b>8/12/13</b>	
	<b>John E. Heye</b> Type or print name and title	<b>Chief Financial Officer</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MaineHealth</b>	Preparer's signature Date	Check <input type="checkbox"/> if self-employed	PTIN	
	Firm's name ▶ <b>MaineHealth</b> Firm's address ▶ <b>110 Free St Portland, ME 04101-3908</b>	Firm's EIN ▶ Phone no.			

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

**See Schedule O**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ **165,324,613** including grants of \$ ) (Revenue \$ **287,624,643**)

**Routine Services - Adults, Pediatrics, Intensive Care, Neonatal Intensive Care, Coronary Care, Nursery**

**Total Patient Days - 153,224**

**See attached Community Benefit Statement.**

4b (Code: ) (Expenses \$ **131,159,653** including grants of \$ ) (Revenue \$ **392,770,029**)

**Operating Room and Scarborough Surgery Center**

**Total Visits - 28,972**

Through its 34 operative suites, Maine Medical Center (the Medical Center) provides critical trauma, emergent, urgent, and elective surgical services to the community. Through its expansive array of surgical capabilities, the Medical Center provides most surgical procedures within its community as a great convenience to its patients without regard to their ability to pay.

4c (Code: ) (Expenses \$ **32,809,920** including grants of \$ ) (Revenue \$ **79,214,686**)

**Emergency Department and Brighton First Care (BFC)**

**Total Visits - 88,264**

The Emergency Department and especially BFC serve as the primary care physician for a number of low income and indigent residents of greater Portland. Given the Medical Center's commitment to access to care regardless of ability to pay, these emergency treatment centers serve a vital role in the community's health care network.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **429,716,011** including grants of \$ **1,570,050**) (Revenue \$ **58,510,375**)

4e Total program service expenses ▶ **759,010,197**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
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? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
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? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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," complete Schedule R, Part V, line 2	X	
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>X</b>	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>X</b>	
<b>4a</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)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?	<b>X</b>	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>X</b>	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		1a	20	1b	16	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		20				
b	Enter the number of voting members included in line 1a, above, who are independent			16			
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?						X
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?						X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?						X
6	Did the organization have members or stockholders?					X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a	The governing body?					X	
b	Each committee with authority to act on behalf of the governing body?					X	
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						X

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

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

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed <b>ME</b>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: <b>Director of Accounting</b> <b>22 Bramhall Street</b> <b>Portland</b> <b>ME 04102</b> <b>207-396-6700</b>

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Richard W. Petersen President	50.00	X		X			1,093,556	0	90,952	
(2) William L. Caron, Jr. Trustee	2.00	X					0	1,071,394	99,218	
(3) Samuel Broaddus, M.D. Trustee	50.00	X					433,846	0	47,341	
(4) David E. Warren Trustee	2.00	X					0	0	0	
(5) Christopher W. Emmons Chairman	2.00	X		X			0	0	0	
(6) Joyce Foley Trustee	2.00	X					0	0	0	
(7) Reed Quinn, M.D. Trustee	2.00	X					0	0	0	
(8) Morris Fisher Trustee	2.00	X					0	0	0	
(9) Jere G. Michelson Trustee	2.00	X					0	0	0	
(10) William A. Burke Trustee	2.00	X					0	0	0	
(11) Ward I. Graffam Trustee	2.00	X					0	0	0	
(12) Frank H. Frye Vice Chair	2.00	X		X			0	0	0	
(13) Costas T. Lambrew, M.D. Trustee	2.00	X					0	0	0	
(14) Susannah Swihart Trustee	2.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Susan Hilton Trustee	2.00	X						0	0	0
(16) Patricia B. Stogsdill, M.D. Trustee	2.00	X						0	0	0
(17) Heidi Hansen Trustee	2.00	X						0	0	0
(18) Brian Petrovek Trustee	2.00	X						0	0	0
(19) Katherine Pope, M.D. Trustee	2.00	X						0	0	0
(20) Parker Roberts, M.D. Trustee	2.00	X						0	0	0
(21) Elizabeth Lunt Trustee	2.00	X						0	0	0
(22) Beth Newlands Campbell Trustee	2.00	X						0	0	0
(23) Margaret Bush Trustee	2.00	X						0	0	0
(24) Beth Shorr Trustee	2.00	X						0	0	0
(25) Elizabeth Klebe Trustee	2.00	X						0	0	0
<b>1b Sub-total</b>								<b>1,527,402</b>	<b>1,071,394</b>	<b>237,511</b>
<b>c Total from continuation sheets to Part VII, Section A</b>								<b>7,593,585</b>	<b>324,858</b>	<b>963,107</b>
<b>d Total (add lines 1b and 1c)</b>								<b>9,120,987</b>	<b>1,396,252</b>	<b>1,200,618</b>

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 **532**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<b>X</b>	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	<b>X</b>	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		<b>X</b>

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Langford & Low, Inc Portland ME 04104	PO Box 662 Construction	6,014,784
Huron Consulting Group, LLC Chicago IL 60689-5330	3005 Momentum Place Consulting	5,935,200
Spectrum Medical Group, PA South Portland ME 04106	324 Gannett Drive, Suite 200 Medical Services	2,865,113
Suffolk Construction Danvers MA 01923	99 Conifer Hill Drive Construction	2,541,684
Chest Medicine Associates South Portland ME 04106-2351	100 Foden Road, West Bldg Ste 103 Medical Services	2,541,206

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **131**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Peter Bates, M.D. CMO	50.00			X				535,115	0	65,548
(16) Marjorie Wiggins CNO	50.00			X				429,444	0	59,134
(17) Jeffrey Sanders COO	50.00			X				415,305	0	57,422
(18) John E. Heye Reg Agent	50.00			X				414,343	0	68,120
(19) Donald E. Quigley Asst Secrty	2.00			X				0	324,858	71,995
(20) Kurt E. Klebe Secretary	2.00			X				0	0	0
(21) Lee Thibodeau, M.D. Surgeon	50.00					X		1,200,684	0	96,499
(22) Konrad Barth, M.D. Surgeon	50.00					X		1,109,349	0	134,341
(23) James Wilson, M.D. Surgeon	50.00					X		1,103,447	0	125,785
(24) Rajiv Desai, M.D. Surgeon	50.00					X		1,065,961	0	111,532
(25) Jeffrey Florman, M.D. Surgeon	50.00					X		1,038,626	0	109,012
<b>1b Sub-total</b>								<b>7,312,274</b>	<b>324,858</b>	<b>899,388</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) <b>George Higgins, M.D.</b> <b>Former CMO</b>	<b>50.00</b>						<b>X</b>	<b>281,311</b>	<b>0</b>	<b>63,719</b>
(16) .....										
(17) .....										
(18) .....										
(19) .....										
(20) .....										
(21) .....										
(22) .....										
(23) .....										
(24) .....										
(25) .....										
<b>1b Sub-total</b> .....								<b>281,311</b>		<b>63,719</b>
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b> 657,137					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b> 659,841					
	<b>d</b> Related organizations	<b>1d</b> 31,200					
	<b>e</b> Government grants (contributions)	<b>1e</b> 17,931,263					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 9,816,276					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	97,935					
	<b>h</b> Total. Add lines 1a-1f		29,095,717				
<b>Program Service Revenue</b>	<b>2a</b> Net Patient Service Revenue	Busn. Code 623000	818,119,733	818,119,733			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g</b> Total. Add lines 2a-2f		818,119,733				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		11,819,568			11,819,568	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		663,389,873	151,027				
	<b>b</b> Less: cost or other basis & sales exps.	658,861,469	36,961				
	<b>c</b> Gain or (loss)	4,528,404	114,066				
	<b>d</b> Net gain or (loss)			4,642,470		4,642,470	
	<b>8a</b> Gross income from fundraising events (not including \$ 659,841 of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	139,153				
		<b>b</b> Less: direct expenses	<b>b</b>	147,485			
<b>c</b> Net income or (loss) from fundraising events			-8,332		-8,332		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Busn. Code					
<b>11a</b> Other Revenue	722210		79,261,175	79,261,175			
<b>b</b> Admin. Services Revenue	561000		1,868,141		1,868,141		
<b>c</b> Misc Revenue	900099		1,376,253	1,376,253			
<b>d</b> All other revenue							
<b>e</b> Total. Add lines 11a-11d			82,505,569				
<b>12</b> Total revenue. See instructions.			946,174,725	898,757,161	1,868,141	16,453,706	

