Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07/01, 2012, and ending 06/30, 20 13

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

C Name of organization: CENTRAL MAINE MEDICAL CENTER

Doing Business As:

Number and street (or P.O. box if mail is not delivered to street address): PO BOX 4500 — Room/suite:

City or town, state or country, and ZIP + 4: LEWISTON, ME 04243-4500

F Name and address of principal officer: TINA-MARIE LEGERE
300 MAIN STREET LEWISTON, ME 04240

D Employer identification number: 01-0211494

E Telephone number: (207) 795-2972

G Gross receipts $ 324,561,041.

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

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

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CMMC.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1888 **M** State of legal domicile: ME

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
CMMC STRIVES TO PROVIDE EXCEPTIONAL HEALTHCARE SERVICES. THE HOSPITAL DEPENDS ON THE EXPERTISE OF ITS CAREGIVERS IN ADDITION TO THE COMMITMENT AND COMPASSION THEY PROVIDE TO FULFILL ITS MISSION.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	13.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9.
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	2,399.
6	Total number of volunteers (estimate if necessary)	6	1,275.
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	133,492.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-170,361.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,966,975.	2,927,313.
9	Program service revenue (Part VIII, line 2g)	323,332,135.	316,717,786.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	761,529.	753,102.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	82,469.	-466,397.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	328,143,108.	319,931,804.

COPY FOR PUBLIC INSPECTION

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,408,132.	21,500.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	160,620,748.	156,034,253.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,100.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	168,047,303.	175,496,392.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	331,076,183.	331,552,145.
19	Revenue less expenses. Subtract line 18 from line 12	-2,933,075.	-11,620,341.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	305,089,875.	292,372,527.
21	Total liabilities (Part X, line 26)	223,909,421.	222,477,975.
22	Net assets or fund balances. Subtract line 21 from line 20	81,180,454.	69,894,552.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
BRIAN D. TODD	Brian D Todd, CPA	5/5/14		P00422601

Firm's name ▶ BKD, LLP — EIN ▶ 44-0160260

Firm's address ▶ 910 E ST LOUIS #200/PO BOX 1190 SPRINGFIELD, MO 65806-2523 — Phone no. ▶ 417 865-8701

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2012)

JSA
2E1065 1.000

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:

TO PROVIDE EXCEPTIONAL HEALTHCARE SERVICES IN A SAFE AND TRUSTFUL ENVIRONMENT THROUGH THE EXPERTISE, COMMITMENT AND COMPASSION OF OUR FAMILY OF CAREGIVERS.

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

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

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

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

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

4a (Code:) (Expenses $ 266,952,706. including grants of $ 21,500.) (Revenue $ 316,717,786.)

CENTRAL MAINE MEDICAL CENTER IS A 250-BED, NOT-FOR-PROFIT HOSPITAL LOCATED IN LEWISTON, MAINE OFFERING COMPREHENSIVE HEALTHCARE SERVICES TO THE RESIDENTS OF THE CENTRAL AND WESTERN MAINE REGION WITH AN ACTIVE MEDICAL STAFF OF MORE THAN 300 PHYSICIANS REPRESENTING SOME 30 SPECIALTIES OVER 2,000 HIGHLY SKILLED EMPLOYEES AND WITH THE SUPPORT OF THE LATEST TECHNOLOGIES, CMMC IS WELL POSITIONED TO MEET THE REGION'S HEALTHCARE NEEDS WITH THE UTMOST COMPASSION, KINDNESS, AND UNDERSTANDING.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

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

4e Total program service expenses ▶ 266,952,706.