**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).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,570,050	1,570,050		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,799,991		3,799,991	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	343,722,392	300,337,409	42,346,597	1,038,386
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,360,680	31,881,044	4,479,636	
9	Other employee benefits	48,854,375	42,835,516	6,018,859	
10	Payroll taxes	24,019,963	20,992,586	2,959,259	68,118
11	Fees for services (non-employees):				
a	Management				
b	Legal	1,425,788		1,408,288	17,500
c	Accounting	1,505,000		1,505,000	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	66,515			66,515
f	Investment management fees	1,249,986		1,249,986	
g	Other	45,820,417	29,985,897	15,817,190	17,330
12	Advertising and promotion	1,585,987	1,390,593	195,394	
13	Office expenses	127,403,379	126,097,052	1,211,878	94,449
14	Information technology	9,219,116	8,083,321	1,135,795	
15	Royalties				
16	Occupancy	22,134,426	19,283,881	2,726,961	123,584
17	Travel	1,991,144	1,080,048	877,905	33,191
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	862,387	755,275	100,321	6,791
20	Interest	3,501,555	3,070,163	431,392	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	52,609,822	46,128,292	6,481,530	
23	Insurance	7,579,062	6,645,322	933,740	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Debt	36,388,919	36,388,919		
b	Outside Medical Services	26,012,833	26,012,833		
c	Hospital Tax	14,992,011	14,992,011		
d	Maintenance	13,620,790	11,888,701	1,678,081	54,008
e	All other expenses	41,494,995	29,591,284	11,662,941	240,770
25	<b>Total functional expenses.</b> Add lines 1 through 24e	867,791,583	759,010,197	107,020,744	1,760,642
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1	Cash—non-interest bearing		1
	2	Savings and temporary cash investments	15,080,285	2 29,199,767
	3	Pledges and grants receivable, net	6,513,362	3 5,644,775
	4	Accounts receivable, net	59,642,562	4 74,422,711
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6
	7	Notes and loans receivable, net	828,680	7 189,614
	8	Inventories for sale or use	6,988,718	8 6,695,687
	9	Prepaid expenses and deferred charges	41,582,449	9 2,668,891
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 880,971,348	
	b	Less: accumulated depreciation	10b 447,938,802	10c 429,571,999 433,032,546
	11	Investments—publicly traded securities	407,507,981	11 415,118,622
	12	Investments—other securities. See Part IV, line 11	28,901,615	12 38,207,433
	13	Investments—program-related. See Part IV, line 11	8,712,717	13 10,563,622
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	93,373,711	15 105,537,369
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1098704079	16 1121281037	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	67,340,720	17 74,294,075
	18	Grants payable		18
	19	Deferred revenue	805,693	19 1,078,069
	20	Tax-exempt bond liabilities	118,017,071	20 109,955,508
	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	2,761,850	23 1,873,690
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	326,157,448	25 343,430,018
	26	<b>Total liabilities.</b> Add lines 17 through 25	515,082,782	26 530,631,360
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27	Unrestricted net assets	484,027,534	27 487,537,746
	28	Temporarily restricted net assets	76,034,061	28 78,093,180
	29	Permanently restricted net assets	23,559,702	29 25,018,751
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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	<b>Total net assets or fund balances</b>	583,621,297	33 590,649,677	
34	<b>Total liabilities and net assets/fund balances</b>	1098704079	34 1121281037	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	946,174,725
2	Total expenses (must equal Part IX, column (A), line 25)	2	867,791,583
3	Revenue less expenses. Subtract line 2 from line 1	3	78,383,142
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	583,621,297
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-71,354,762
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	590,649,677

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate 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?	X	
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	X	

**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

**Maine Medical Center**

Employer identification number

**01-0238552**

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

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

- 1  A church, convention of churches, or association of churches 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?

- (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 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? .....

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

**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)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2011

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 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**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 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 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"/>		
<b>17a 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"/>		
<b>18 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.")						
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

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

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

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

- 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 C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.  
▶ See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" 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, Part V, line 35c (Proxy Tax), then

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

Name of organization <b>Maine Medical Center</b>	Employer identification number <b>01-0238552</b>
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**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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		75,084
<b>j</b> Total. Add lines 1c through 1i			75,084
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?		

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

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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	
<b>5</b> 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; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C, Part II-B, Line 1

Portion of Dues paid that relate to lobbying expenses:

Maine Hospital Association - \$51,009

American Hospital Association - \$18,544

National Association of Children's Hospitals - \$5,006

Maine State Chamber of Commerce - \$525



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

Employer identification number

Maine Medical Center

01-0238552

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and private benefit.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c 49,585,160
d Additions during the year	1d 17,912,541
e Distributions during the year	1e 13,917,796
f Ending balance	1f 53,579,905

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

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	89,682,688	91,020,571	82,336,677	82,100,837	
b Contributions	1,459,049	540,226	1,430,663	554,091	
c Net investment earnings, gains, and losses	10,664,178	-1,878,109	7,253,231	-318,252	
d Grants or scholarships					
e Other expenditures for facilities and programs	-6,023,702				
f Administrative expenses					
g End of year balance	95,782,213	89,682,688	91,020,571	82,336,677	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  26.00 %
- c Temporarily restricted endowment  74.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		21,425,398		21,425,398
b Buildings		405,416,963	185,637,560	219,779,403
c Leasehold improvements		2,589,752	1,221,752	1,368,000
d Equipment		410,987,558	261,079,490	149,908,068
e Other		40,551,677		40,551,677
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				433,032,546

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	▶	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>AR under Reimbursement Regulations</b>	53,175,000
(2) <b>Prepaid Capital Costs</b>	33,847,131
(3) <b>Due from Related Parties</b>	11,876,315
(4) <b>Other Assets</b>	4,318,898
(5) <b>Insurance Receivable</b>	970,000
(6) <b>Deferred Financing Costs</b>	662,238
(7) <b>Charitable Remainder Trust</b>	487,656
(8) <b>Insurance Receivable - Current</b>	161,498
(9) <b>Cash Surr. Value of Life Insurance</b>	38,633
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	▶ 105,537,369

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) <b>Accrued Retirement Benefits</b>	232,707,723	
(3) <b>A/P under Reimbursement Regulations</b>	37,585,000	
(4) <b>Due to Related Parties</b>	20,243,160	
(5) <b>Self Insurance Reserves</b>	18,366,788	
(6) <b>Asset Retirement Obligation</b>	16,884,250	
(7) <b>Swap Agreements</b>	14,534,095	
(8) <b>Leases Payable</b>	1,903,073	
(9) <b>Insurance Claims Payable</b>	970,000	
(10) <b>Other Liabilities</b>	235,929	
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 343,430,018	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

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

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; 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.

**Part III, Line 1a - Terms for Not Reporting Assets Per SFAS 116**

The organization has artwork that was received directly from the artists.  
 This artwork is not recorded in the organization's financial statements.  
 The artwork is on display at the hospital.

**Part III, Line 4 - Collections and Relation to Exempt Purpose**

MMC's artwork creates a healing and comfortable environment for our

**Part XIV** Supplemental Information (continued)

patients and their families and visitors.

**Part IV, Line 1b - Explanation for Unreported Contributions or Assets**

The investment pool at MMC includes investments from several related entities. These investments are not included in MMC's financial statements.

**Part V, Line 4 - Intended Uses for Endowment Funds**

The endowed funds support the following types of activities: Tufts scholarship program, training and education of nurses, MMC research and education programs, supporting the salary of endowed Chair of Pediatrics and free bed funding.

**Part X - FIN 48 Footnote**

The Internal Revenue Service (IRS) has previously determined that MMC and its subsidiaries (except MMP) are organizations as described in Section 501(c)(3) of the Internal Revenue Code (IRC) and are exempt from federal income taxes on related income pursuant to Section 501(a) of the IRC.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**2011**

Open To Public Inspection

Name of the organization

**Maine Medical Center**

Employer identification number

**01-0238552**

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

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

**Maine, Florida, New Hampshire**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>Radiothon/Telet</u> (event type)	<u>MCCP Strike Out</u> (event type)	<u>10</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	149,401	141,510	508,083	798,994
	2	Less: Charitable contributions	149,401	141,510	368,930	659,841
	3	Gross income (line 1 minus line 2)			139,153	139,153
Direct Expenses	4	Cash prizes				
	5	Noncash prizes			2,009	2,009
	6	Rent/facility costs	358		49,494	49,852
	7	Food and beverages	243	1,383	6,654	8,280
	8	Entertainment	651		5,000	5,651
	9	Other direct expenses	4,633	11,908	65,152	81,693
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					-8,332

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

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states? 9a  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a  Yes  No  
 b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

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

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

**Maine Medical Center**

Employer identification number

**01-0238552**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>175%</u>	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization use FPG to determine eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>225%</u>	<input checked="" type="checkbox"/>	
<b>c</b> If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," does the organization make it available to the public?	<input checked="" type="checkbox"/>	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)			<b>18,517,063</b>		<b>18,517,063</b>	<b>2.23</b>
<b>b</b> Medicaid (from Worksheet 3, column a)			<b>113,664,843</b>	<b>69,369,448</b>	<b>44,295,395</b>	<b>5.33</b>
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d</b> Total Financial Assistance and Means-Tested Government Programs			<b>132,181,906</b>	<b>69,369,448</b>	<b>62,812,458</b>	<b>7.56</b>
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			<b>305,548</b>		<b>305,548</b>	<b>0.04</b>
<b>f</b> Health professions education (from Worksheet 5)			<b>42,875,330</b>	<b>9,957,708</b>	<b>32,917,622</b>	<b>3.96</b>
<b>g</b> Subsidized health services (from Worksheet 6)			<b>34,586,421</b>		<b>34,586,421</b>	<b>4.16</b>
<b>h</b> Research (from Worksheet 7)			<b>7,007,749</b>		<b>7,007,749</b>	<b>0.84</b>
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			<b>205,061</b>		<b>205,061</b>	<b>0.02</b>
<b>j</b> Total Other Benefits			<b>84,980,109</b>	<b>9,957,708</b>	<b>75,022,401</b>	<b>9.02</b>
<b>k</b> Total. Add lines 7d and 7j			<b>217,162,015</b>	<b>79,327,156</b>	<b>137,834,859</b>	<b>16.58</b>

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

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			188,928		188,928	0.02
4 Environmental improvements						
5 Leadership development and training for community members			2,320		2,320	
6 Coalition building						
7 Community health improvement advocacy			1,470		1,470	
8 Workforce development			833,280	133,504	699,776	0.08
9 Other						
10 Total			1,025,998	133,504	892,494	0.10

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X
2 Enter the amount of the organization's bad debt expense	2	15,747,180
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance 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 a portion of bad debt amounts as community benefit.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME)	5	181,629,791
6 Enter Medicare allowable costs of care relating to payments on line 5	6	222,484,646
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-40,854,855
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 checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures (see instructions)**

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



**Part V Facility Information (continued)**

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: Maine Medical Center

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)</b>		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5 Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?		
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>175</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

**Part V Facility Information (continued)**

	Yes	No
<b>10</b> Used FPG to determine eligibility for providing discounted care? ..... If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>225</u> % If "No," explain in Part VI the criteria the hospital facility used.	<b>X</b>	
<b>11</b> Explained the basis for calculating amounts charged to patients? ..... If "Yes," indicate the factors used in determining such amounts (check all that apply):	<b>X</b>	
a <input checked="" type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input checked="" type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>12</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
<b>13</b> Included measures to publicize the policy within the community served by the hospital facility? ..... If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>X</b>	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website b <input checked="" type="checkbox"/> The policy was attached to billing invoices c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility f <input checked="" type="checkbox"/> The policy was available on request g <input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

<b>14</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? .....	<b>X</b>	
<b>15</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the year before making reasonable efforts to determine the patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>16</b> Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? ..... If "Yes," check all actions in which the hospital facility or a third party engaged:		<b>X</b>
a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>17</b> Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input checked="" type="checkbox"/> Notified patients of the financial assistance policy on admission b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input checked="" type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information (continued)**

**Policy Relating to Emergency Medical Care**

	Yes	No
<b>18</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	<b>X</b>	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b> <input type="checkbox"/> Other (describe in Part VI)		

**Individuals Eligible for Financial Assistance**

<b>19</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>20</b> Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? .....		<b>X</b>
If "Yes," explain in Part VI.		
<b>21</b> Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? .....		<b>X</b>
If "Yes," explain in Part VI.		

**Part V Facility Information** (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 33

Name and address	Type of Facility (describe)
1 MMC Scarborough Campus 100 Campus Drive  Scarborough ME 04074	General Medical and Surgical
2 MMC Scarborough Surgical Center 84 Campus Drive  Scarborough ME 04074	General Medical and Surgical
3 MMC Brighton Campus 335 Brighton Ave  Portland ME 04102	Emergency Care
4 McGeachy Hall 216 Vaughn Street  Portland ME 04102	Mental Health Services
5 MMC Family Medicine 272 Congress Street  Portland ME 04101	General Medicine
6 MMC Clinics 22 Bramhall Street  Portland ME 04102	General Medicine
7 Coastal Cancer Treatment Center 175 Congress Street  Bath ME 04350	Cancer Treatment Center
8 Cardiology 96 Campus Drive  Scarborough ME 04074	Cardiology
9 Mental Health Services 66 Bramhall Street  Portland ME 04102	Mental Health Services
10 Neurosurgery & Spine and Neurology 49 Spring Street  Scarborough ME 04074	Neurosurgery, Spine and Neurology Care

**Part V Facility Information** (continued)

**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
11 <b>Maine Transplant Program</b> 19 West Street  Portland ME 04102	Kidney and Pancreas Transplant
12 <b>Maine Institute for Sleep and Breathing Disorders</b> 930 Congress Street Portland ME 04102	Sleep and Breathing Disorders
13 <b>MMC Pediatric Clinic</b> 22 Bramhall Street  Portland ME 04102	Pediatrics
14 <b>MMC Falmouth Campus</b> 5 Bucknam Road  Falmouth ME 04105	General Medicine
15 <b>Women's Health, Division of Gynecologic Oncology</b> 102 Campus Drive, Unit 116 Scarborough ME 04074	Women's Healthcare
16 <b>Urology</b> 100 Brickhill Ave, Suite 100  South Portland ME 04106	Urology
17 <b>Cape Elizabeth Internal Medicine</b> 155 Spurwink Ave  Cape Elizabeth ME 04107	General Medicine
18 <b>MMC Turning Point Rehab Center</b> 96 Campus Drive  Scarborough ME 04074	Rehab for Cardiac Patients
19 <b>Endocrinology &amp; Diabetes</b> 175 US Route 1  Scarborough ME 04074	Endocrinology and Diabetes
20 <b>Falmouth Internal/Pediatric Medicine</b> 5 Buckman Road, Suite 2A Falmouth ME 04105	General Medicine

**Part V Facility Information** (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
21 MMC Bariatric Surgery Clinic 12 Andover Road  Portland ME 04102	General Medical and Surgical
22 Scarborough Family Medicine 96 Campus Drive, Suite 2C  Scarborough ME 04074	General Medicine
23 Orthopedics 335 Brighton Ave  Portland ME 04102	Orthopedic Care
24 Ambulatory Clinic Services 48-52 Gilman Street  Portland ME 04102	General Medicine
25 Lakes Region Primary Care 584 Roosevelt Trail  Windham ME 04062	General Medicine
26 Otolaryngology 1250 Forest Avenue  Portland ME 04103	Otolaryngology Services
27 Maine Children's Cancer Program 100 Campus Drive, Unit 107  Scarborough ME 04074	Children's Cancer Program
28 Pediatric Surgery & Specialty Care 887 Congress Street  Portland ME 04102	Pediatrics
29 Gorham Family Medicine 94 Main Street  Gorham ME 04038	General Medicine
30 Center for Tobacco Independence 315 Park Avenue, Second Floor  Portland ME 04101	Tobacco Treatment Center



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**Part I, Line 7g - Subsidized Health Services Explanation**

\$24,866,969 of expenses related to provider based physician practices are included in the subsidized health services total in Part I, Line 7g.

**Part I, Line 7, Column (f) - Exclusions from Percent of Total Expense**

Bad Debt expense of \$36,388,919 was removed from the total expenses when calculating the percent of total expenses in Column (f).

**Part I, Line 7 - Costing Methodology Explanation**

The costing methodology for the amounts reported in Part I, Line 7 of the Schedule H is based on a ratio of patient care cost to charges. This cost to charge ratio was derived from Worksheet 2, Ratio of Patient Care Cost-to-Charges provided in the instructions for Schedule H.

**Part II - Community Building Activities****Community Support**

- Maine Medical Center (MMC) is deeply involved in disaster planning at the local and state levels. One of three state Regional Resource Centers for Emergency Preparedness is located at the Medical Center, and the

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hospital has a full-time director of emergency preparedness.

- Southern Maine Regional Resource Center for Health Emergency

Preparedness - Coordinated all Emergency Preparedness Activities of the

Southern 4 Counties of Maine including: York, Cumberland, Sagadahoc and

Lincoln. This includes both regional Hospitals, and over 300 Medical

Centers, Laboratories, Clinics Ambulatory Center, Physician Practices, Long

Term Care Centers, Home Health Agencies in our region. This includes

Public Healthcare Emergency Preparedness.

- Department of Rehab Medicine - Organized a career fair night, career expo, American Heart Walk and Thanksgiving food drive.

- Session at the Portland Family Medicine Center involving Upward Bound

students - The students were provided a tour of the facility with the

opportunity to speak to a variety of health professionals, a hands-on

clinical experience (injecting oranges) and a discussion about the pathway

to becoming a physician with information about the Maine Track program.

- A speciality physician from the Division of Genetics presents an annual

lecture or leads an open parent medical discussion at the MDSN annual

meeting.

- MMC is a dues paying member of the Portland Regional and Maine State

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Chambers of Commerce.

- Placement of pastoral care students in community agencies one day per week during the summer: outpatient cancer, Preble Street, nursing homes and Seafarers.

Leadership Development and Training for Community Members

- Doc4aDay Program
- Hanley Leadership Development - Summer Intern

Community Health Improvement Advocacy

- 21 Reasons (formerly Portland CMCA) is a coalition based on the CMCA model. MMC brings together individuals, organizations, and businesses with a common goal: to build a healthy community environment with policies, practices, and attitudes that support the drug-free development of all youth.

Workforce Development

- Lifeline Workplace Wellness - Lifeline offers a menu of wellness services and programs to employers interested in worksite wellness.

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Employers can also join the MMC Southern Maine Wellness Council, which provides opportunities for networking, resource access, and professional training.

- Training for Surgical Techs

- CNA Training Program

- Maine Medical Center's mini Medical School is a week long summer program designed to give Maine college students an idea of what a career in medicine is all about. The program offers a series of lectures, hands on activities and clinical experiences designed to expose aspiring students to a combination of small group didactic sessions, research experience and clinical procedures.