Part IV Checklist of Required Schedules

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

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*	21	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*	22		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*	23	X	
24 a	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*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		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?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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*	25b		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*	26	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*	27		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*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	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*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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*	32		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*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	205		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .	2a	2,399		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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 X

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 1a 13			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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? . . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	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?	7a	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?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	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*	9		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?	10a		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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . .	11a	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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a		X
b	Other officers or key employees of the organization	15b		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?	16a		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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ ME

18 Section 6104 requires an organization to make its 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.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ PHIL MORISSETTE 29 LOWELL STREET, LEWISTON, ME LEWISTON, ME 04240 207 795-2972

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 X

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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAULINE V. BEALE, O.D.	1.00									
TRUSTEE	1.00	X						0	0	0
(2) RICHARD L. ROY	1.00									
CHAIRMAN	1.00	X		X				0	0	0
(3) MARK A. ADAMS	1.00									
VICE CHAIRMAN	3.00	X		X				0	0	0
(4) SHARON BUCKLEY	1.00									
TRUSTEE		X						0	0	0
(5) PETER E. CHALKE	1.00									
SYSTEM EXECUTIVE	60.00	X		X				0	1,819,657.	16,326.
(6) MICHAEL TOMPKINS	1.00									
TRUSTEE		X						0	0	0
(7) STEPHEN M. COSTELLO	1.00									
TRUSTEE ENDING 02/13	1.00	X						0	0	0
(8) DEBORAH HAIRE	1.00									
TRUSTEE		X						0	0	0
(9) LAWRENCE OLIVER	55.00									
TRUSTEE		X						326,910.	0	19,283.
(10) JOHN E. BLANCHARD	1.00									
TRUSTEE		X						0	0	0
(11) PHILIPPE NADEAU	1.00									
TRUSTEE		X						0	0	0
(12) RONALD PEYSER	1.00									
TRUSTEE		X						0	0	0
(13) MARK CARRIER	1.00									
TRUSTEE		X						0	0	0
(14) CANDACE SANBORN	1.00									
TRUSTEE		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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) REBECCA WEBBER	1.00									
TRUSTEE ENDING 01/13		X						0	0	0
16) MATTHEW COX	1.00									
TREASURER ENDING 0613	57.00			X				0	335,655.	34,197.
17) CAROL J. MORIN	1.00									
SECRETARY ENDING 12/12	57.00			X				0	73,880.	13,407.
18) LAIRD COVEY	1.00									
PRESIDENT - CMMC ENDING 04/13	50.00			X				0	397,794.	54,643.
19) SAMANTHA LUCE	1.00									
SECRETARY BEGINNING 01/13	57.00			X				0	0	0
20) TINA-MARIE LEGERE	5.00									
PRESIDENT - CMMC BEG 04/13				X				0	0	0
21) PHILIPPE MORISSETTE	1.00									
TREASURER BEGINNING 06/13	58.00			X				0	120,131.	8,517.
22) JAMES LOGGINS, M.D.	55.00									
PHYSICIAN DIVISION CHIEF					X			533,283.	0	19,193.
23) WILLIAM LEE, M.D.	55.00									
PHYSICIAN DIVISION CHIEF					X			299,549.	0	20,998.
24) DAVID LAUVER, M.D.	55.00									
PHYSICIAN DIVISION CHIEF	2.00				X			304,576.	0	23,294.
25) NICHOLETTE ERICKSON, M.D.	55.00									
PHYSICIAN						X		591,063.	0	19,197.
1b Sub-total ▶								326,910.	1,819,657.	35,609.
c Total from continuation sheets to Part VII, Section A ▶								4,796,544.	927,460.	260,880.
d Total (add lines 1b and 1c) ▶								5,123,454.	2,747,117.	296,489.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 244

		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*		X
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*	X	
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*		X

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
CHG COMPANIES CARY, NC 27513	MEDICAL STAFFING	2,357,013.
UNITED AMBULANCE SERVICES LEWISTON, ME 04240	MEDICAL TRANSIT	3,855,251.
CPS INC ATLANTA, GA 30368	PHARMACY SERVICES	3,466,362.
WEATHERBY LOCUMS, INC CARY, NC 27513	MEDICAL STAFFING	2,328,321.
ST JUDE MEDICAL CHICAGO, IL 60673	MEDICAL SERVICES	2,295,385.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 43

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) DANIEL LALONDE, M.D. PHYSICIAN	55.00					X		683,814.	0	16,039.
(27) PATRICIO MUJICA, M.D. PHYSICIAN	55.00					X		769,105.	0	13,001.
(28) JOHN LEWANDOWSKI, M.D. PHYSICIAN	55.00					X		652,071.	0	19,197.
(29) OSWALDO BISBAL, M.D. PHYSICIAN	55.00					X		963,083.	0	19,197.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 244