**Part III, Line 4 - Bad Debt Expense Explanation**

Maine Medical Center does not have a specific footnote in the financial statements that describes "Bad Debt Expense". Maine Medical Center reports accounts receivable for services rendered net of allowances for contractual adjustments, third party reimbursing agencies, free care and bad debts. A bad debt allowance is established for accounts the hospital believes will become uncollectible. The allowance is established by examining historical

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data, aging trends of commercial insurance and self-pay balances and economic trends. The offset to the allowance account is to Bad Debt Expense on the Statement of Operations.

Recoveries on accounts previously written off are accounted for on a cash basis and are applied directly to the Provision for Bad Debts on the Statement of Operations. Amounts written off or recovered from Bad Debts during the year are charged against the allowance account on the Balance Sheet.

Bad debt expense represents healthcare services Maine Medical Center has provided without compensation. As a tax-exempt hospital, Maine Medical Center provides necessary patient care regardless of the patient's ability to pay for the services. A portion of Maine Medical Center's bad debt expense is attributable to patients eligible for financial assistance that, for a variety of reasons, do not complete the financial assistance application process. Maine Medical Center can not determine the amount of bad debt expense that could be reasonably attributable to patients who likely would qualify for financial assistance under the Medical Center's free care policy. In addition, bad debt expense also includes amounts for services provided to individuals experiencing difficult personal or

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economic circumstances related to a portion of our community based patient population. Their medical bills often place these individuals in untenable positions where they are not able to handle their personal debt and then their new medical debt. However, because of their income level, they do not qualify for free care. By providing necessary healthcare services to those individuals either who fail to apply for financial assistance or who are experiencing difficult personal or economic circumstances, Maine Medical Center believes that bad debt expense should be included as a community benefit.

**Part III, Line 8 - Medicare Explanation**

Medicare allowable costs were calculated using a cost to charge ratio.

Maine Medical Center believes that the Medicare shortfall should be included as a community benefit because the Medical Center has a clear mission commitment to serving elderly patients and adults with disabilities through the provision of specific subsidized programs developed to help improve the health status of these patients. If these critical subsidized programs were not provided by the Medical Center, they would become the obligation of the Federal Government.

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**Part III, Line 9b - Collection Practices Explanation**

Patients who qualify for financial assistance have their account balance adjusted accordingly once financial assistance has been approved. For patients that do not qualify for 100% financial assistance, the appropriate discount percentage is applied and the remaining balance is billed to the responsible party. Monthly payment arrangements can be established by the responsible party by contacting the Patient Financial Services Customer Service department. As a tax-exempt hospital, Maine Medical Center provides necessary patient care regardless of the patient's ability to pay for the services. A portion of Maine Medical Center's bad debt expense is attributable to patients eligible for financial assistance that, for a variety of reasons, do not complete the financial assistance application process. Maine Medical Center can not determine the amount of bad debt expense that could be reasonably attributable to patients who

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likely would qualify for financial assistance under the  
 Medical Center's free care policy.

Maine Medical Center, Line Number 1 - Part V, Line 11h

Upon receipt of an application, Maine Medical Center shall determine that  
 an individual seeking free care qualifies for such care if services  
 rendered were medically necessary.

Maine Medical Center, Line Number 1 - Part V, Line 19d

Maine Medical Center uses its charges from its Charge Description  
 Master to determine the full charge. Then, Maine Medical Center uses  
 Federal Poverty Guidelines (FPG) for providing discounted care to low  
 income individuals. The family income limit for eligibility for discounted  
 care is 176% - 225%.

**Needs Assessment**

MMC's Board is made up of a diverse set of community members. The  
 Board requires a thorough Community Needs Assessment on behalf of the  
 organization, and directs the organization to analyze and respond to the

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current needs assessment. Maine Medical Center also participates in various initiatives to help support and provide updates to community needs assessment planning. Some of these initiatives include:

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

Along with the internal assessments, Maine Medical Center also reviews and acts on many of the recommendations provided by external groups such as the Maine Center for Disease Control and Prevention and the "State Health Plan" created by the Advisory Committee for Health Systems Development.

In addition, MaineHealth and its partners in the OneMaine Health Collaborative, Eastern Maine Health System and MaineGeneral Health, released the OneMaine Health Community Health Needs Assessment Report in March 2011. The report is a comprehensive compilation and analysis containing primary and secondary health data sources. The report contains a Health Status Profile for the state as a whole and for each of Maine's

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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 Maine Medical Center to inform planning and evaluation activities. Plans call for the Community Health Needs Assessment to be replicated every three years. MaineHealth will hold community forums in partnership with Maine Medical Center 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.

#### Patient Education of Eligibility for Assistance

Financial assistance information is provided in the Admitting, Outpatient, and Emergency Registration locations in the following manner:

- Postings including Free Care, Prompt Payment Program, Monthly Payment Plan and Expanded Free Care Program
- Handouts
- Interviews

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All patients receive MMC's Free Care Guidelines and Financial Policies

brochure explaining our billing policies and contact information.

If the patient is self pay, under insured or can not afford to pay their

hospital bill, they receive a Financial Policies Book and financial

counseling from the registration staff or CEA. The booklet includes:

- Information on MMC's financial policies
- Financial assistance information including Free Care Program, Income Based Discount Program, Prompt Pay Discount Program, Monthly Payment Plan Program and Care Partners
- Program applications and instructions for MMC's Free Care Program, Income Based Discount Program, and Monthly Payment Plan Application
- Contact information for assistance with applications, bills or financial concerns

Self pay or underinsured patients registering in person or via a phone

interview receive financial counseling including information on our

financial assistance programs and MaineCare. Registration staff or CEA

provide forms and assist with completing financial assistance applications

and providing follow up contact information.

Inpatients who are uninsured, under insured or any patients who may have

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difficulty paying their hospital bills are visited by an Admitting Financial Counselor or CEA to discuss financial assistance programs and assist with applications.

MMC's Web site includes on line Registration and Patient Billing information:

- Billing Process
- Free Care
- Discount Program
- Prompt Pay Discount
- Monthly Payment Plan
- Patient Statement
- Price Information
- Contact Us and Questions

Primary language, deaf and hard of hearing and interpreter needs are assessed during the registration interview and services are provided as needed.

If a patient does not respond at pre-registration, registration, or while receiving care, all of these programs are explained again by the Patient Accounts staff. The intent of these efforts is to ensure that the patient

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is fully informed of and able to take advantage of these assistance programs.

**Community Information**

Most of Maine Medical Center's services are found at our main campus at 22 Bramhall Street in Maine's largest city. Portland, a city of 66,000, is located on Maine's southern coast. The cost of living index is 115. Services are also located at our Brighton Campus and our Family Medicine Center, both located in Portland, as well as at our campuses in Scarborough, the Falmouth Family Health Center, and Coastal Cancer Treatment Center in Bath. A joint venture with Southern Maine Medical Center and Goodall Hospital, the Cancer Care Center of York County is located in Sanford. New England Rehabilitation Hospital of Portland, a joint venture with HealthSouth, is located on our Brighton Campus. Maine Medical Center is the tertiary care hospital for all of Maine, caring for nearly one of every five hospital inpatients in the state. As a nonprofit institution, Maine Medical Center provides 20 percent of all the charity care delivered in Maine. Portland, where our main campus is located, has a large refugee and immigrant population. While serving all

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

sixteen counties in Maine, 84% of all inpatient and outpatient services provided by Maine Medical Center were for the residents of both Cumberland and York counties.

#### Health of Community in Relation to Exempt Purpose

Maine Medical Center's day-to-day operations as a tax-exempt organization include many system-wide initiatives in Cumberland County and in the state of Maine and the Northern New England region. Clinical services range from outpatient clinics for a diverse population to full inpatient and surgical services to a regional trauma center and a neuroscience institute. Many of our services and specialties are not available elsewhere in the state or in our region. We have programs in undergraduate, graduate, post-graduate, and continuing

education, engage in clinical research, and support organizations and efforts whose missions augment or complement ours. We strive to be a good "institutional citizen" of our region and state. With these programs, Maine Medical Center hopes to fill existing local gaps while making a positive impact in the communities we serve.

These programs include: Subsidized Health Services, Community-Based

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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Clinical Services, Community Education Services, Health Care Support

Services, Community Building Activities, Medical Education and Research.

See the attached Community Benefit Report for additional information on each of these programs and services.

Maine Medical Center made a net asset transfer to its wholly owned subsidiary, Maine Medical Partners, in the amount of \$27,684,217 to cover the losses related to mission-critical physician practices to ensure access for the community to such specialties as trauma surgery, neurosurgery, urology, various pediatric specialties, and high-risk obstetrics.

Affiliated Health Care Information

MaineHealth is a not-for-profit family of leading high-quality providers and other healthcare organizations working together so their communities are the healthiest in America. Ranked among the nation's top 50 integrated healthcare delivery networks, MaineHealth is governed by a board of trustees consisting of community and business leaders from its southern, central and western Maine regional service areas.

The collaboration of MaineHealth members makes it possible to offer an

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

extensive range of clinical integration and community health programs, many aimed at improving access to preventive and primary care services.