		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*		X
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*	X	
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*		X

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 in compensation from the organization ▶

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,899,462.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	332,494.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	695,357.			
	g	Noncash contributions included in lines 1a-1f: $ 48,143.					
	h	Total. Add lines 1a-1f		2,927,313.			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	900099	303,376,860.	303,376,860.		
	b	PHARMACY REVENUE	446110	4,423,564.	4,423,564.		
	c	CAFETERIA REVENUE	722514	778,229.	778,229.		
	d	OTHER REVENUE	900099	8,139,133.	8,139,133.		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		316,717,786.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		574,587.			574,587.
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross rents	11,941.				
	b	Less: rental expenses					
	c	Rental income or (loss)	11,941.				
	d	Net rental income or (loss)		11,941.			11,941.
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	3,381,991. / 11,701.				
	b	Less: cost or other basis and sales expenses	3,213,421. / 1,756.				
	c	Gain or (loss)	168,570. / 9,945.				
	d	Net gain or (loss)		178,515.			178,515.
	8a	Gross income from fundraising events (not including $ 1,899,462. of contributions reported on line 1c). See Part IV, line 18	a 396,989.				
	b	Less: direct expenses	b 707,530.				
	c	Net income or (loss) from fundraising events		-310,541.			-310,541.
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a 840,022.				
	b	Less: cost of goods sold	b 706,530.				
	c	Net income or (loss) from sales of inventory		133,492.		133,492.	
		Miscellaneous Revenue	Business Code				
	11a	LOSS ON REFINANCE	900099	-587,465.			-587,465.
	b	EQUITY INVESTMENT	900099	286,176.			286,176.
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		-301,289.			
	12	Total revenue. See instructions		319,931,804.	316,717,786.	133,492.	153,213.

Part IX Statement of Functional Expenses

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

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

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 United States. See Part IV, line 21	21,500.	21,500.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,547,087.	1,547,087.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	135,271.	135,271.		
7 Other salaries and wages	128,567,931.	96,860,425.	31,707,506.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,143,503.	1,614,880.	528,623.	
9 Other employee benefits	15,873,873.	11,993,482.	3,880,391.	
10 Payroll taxes	7,766,588.	5,874,725.	1,891,863.	
11 Fees for services (non-employees):				
a Management	0			
b Legal	49,138.		49,138.	
c Accounting	70,878.		70,878.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	5,634.		5,634.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	47,138,713.	35,656,194.	11,482,519.	
12 Advertising and promotion	515,698.	390,079.	125,619.	
13 Office expenses	11,605,485.	8,774,647.	2,825,738.	5,100.
14 Information technology	2,851,526.	2,156,923.	694,603.	
15 Royalties	0			
16 Occupancy	5,607,633.	4,241,670.	1,365,963.	
17 Travel	1,056,759.	799,343.	257,416.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	113,478.	85,836.	27,642.	
20 Interest	6,225,423.	4,708,972.	1,516,451.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	21,070,657.	15,938,056.	5,132,601.	
23 Insurance	6,861,093.	5,189,799.	1,671,294.	
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 MEDICAL SUPPLIES & DRUGS	40,104,990.	40,104,990.		
b BAD DEBT	26,634,250.	26,634,250.		
c REPAIRS & MAINTENANCE	4,427,670.	3,349,134.	1,078,536.	
d LICENSES, DUES, SUBSCRIPTION	847,529.	641,079.	206,450.	
e All other expenses	309,838.	234,364.	75,474.	
25 Total functional expenses. Add lines 1 through 24e	331,552,145.	266,952,706.	64,594,339.	5,100.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		9,810.	1	17,321.
	2	Savings and temporary cash investments		21,929,730.	2	22,626,383.
	3	Pledges and grants receivable, net		224,879.	3	19,476.
	4	Accounts receivable, net		33,793,183.	4	33,598,165.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5,301.	5	119.
	6	Loans and other 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). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		2,422,283.	7	2,563,495.
	8	Inventories for sale or use		2,558,455.	8	2,180,827.
	9	Prepaid expenses and deferred charges		9,475,087.	9	8,209,140.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 352,961,889.			
	b	Less: accumulated depreciation	10b 199,710,166.	155,585,654.	10c	153,251,723.
	11	Investments - publicly traded securities		5,102,297.	11	514,655.
	12	Investments - other securities. See Part IV, line 11		3,008,478.	12	3,044,654.
	13	Investments - program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		70,974,718.	15	66,346,569.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		305,089,875.	16	292,372,527.
Liabilities	17	Accounts payable and accrued expenses		83,556,529.	17	71,958,857.
	18	Grants payable		0	18	0
	19	Deferred revenue		267,418.	19	265,947.
	20	Tax-exempt bond liabilities		123,035,157.	20	118,102,841.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		17,050,317.	23	14,469,440.
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		0	25	17,680,890.
	26	**Total liabilities.** Add lines 17 through 25		223,909,421.	26	222,477,975.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		65,239,108.	27	53,496,913.
	28	Temporarily restricted net assets		5,077,531.	28	4,713,593.
	29	Permanently restricted net assets		10,863,815.	29	11,684,046.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		81,180,454.	33	69,894,552.
	34	Total liabilities and net assets/fund balances		305,089,875.	34	292,372,527.