MaineHealth includes the following member organizations: Lincoln County Healthcare (Miles Memorial Hospital and St. Andrews Hospital & Healthcare Center), Maine Medical Center, Maine Mental Health Partners (Spring Harbor Hospital), Pen Bay Healthcare (Pen Bay Medical Center), Southern Maine Medical Center, Goodall Hospital, Waldo County Healthcare (Waldo County General Hospital), Western Maine Health (Stephens Memorial Hospital), HomeHealth Visiting Nurses, Maine Physician Hospital Organization, NorDx, Synernet and MaineHealth Accountable Care Organization.

The strategic affiliates of MaineHealth are MaineGeneral Medical Center, Mid Coast Hospital and St. Marys Regional Medical Center.

List of States Where Community Benefit Report is Filed

Maine

Additional Information

Part I, Line 3b

Maine Medical Center uses Federal Poverty Guidelines (FPG) for providing

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

discounted care to low income individuals. The family income limit for  
eligibility for discounted care is 176% - 225%.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

Maine Medical Center

Employer identification number

01-0238552

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

X

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. Part II can be duplicated if additional space is needed.

Table with 7 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-9.

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

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

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

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Scholarships	167	1,570,050			
2					
3					
4					
5					
6					
7					

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

For the Nursing Scholarships, as an application requirement, each scholarship applicant must provide confirmation of enrollment in a program of studies in Nursing. For the Medical Education Scholarships for students in the Maine Track of the MMC.TUSM Medical School Program, the Medical Center transfers the scholarship funds to the Tufts School of Medicine financial aid department for disbursement to the students. Tufts handles any oversight to ensure that the funds are used as intended. Maine Medical Center's role is limited to matching eligible students with scholarship selection criteria and determining who receives each scholarship award.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

**Maine Medical Center**

Employer identification number

**01-0238552**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
<b>2</b> 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?		
<b>3</b> Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?		<input checked="" type="checkbox"/>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<input checked="" type="checkbox"/>	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		<input checked="" type="checkbox"/>
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?		<input checked="" type="checkbox"/>
<b>b</b> Any related organization?		<input checked="" type="checkbox"/>
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?		<input checked="" type="checkbox"/>
<b>b</b> Any related organization?		<input checked="" type="checkbox"/>
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> 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		<input checked="" type="checkbox"/>
<b>8</b> 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		<input checked="" type="checkbox"/>
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name	(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Richard W. Petersen	(i) 625,338 (ii) 0 (iii) 0	173,500 0 0	294,718 0 0	75,608 0 0	15,344 0 0	1,184,508 0 0	0 0 0
2	William L. Caron, Jr.	(i) 678,670 (ii) 183,000 (iii) 209,724	0 0 0	0 0 0	83,614 0 0	15,604 0 0	1,170,612 0 0	0 0 0
3	Samuel Broadbudd, M.D.	(i) 397,462 (ii) 29,500 (iii) 6,884	0 0 0	0 0 0	31,737 0 0	15,604 0 0	481,187 0 0	0 0 0
4	Peter Bates, M.D.	(i) 421,221 (ii) 60,633 (iii) 53,261	0 0 0	0 0 0	49,944 0 0	15,604 0 0	600,663 0 0	0 0 0
5	Marjorie Wiggins	(i) 272,749 (ii) 38,997 (iii) 117,698	0 0 0	0 0 0	50,313 0 0	8,821 0 0	488,578 0 0	0 0 0
6	Jeffrey Sanders	(i) 346,653 (ii) 68,112 (iii) 540	0 0 0	0 0 0	41,647 0 0	15,775 0 0	472,727 0 0	0 0 0
7	John E. Heye	(i) 283,450 (ii) 41,206 (iii) 89,687	0 0 0	0 0 0	52,472 0 0	15,648 0 0	482,463 0 0	0 0 0
8	Donald E. Quigley	(i) 269,359 (ii) 38,000 (iii) 17,499	0 0 0	0 0 0	56,686 0 0	15,309 0 0	396,853 0 0	0 0 0
9	Lee Thibodeau, M.D.	(i) 540,334 (ii) 296,731 (iii) 363,619	0 0 0	0 0 0	81,111 0 0	15,388 0 0	1,297,183 0 0	0 0 0
10	Konrad Barth, M.D.	(i) 486,924 (ii) 406,499 (iii) 215,926	0 0 0	0 0 0	118,566 0 0	15,775 0 0	1,243,690 0 0	0 0 0
11	James Wilson, M.D.	(i) 492,910 (ii) 419,704 (iii) 190,833	0 0 0	0 0 0	110,441 0 0	15,344 0 0	1,229,232 0 0	0 0 0
12	Rajiv Desai, M.D.	(i) 488,277 (ii) 381,458 (iii) 196,226	0 0 0	0 0 0	95,757 0 0	15,775 0 0	1,177,493 0 0	0 0 0
13	Jeffrey Florman, M.D.	(i) 492,565 (ii) 408,112 (iii) 137,949	0 0 0	0 0 0	93,624 0 0	15,388 0 0	1,147,638 0 0	0 0 0
14	George Higgins, M.D.	(i) 239,318 (ii) 21,670 (iii) 20,323	0 0 0	0 0 0	48,115 0 0	15,604 0 0	345,030 0 0	0 0 0
15		(i) 0 (ii) 0 (iii) 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
16		(i) 0 (ii) 0 (iii) 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0

Maine Medical Center

01-0238552

Schedule J (Form 990) 2011

**Part III** Supplemental Information

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

**Part I, Line 4 - Severance, Nonqualified, and Equity-Based Payments**

	Severance	Nonqualified Equity-based
Richard W. Petersen	0	272,888
William L. Caron, Jr.	0	192,125
Samuel Broaddus, M.D.	0	3,130
Peter Bates, M.D.	0	49,622
Marjorie Wiggins	0	114,134
John E. Heye	0	83,884
Donald E. Quigley	0	10,480
Lee Thibodeau, M.D.	0	360,055
Konrad Barth, M.D.	0	214,684
James Wilson, M.D.	0	190,023
Rajiv Desai, M.D.	0	195,416
Jeffrey Florman, M.D.	0	137,409
George Higgins, M.D.	0	522

**Part III - Other Additional Information**

Top management officials that are compensated by related organizations used

01-0238552

Maine Medical Center

Schedule J (Form 990) 2011

**Part III** Supplemental Information

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

one or more of the methods at Part I, Line 3 to establish the compensation of top management.

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

**Maine Medical Center**

Employer identification number

**01-0238552**

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A MHHEFA Revenue Bonds, Series 2008A</b>	<b>01-0314384560425W48</b>		<b>05/22/08</b>	<b>107,180,000</b>	<b>Refund bonds issued</b>		<b>X</b>		<b>X</b>		<b>X</b>
<b>B MHHEFA Revenue Bonds, Series 2008B</b>	<b>01-0314384560425W55</b>		<b>06/19/08</b>	<b>25,985,000</b>	<b>Refund bonds issued</b>		<b>X</b>		<b>X</b>		<b>X</b>
<b>C MHHEFA Revenue Bonds, Series 2011A</b>	<b>01-0314384560427LW4</b>		<b>08/31/11</b>	<b>17,998,986</b>	<b>Refund bonds issued</b>		<b>X</b>		<b>X</b>		<b>X</b>

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		<b>10,850,000</b>		<b>16,685,000</b>		<b>755,000</b>		
2 Amount of bonds legally defeased								
3 Total proceeds of issue		<b>107,180,008</b>		<b>25,985,000</b>		<b>17,998,986</b>		
4 Gross proceeds in reserve funds		<b>11,661,440</b>		<b>4,692,066</b>		<b>1,745,875</b>		
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		<b>484,392</b>		<b>163,914</b>		<b>186,573</b>		
8 Credit enhancement from proceeds		<b>38,754</b>		<b>9,396</b>				
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		<b>4,226</b>						
11 Other spent proceeds		<b>106,009,079</b>		<b>25,811,690</b>		<b>17,812,413</b>		
12 Other unspent proceeds								
13 Year of substantial completion	<b>2008</b>							

**Part III Private Business Use**

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

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

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
3b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
3c Are there any research agreements that may result in private business use of bond-financed property?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
3d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0.00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0.00 %		%		%		%
6 Total of lines 4 and 5		0.00 %		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	<input checked="" type="checkbox"/>							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
2 Is the bond issue a variable rate issue?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
b Name of provider	See Part VI Morgan Stanley							
c Term of hedge	6.0							
d Was the hedge superintegrated?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
e Was the hedge terminated?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
b Name of provider	See Part VI							
c Term of GIC	28.1							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
5 Were any gross proceeds invested beyond an available temporary period?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
6 Did the bond issue qualify for an exception to rebate?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		

**Part V Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations.  Yes  No

**Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).**

**Schedule K - Additional Information**

MHFEFA Revenue Bonds, Series 2008A

Part IV, Lines 3b and 3c, Column A - There are three separate hedging contracts identified with these bonds, with Morgan Stanley Capital Services Inc. (term 28.1 years), Merrill Lynch Capital Services Inc. (term 18.1

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
2 Is the bond issue a variable rate issue?								
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?								
6 Did the bond issue qualify for an exception to rebate?								

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Part II, line 4, column A - The amount shown here consists of \$8,840,406 in a debt service reserve fund, plus \$2,821,034 of debt service fund deposits.