Form **990** (2012)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	319,931,804.
2	Total expenses (must equal Part IX, column (A), line 25)	2	331,552,145.
3	Revenue less expenses. Subtract line 2 from line 1	3	-11,620,341.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	81,180,454.
5	Net unrealized gains (losses) on investments	5	-112,300.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	446,739.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	69,894,552.

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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization	Employer identification number
CENTRAL MAINE MEDICAL CENTER	01-0211494

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-Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(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?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test - 2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III Support Schedule for Organizations Described in 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2012.** 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 - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization
CENTRAL MAINE MEDICAL CENTER

Employer identification number
01-0211494

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(03) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[ ] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year . . . . . ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CENTRAL MAINE MEDICAL CENTER | Employer identification number 01-0211494

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 18,015.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2		$ 377,978.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4		$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5		$ 9,180.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization CENTRAL MAINE MEDICAL CENTER | Employer identification number 01-0211494

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 11,700.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
9		$ 6,235.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
10		$ 8,900.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
11		$ 5,690.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
12		$ 8,175.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization CENTRAL MAINE MEDICAL CENTER | Employer identification number 01-0211494

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 8,150.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
14		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
15		$ 9,305.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
16		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
17		$ 57,602.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
18		$ 32,675.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization CENTRAL MAINE MEDICAL CENTER | Employer identification number 01-0211494

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		$ 13,865.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
20		$ 105,218.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
21		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
22		$ 15,935.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
23		$ 24,610.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
24		$ 20,969.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization CENTRAL MAINE MEDICAL CENTER | Employer identification number 01-0211494

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
26		$ 5,556.	Person [X] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
27		$ 5,010.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
28		$ 31,940.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
29		$ 5,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
30		$ 5,151.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization CENTRAL MAINE MEDICAL CENTER | Employer identification number 01-0211494

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		$ 297.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
32		$ 14,506.	Person [X] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
33		$ 3,700.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
34		$ 2,281.	Person [X] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
35		$ 7,238.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
36		$ 12,906.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization CENTRAL MAINE MEDICAL CENTER | Employer identification number 01-0211494

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		$ 14,420.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
38		$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
39		$ 220.	Person [X] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
40		$ 332,494.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
41		$ 202,347.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
42		$ 44,831.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization CENTRAL MAINE MEDICAL CENTER | Employer identification number 01-0211494

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		$ 35,012.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
44		$ 24,494.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization CENTRAL MAINE MEDICAL CENTER | Employer identification number 01-0211494

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
26	MEN'S HAT COLLECTION	$ 5,556.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
32	SIGNAGE	$ 14,506.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
34	GOLF PUTTER, CENTERPIECES	$ 2,281.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
39	NASCAR TICKETS	$ 220.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization CENTRAL MAINE MEDICAL CENTER

Employer identification number 01-0211494

Part III ***Exclusively*** **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year.** Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

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	Employer identification number
CENTRAL MAINE MEDICAL CENTER	01-0211494

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.		