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
2 Is the bond issue a variable rate issue?								
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?								
6 Did the bond issue qualify for an exception to rebate?								

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations.

Yes  No

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Part IV, Line 4b, Column A - Transamerica Life

Part IV, line 5, Columns A and B - Such amounts were appropriately yield-restricted.

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?							
2	Is the bond issue a variable rate issue?							
3a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?							
b	Name of provider							
c	Term of hedge							
d	Was the hedge superintegrated?							
e	Was the hedge terminated?							
4a	Were gross proceeds invested in a guaranteed investment contract (GIC)?							
b	Name of provider							
c	Term of GIC							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?							
5	Were any gross proceeds invested beyond an available temporary period?							
6	Did the bond issue qualify for an exception to rebate?							

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations.

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Part IV, comparison of lines 1 and 6, Column A - The current refunding escrow fund met the requirements of the six-month spending exception (which was not utilized, as those amounts were invested at a lower yield). Rebate was paid on the bonds, which arose entirely due to a higher-yielding investment contract on the debt service reserve fund for the bonds.

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?							
2	Is the bond issue a variable rate issue?							
3a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?							
b	Name of provider							
c	Term of hedge							
d	Was the hedge superintegrated?							
e	Was the hedge terminated?							
4a	Were gross proceeds invested in a guaranteed investment contract (GIC)?							
b	Name of provider							
c	Term of GIC							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?							
5	Were any gross proceeds invested beyond an available temporary period?							
6	Did the bond issue qualify for an exception to rebate?							

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations.

Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Yes  No

MHHEFA Revenue Bonds, Series 2008B

Part IV, Lines 4b, Column B - Transamerica Life

Part II, line 4, column B - The amount shown here consists of \$2,598,500 in

Part II Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?							
2	Is the bond issue a variable rate issue?							
3a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?							
b	Name of provider							
c	Term of hedge							
d	Was the hedge superintegrated?							
e	Was the hedge terminated?							
4a	Were gross proceeds invested in a guaranteed investment contract (GIC)?							
b	Name of provider							
c	Term of GIC							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?							
5	Were any gross proceeds invested beyond an available temporary period?							
6	Did the bond issue qualify for an exception to rebate?							

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations.

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

a debt service reserve fund, plus \$2,093,566 of debt service fund deposits.

Part III has not been completed with respect to the bonds shown in columns B and C, since the original projects being refinanced by such bonds are traceable to bonds issued before 2003 (column B) or the bonds being

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
2 Is the bond issue a variable rate issue?								
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?								
6 Did the bond issue qualify for an exception to rebate?								

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations.

Yes  No

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

refinanced by such bonds were issued before 2003 (column C). Had

completion of Part III been required, line 7 would have been answered "yes"

for these bonds.

MHHEFA Revenue Bonds, Series 2011A

**Part III Private Business Use (Continued)**

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

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?							
2	Is the bond issue a variable rate issue?							
3a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?							
b	Name of provider							
c	Term of hedge							
d	Was the hedge superintegrated?							
e	Was the hedge terminated?							
4a	Were gross proceeds invested in a guaranteed investment contract (GIC)?							
b	Name of provider							
c	Term of GIC							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?							
5	Were any gross proceeds invested beyond an available temporary period?							
6	Did the bond issue qualify for an exception to rebate?							

**Part V Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations.  Yes  No

**Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).**

Series 2011 bonds - With respect to Part I, column (e), and Part II, lines 1-12, the institution is reporting its allocable portion of this bond issue, the remainder of which is allocable to affiliated entities. For purposes of Part I, column (i), the institution has assumed that this arrangement does not constitute a "pooled financing."

Part III Private Business Use (Continued)

Table with 4 columns (A, B, C, D) and 7 rows of questions regarding management or service contracts, bond-financed property, and research agreements.

Part IV Arbitrage

Table with 4 columns (A, B, C, D) and 7 rows of questions regarding Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, and hedge issues.

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations.

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

The difference between the issue price (Part I) and total proceeds (Part II, line 3) in column A is due to investment earnings.

Part II, line 4, column C - The amount shown here consists of \$1,402,046 in

Part II Private Business Use (Continued)

Table with 4 columns (A, B, C, D) and 7 rows of questions regarding private business use, management practices, and compliance.

Part IV Arbitrage

Table with 4 columns (A, B, C, D) and 7 rows of questions regarding arbitrage, hedge integration, and GIC satisfaction.

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations.

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

a debt service reserve fund, plus \$343,829 of debt service fund deposits.

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2011**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open To Public Inspection

Name of the organization

**Maine Medical Center**

Employer identification number

**01-0238552**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
<b>Total</b>				▶ \$						

**Part III Grants or Assistance Benefiting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) Christopher Emmons	See Part V	525,219	See Part V		X
(2) Morris Fisher	See Part V	929,087	See Part V		X
(3) Katherine Pope, M.D.	See Part V	6,217,060	See Part V		X
(4) Peter Bates, M.D.	See Part V	6,217,060	See Part V		X
(5) Brian Petrovek	See Part V	350,136	See Part V		X
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**Schedule L, Part V - Additional Information**

Christopher Emmons is a member of the Board of Trustees of Maine Medical Center as well as the President of Gorham Savings Bank. Maine Medical Center has copier leases through Gorham Savings Leasing Group which is a wholly owned subsidiary of Gorham Savings Bank. All transactions were at arms length, for fair value, and in the routine course of business.

Morris Fisher is a member of the Board of Trustees of Maine Medical Center as well as the President of The Boulos Company. The Boulos Company provides property management services to Maine Medical Center. All transactions were at arms length, for fair value, and in the routine course of business.

Katherine Pope, M.D. is a member of the Board of Trustees of Maine Medical Center and Medical Mutual Insurance Co. of Maine. Peter Bates, M.D. is an officer of Maine Medical Center and a member of the Board of Trustees of Medical Mutual Insurance Co. of Maine. Medical Mutual Insurance provides malpractice insurance to Maine Medical Center. All transactions were at arms length, for fair value, and in the routine course of business.

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Brian Petrovek is a member of the Board of Trustees of Maine Medical Center and the United Way of Greater Portland. Maine Medical Center employees contribute to the United Way through their payroll. All transactions were at arms length, for fair value, and in the routine course of business.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2011**

**Open To Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Maine Medical Center**

Employer identification number  
**01-0238552**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		35	Selling Price
5 Clothing and household goods	X		1,355	Selling Price
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	19	87,865	Fair Market Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	7	574	Selling Price
19 Food inventory	X	5	1,200	Selling Price
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( Treasury Bonds )	X	2		Fair Market Value
26 Other ▶ ( Auction Items )	X	44	6,906	Selling Price
27 Other ▶ ( )				
28 Other ▶ ( )				

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

29 0

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

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

**Part I, Line 33 - Explanation for Not Reporting Revenue**

There was one contribution of stock that was received during FY12 as a payment on a prior year pledge. Accordingly, no additional revenue was recorded for this contribution. The contribution is included in column (b).

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

Maine Medical Center

Employer identification number

01-0238552

**Form 990 - Organization's Mission or Most Significant Activities**

The Maine Medical Center (the Medical Center) is a voluntary, not-for-profit community and referral hospital, dedicated to providing high quality health care services to all persons who seek care regardless of their sex, race, religion, age, color, sexual orientation, national origin, physical or emotional disability or social or economic status. Maine Medical Center is also committed to education at the undergraduate, graduate, post-graduate and continuing education levels for physicians, nurses and allied health personnel, and in-service training for support staff all of which are essential to the delivery of quality patient care. Outreach education to other institutions and agencies is also vital to the fulfillment of the Maine Medical Center's mission. The Medical Center also supports basic and clinical research as essential to the advancement of health care.

**Form 990, Part III, Line 4d - All Other Accomplishment**

Laboratory, Education, Research, Radiology, Delivery and Labor Room, Anesthesiology, and other ancillary services.

**Form 990, Part VI, Line 2 - Related Party Information Among Officers**

Katherine Pope, M.D.

Peter Bates, M.D.

Business

**Form 990, Part VI, Line 6 - Classes of Members or Stockholders**

MaineHealth (EIN #01-0431680) is the sole Member of the organization.

Name of the organization

Maine Medical Center

Employer identification number

01-0238552

Form 990, Part VI, Line 7a - Election of Members and Their Rights

The sole Member of the organization has the responsibility for the election of the members of the governing body.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members

There are decisions by the governing body that require the approval of its sole member. They include:

1. The adoption of operating and capital budgets;
2. The approval of any significant strategic plan for programs or facilities;
3. The authorization of debt incurred, assumed, or guaranteed by the Medical Center in excess of \$1,000,000 and its subsidiaries in excess of \$1,000,000 other than as provided for in annual capital and operating budgets;
4. The authorization for any acquisition, disposition, organization or investment in any other corporation, partnership, limited liability company or joint venture;
5. The authorization for any sale, assignment, transfer, mortgage or encumbrance of any properties or assets having an aggregate value in excess of \$1,000,000;
6. The authorization for any merger or consolidation involving the Medical Center or its subsidiaries as a constituent entity or any sale or other disposition of substantially all of the assets of the Medical Center or its subsidiaries;
7. The authorization for the institution of any bankruptcy, insolvency or reorganization proceedings;

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8. The authorization for the capital investment in any individual, entity, or project in the form of cash or either tangible or intangible property in excess of \$1,000,000;
9. The amendment of the Articles of Incorporation;
10. The selection, annual election, evaluation, and termination of the Medical Center's CEO;
11. The authorization for the commencement of litigation by the Medical Center other than routine collection actions;
12. The adoption of the Medical Center's Bylaws and any amendments and modifications to the Medical Center's Bylaws.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The 990 was reviewed in detail by the Executive Committee of the Board of Trustees. The 990 was also made available to the full Board of Trustees. The Board was then given an opportunity to ask questions of the Chairman of the Board, the CEO, or the Sr. Vice President for Finance & CFO. The Sr. Vice President for Finance & CFO also reviewed the 990 in detail before signing the return.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Conflicts of Interest statements are obtained annually. MaineHealth's Audit & Compliance Services Department collects and reviews the responses to these documents and addresses any issues immediately. The results are shared with Board leadership.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Maine Medical Center uses an outside firm, Sullivan Cotter, to perform an

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independent benchmark analysis. They meet with the Board of Trustees Executive Compensation Committee to review the CEO's benchmark report. The Executive Committee then deliberates on MMC's written salary and incentive compensation plan philosophy and documents before making a final decision. All decisions and meetings are captured in minutes. There is appropriate reporting at all levels.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Maine Medical Center uses an outside firm, Sullivan Cotter, to perform an independent benchmark analysis. They meet with the Board of Trustees Executive Compensation Committee to review each executive benchmark report. The Executive Committee then deliberates on MMC's written salary and incentive plan philosophy and documents before making a final decision. All decisions and meetings are captured in minutes. There is appropriate reporting at all levels.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Documents that are required to be open for public inspection are made available upon request.

Form 990, Part VII - Related Organizations

William Caron and Donald Quigley work an average of 50 hours per week for a related organization - MaineHealth.

Form 990, Part XI, Line 5 - Other Changes in Net Assets Explanation

Change in PV of Pooled Life and Charitable Remainder Trusts - (\$257,311)  
 Net Assets Released from Restrictions - (\$8,040,744)

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Recognized Gain in FV of Investments - \$20,601,955

Equity Transfer to Affiliates - (\$29,738,714)

Change in Net Unrealized Loss on Cash Flow Hedge Instruments - (\$415,984)

Retirement Benefit Plan Adjustments - (\$53,503,964)

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Maine Medical Center**

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**Related Organizations and Unrelated Partnerships**

▶ 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.

OMB No. 1545-0047  
**2011**

**Open to Public Inspection**

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

(1)	(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
(1)						
(2)						
(3)						
(4)						
(5)						

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	<b>MaineHealth (MH)</b> 110 Free Street Portland ME 04101 01-04311680	Healthcare	ME	501c3	11c	N/A		X
(2)	MMC Realty 22 Bramhall Street Portland ME 04102 01-0434215	Prop Mgmt	ME	501c3	11a	MMC	X	
(3)	Maine Mental Health Partners 123 Andover Road Westbrook ME 04092 26-3426990	Healthcare	ME	501c3	11c	MH		X
(4)	Lincoln County Health Care, Inc. 6 St. Andrews Lane Boothbay Harbor ME 04538 26-1475629	Healthcare	ME	501c3	11c	MH		X
(5)	Western Maine Health Care Corp 181 Main Street Norway ME 04268 01-0411788	Healthcare	ME	501c3	11c	MH		X

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Maine Medical Center**

Employer identification number  
**01-0238552**

**Related Organizations and Unrelated Partnerships**

▶ 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.

OMB No. 1545-0047  
**2011**

**Open to Public Inspection**

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

(1)	(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
(1)						
(2)						
(3)						
(4)						
(5)						

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	<b>Waldo County Healthcare, Inc.</b> P.O. Box 287 Belfast ME 04915-0287 22-2864961	Healthcare	ME	501c3	11c	MH		X
(2)	<b>Geriatric Resource Network</b> 110 Free Street Portland ME 04101 01-0542842	Healthcare	ME	501c3	7	MH		X
(3)	<b>Webber Hospital Assoc dba SMMC</b> P.O. Box 626 Biddeford ME 04005-0626 01-0179500	Hospital	ME	501c3	3	MH		X
(4)	<b>HomeHealth Visiting Nurses of So ME</b> 15 Industrial Park Drive Saco ME 04072 22-2571902	Healthcare	ME	501c3	9	MH		X
(5)	<b>NorDx</b> 301A US Route One Scarborough ME 04074 01-0511356	Laboratory	ME	501c3	9	MH		X

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Maine Medical Center**

Employer identification number  
**01-0238552**

**Related Organizations and Unrelated Partnerships**

▶ 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.

OMB No. 1545-0047  
**2011**

**Open to Public Inspection**

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

(1)	(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
(1)						
(2)						
(3)						
(4)						
(5)						

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	<b>Pen Bay Healthcare</b> 4 White Street Rockland ME 04841 22-2494475	Admin	ME	501c3	11c	MH		X
(2)	<b>Henrietta D. Goodall Hospital, Inc.</b> 25 June Street Sanford ME 04073 01-0078060	Hospital	ME	501c3	3	MH		X
(3)								
(4)								
(5)								

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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 alloc.?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) <b>MaineHealth Accountable Care Org</b> 110 Free Street Portland ME 04101 45-2929273	AdminServ	ME	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(2)												
(3)												
(4)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) <b>Maine Medical Partners (MMP)</b> 22 Bramhall Street Portland ME 04102 01-0442142	Healthcare	ME	MMC	C	3,370,000	29,189,000	100.000000
(2) <b>Synernet, Inc.</b> 110 Free Street Portland ME 04101 01-0539789	AdminServ	ME	N/A	C	N/A	N/A	N/A
(3) <b>Maine Physician Hospital Org.</b> 110 Free Street Portland ME 04101 01-0527540	Healthcare	ME	N/A	C	N/A	N/A	N/A
(4) <b>MMC Clinical Services Support Corp.</b> 22 Bramhall Street Portland ME 04102 20-3656876	AdminServ	ME	MMP	C	4,462,415	5,243,495	100.000000

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

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

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?

				Yes	No
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				X
b	Gift, grant, or capital contribution to related organization(s)			X	
c	Gift, grant, or capital contribution from related organization(s)			X	
d	Loans or loan guarantees to or for related organization(s)			X	
e	Loans or loan guarantees by related organization(s)			X	
f	Sale of assets to related organization(s)				X
g	Purchase of assets from related organization(s)				X
h	Exchange of assets with related organization(s)				X
i	Lease of facilities, equipment, or other assets to related organization(s)			X	
j	Lease of facilities, equipment, or other assets from related organization(s)			X	
k	Performance of services or membership or fundraising solicitations for related organization(s)				X
l	Performance of services or membership or fundraising solicitations by related organization(s)				X
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				X
n	Sharing of paid employees with related organization(s)			X	
o	Reimbursement paid to related organization(s) for expenses				X
p	Reimbursement paid by related organization(s) for expenses				X
q	Other transfer of cash or property to related organization(s)				X
r	Other transfer of cash or property from related organization(s)				X

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	(d) Method of determining amount involved
(1)	Maine Medical Partners	n	13,453,727	Fair Market Value
(2)	Maine Medical Partners	o	1,898,136	Fair Market Value
(3)	Maine Medical Partners	p	62,538,862	Fair Market Value
(4)	Maine Medical Partners	q	75,934,538	Fair Market Value
(5)	Maine Medical Partners	r	1,880,079	Fair Market Value
(6)	MMC Realty	j	2,560,709	Fair Market Value

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

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

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input checked="" type="checkbox"/>	
c Gift, grant, or capital contribution from related organization(s)	<input checked="" type="checkbox"/>	
d Loans or loan guarantees to or for related organization(s)	<input checked="" type="checkbox"/>	
e Loans or loan guarantees by related organization(s)	<input checked="" type="checkbox"/>	
f Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
g Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
h Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to related organization(s)	<input checked="" type="checkbox"/>	
j Lease of facilities, equipment, or other assets from related organization(s)	<input checked="" type="checkbox"/>	
k Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
n Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	
o Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
p Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
q Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
r Other transfer of cash or property from related organization(s)	<input checked="" type="checkbox"/>	

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	(d) Method of determining amount involved
(1)	MMC Realty	n	191,201	Fair Market Value
(2)	MMC Realty	p	3,697,943	Fair Market Value
(3)	MMC Realty	q	1,639,688	Fair Market Value
(4)				
(5)				
(6)				

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

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

(1)	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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?		(k) Percentage ownership
					Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														



# **Maine Medical Center**

## **FY2012 Community Benefit Report**

### **I. Why create a Community Benefit report?**

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

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

### **II. Organizational Description and Information**

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

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

### **III. Community Needs Assessment**

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

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

#### - Emergency Preparedness Planning

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

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

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

#### **Community Health Improvement Services and Community Benefit Operations**

##### **Sagamore Village Health Center**

MMC supports staff for clinics in a disadvantaged Portland neighborhood.

##### **Portland Community Free Clinic**

MMC doctors from the Emergency Medicine department volunteer at the Portland Free Clinic, providing primary care to uninsured, low-income adults.

##### **School-based Clinics**

MMC provides staff and support for clinics in several Portland Public Schools.

##### **Sports Physicals/Training Room Coverage**

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

##### **Sports Game Coverage**

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

##### **Tutoring**

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

##### **Taxi Vouchers**

MMC provides taxi vouchers to patients who need transportation home.

### **Neuroscience Institute Various Initiatives**

The Neuroscience Institute studies readmission rates and conducts leadership seminars to help leaders navigate an ever-changing healthcare environment. Family caregiver workshops and a yearly conference assist families of patients with brain tumors explore ways to live a healthy life.

### **Lifeline Workplace Wellness**

Lifeline offers a menu of wellness services and programs to employers interested in worksite wellness. Employers can also join the MMC Southern Maine Wellness Council, which provides opportunities for networking, resource access, and professional training.

### **Mission Work in Developing Countries**

Many MMC caregivers are supported in their work to establish and maintain medical clinics in other parts of the world. Residents of Haiti, Kenya, and Nigeria are among the populations to receive MMC-supported assistance and expertise.

### **Community Disease Risk Surveillance and Reporting**

Providing advice to communities concerned with the risk of tick-borne diseases. The best example is Monhegan Island, where a decade of surveillance and tick control research led to the removal of a burgeoning deer herd and the subsequent near disappearance of ticks and Lyme disease on the island. On a larger scale, the Vector Borne disease lab has been working for over two decades with the Maine Medical Center for Disease Control and Prevention, providing annually updated data on the distribution and infection prevalence of deer ticks in the state as well as the distribution of the vector mosquitoes of Eastern equine encephalitis and West Nile virus.

### **Health Professions Education**

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

### **Subsidized Health Services**

#### **Outpatient Clinics**

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

#### **Behavioral Health Care**

MMC is a safety-net provider of behavioral healthcare services.

#### **Uncompensated Care Drug Program**

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

**Palliative Care Program**

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

**The Morrison Center**

Maine Medical Center supports a non-profit program that serves preschool-aged children with neurodevelopmental disabilities.

**Language Line and Interpretive Services**

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

**Sign Language Interpreting Services**

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

**Patient Navigators**

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

**Northern New England Poison Center**

The NNEPC serves Maine, New Hampshire, and Vermont with 24/7 toll-free telephone consultations with health care professionals and lay persons about toxic substances. MMC contributes funding to provide services that are not sufficiently supported by state or federal government, such as poison- and drug-related outreach education for health care professionals and lay persons, poison and drug-related research, surveillance for terrorism, tampering/contamination, unanticipated adverse drug events, food poisoning and other public health emergencies, and support for all-hazards preparedness and response. The in-kind contribution includes partial salaries for clinical toxicologists, nurse certified specialists in poison information, and other staff, as well as employee benefits and operating overhead.

**Maine Medical Partners**

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

**Research**

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

## **Cash and In-kind Contributions**

### **Contributions**

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

### **Charles A. Dana Health Education Center & East Tower Classrooms**

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

### **United Way**

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

### **Epilepsy Foundation**

The medical center aids the Epilepsy Foundation, which helps patients and families who are affected by epilepsy. MMC also hosts a support group.

### **Supporting our Future**

Maine Medical Center is proud to support the Pine Tree Council and the Boys & Girls Club of Southern Maine. Both organizations are committed to helping youth realize their potential by building character, community, and personal wellness.

### **Portland Fire Fighters**

MMC supports those first responders who are responsible for the medical center and its neighbors.

## **Community Support (Community Building Activities)**

### **Maine State Chamber of Commerce**

MMC is a dues paying member of the organization.

### **Disaster Preparation**

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

### **Clinical Pastoral Education**

Placement of pastoral care students in community agencies one day per week during the summer, including outpatient cancer, Preble Street, nursing homes and Seafarers.

### **Mini Medical School**

MMC's Mini Medical School is a week-long summer program, which offers Maine college students a series of lectures, hands-on activities, and clinical experiences designed to demonstrate what a career in medicine is all about.

### **CNA Training Program**

MMC provides a program to train CNAs.

### **Surgical Tech Training Program**

MMC conducts a training program for surgical technicians.

**Maine Medical Center's Aggregate "Net Community Benefit Investment" = \$103,599,112**

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

### **Community Health Improvement Services and Community Benefit Operations**

**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.

**Chronic Disease** – The Chronic Disease program increases awareness and utilization of quality care measures for both pediatric/adult asthma, COPD, and Diabetes – this program was formerly listed separately as "Asthma and Chronic Obstructive Pulmonary Disease" and "Diabetes".

**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.

**Hospital Medicine**- The Hospital Medicine Program Build relationships with hospitalists across the system and gather monthly to share ideas, discuss challenges, and identify opportunities and solutions. Members collaborate on specific initiatives by gathering interdisciplinary groups in the true spirit of integration

**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.

**Patient Centered Medical Home** – This Program provides quality improvement and training for “practice coaches”, runs a learning collaborative focused on practice transformation, provides educational opportunities to practices, and develops/disseminates tools to assist local practices.

**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.

**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.

**Surgical Quality Collaborative** – The goal of the MaineHealth Surgical Quality Collaborative is to create a collaborative encompassing surgical and quality staff from system hospitals to foster learning, measure improvement, and use empirical data to improve the quality, safety and value of surgical care.

**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.

### *Subsidized Health Services*

**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 \$8.3 million of free medications in FY12. 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, local low-cost generic programs, and other state and federal programs either in-person or through a toll-free number (meaning MaineHealth only counts the staff and program costs/support as a “net community benefit investment” here, and not the actual dollar figure of free medications provided through the program).

### *Community Support*

**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.

**OneMaine Health Community Health Needs Assessment** – As described earlier in Section III of this report, MaineHealth was one of three health system partners involved in the conduct of a statewide Community Health Needs Assessment. All of the results and data involved in this analysis are publically available as a resource for any interested parties. MaineHealth was responsible for 42.5% of the total cost of this project.

**Health Index Report** – MaineHealth staff creates the Health Index report to present key factors and specific elements of the health status throughout many Maine counties, focusing on measures of health improvement and specific health outcomes/goals – over 1,800 copies of the health index report are distributed annually to health and other community leaders and organizations.

**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.

**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.

### **Community Health Improvement Advocacy**

**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.

## **V. Billing and Collection Practices**

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

In the absence of either full payment or a patient’s attempts to communicate in order to resolve the situation, which may include the patient's agreement to enter into a monthly payment program, MMC does use a responsible and professional collection agency if necessary. A bill will become classified as "bad debt" once it has been assigned to our collection agency. If the balance is paid in full within 90 days of placement with our collection agency, it is not reported on their credit file. MaineHealth hospitals may pursue legal action for collecting an outstanding bill only with prior Board approval. MMC’s Board has not voted to pursue such legal action in, at the minimum, the past 17 years.

## **VI. Charity Care Policies**

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

Maine Medical Center’s employees who work in Admitting, Billing, Accounts Receivable, or Patient Services are fully informed and educated about all financial assistance policies. These

staff members identify unpaid bills where persons are unable to pay, and separate these potential 'charity care' bills from other bad debt accounts.

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

## **VII. Good Governance and Executive Compensation Policies**

### **Good Governance**

Maine Medical Center has a Board of 29 community members, a majority of whom are not practicing physicians, officers, department heads, or other employees with a financial connection or otherwise affiliated with the organization itself. The Board meets 11 times a year (on average), and has a written "conflict of interest" policy in place. The Board understands the specific mission of the organization, and approves strategic planning initiatives aimed at carrying out this mission. Trustees understand their fiscal and other specific responsibilities while serving on the Board, and further education/information is provided to Board members if requested. Trustees and executive officers of Maine Medical Center do not receive loans on behalf of the organization. The organization ensures that a substantial part of its activities does not involve attempts to influence legislation, and that it will not take an official position or provide direct support for or against a political candidate. Moreover, in addition to the CEO, CFO, or both officially signing off on Maine Medical Center's yearly 990 and audited financial statements, the Board of Trustees must also have final approval of the yearly audited financial statements. The Board has also adopted and maintains a corporate compliance program that includes a Code of Conduct for all staff education and training, monitoring for compliance, and a Helpline for staff to call, all intended to produce continual compliance with organizational policies and the law.

### **Executive Compensation**

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

## VIII. Aggregate Financial Data

### Maine Medical Center's Community Benefit Summary \*\*\*

<b>1. Charity care (at cost)</b>	<u>\$18,517,063</u>
<b>2. Bad debt (at cost)</b>	<u>\$15,747,180</u>
<b>3. Government-sponsored health care (shortfall) - Unpaid cost of Medicare, MaineCare, and other hospital-specific indigent care programs</b>	<u>\$70,158,239</u>
<b>4. Net Community Benefit Investment Programs (net expense), e.g.</b>	<u>\$103,599,112</u>
- Outpatient Clinics	- Patient Navigators
- Uncompensated Care Drug Program	- Tutoring
- Interpreter Services	- Northern New England Poison Center

<b><i>Total Value of Quantifiable Benefits Provided to the Community</i></b>	<b><u>\$208,021,594</u></b>
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\*\*\* Form created based on AHA guidelines