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(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) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		24,880.
j Total. Add lines 1c through 1i			24,880.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (**do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

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 (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

OTHER LOBBYING ACTIVITIES

SCHEDULE C, PART II-B, LINE 1(I)

PORTION OF DUES FOR PROFESSIONAL ASSOCIATIONS ATTRIBUTED TO LOBBYING

EXPENSES - $24,880.

Part IV Supplemental Information *(continued)*

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

2012

Open to Public Inspection

Name of the organization
CENTRAL MAINE MEDICAL CENTER

Employer identification number
01-0211494

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____
(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____
b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" 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	16,439,401.	15,497,906.	13,567,546.	12,631,431.	13,848,034.
b Contributions	1,317,335.	2,327,217.	2,332,798.	2,070,765.	908,502.
c Net investment earnings, gains, and losses	490,909.	-115,277.	801,345.	-32,907.	-1,683,575.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,325,560.	1,270,445.	1,203,783.	1,101,743.	441,530.
f Administrative expenses					
g End of year balance	16,922,085.	16,439,401.	15,497,906.	13,567,546.	12,631,431.

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 ▶ 71.6258 %
c Temporarily restricted endowment ▶ 28.3742 %

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	X	

4 Describe in Part XIII 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		2,368,022.		2,368,022.
b Buildings		151,813,924.	53,878,432.	97,935,492.
c Leasehold improvements		4,945,143.	3,493,161.	1,451,982.
d Equipment		169,247,714.	136,786,698.	32,461,016.
e Other		24,587,086.	5,551,875.	19,035,211.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				153,251,723.

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)		
Total. *(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)		
Total. *(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) OTHER RECEIVABLES	8,106,471.
(2) DEPOSITS	5,900.
(3) EST AMT DUE FROM 3RD PARTY	42,361,004.
(4) INTEREST IN RELATED PARTY	15,873,194.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	66,346,569.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	17,680,890.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	17,680,890.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. ☐

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

1	Total revenue, gains, and other support per audited financial statements			1	321,722,169.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	-112,300.		
b	Donated services and use of facilities	2b	47,500.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	441,105.		
e	Add lines 2a through 2d			2e	376,305.
3	Subtract line 2e from line 1			3	321,345,864.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-1,414,060.		
c	Add lines 4a and 4b			4c	-1,414,060.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	319,931,804.

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

1	Total expenses and losses per audited financial statements			1	333,008,071.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	47,500.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	1,414,060.		
e	Add lines 2a through 2d			2e	1,461,560.
3	Subtract line 2e from line 1			3	331,546,511.
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	5,634.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	5,634.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	331,552,145.

Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information.. (continued)

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS ARE USED TO SUPPORT THE ORGANIZATION IN A VARIETY OF WAYS, DEPENDING UPON THE STATED PURPOSE OF EACH FUND. MANY OF THESE FUNDS HELP TO COVER COSTS OF CAPITAL EQUIPMENT PURCHASES, CONTINUING MEDICAL EDUCATION, OR FREE CARE. OTHERS ARE DESIGNATED TO SUPPORT SPECIFIC DEPARTMENTS OF THE HOSPITAL.

UNCERTAIN TAX POSITIONS

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

OTHER REVENUE INCLUDED ON LINE 1, BUT NOT ON FORM 990, PART VIII, LINE 12

SCHEDULE D, PART XI, LINE 2D

$ 446,739	CHANGE IN INTEREST IN RELATED PARTY
(5,634)	INVESTMENT MANAGEMENT FEES
$ 441,105	

Part XIII Supplemental Information. *(continued)*

OTHER REVENUE INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1

SCHEDULE D, PART XI, LINE 4B

$	(707,530)	SPECIAL EVENTS EXPENSE
	(706,530)	COST OF GOODS SOLD

$	(1,414,060)	

OTHER EXPENSE INCLUDED ON LINE 1, BUT NOT ON FORM 990, PART IX, LINE 25

SCHEDULE D, PART XII, LINE 2D

$	707,530	SPECIAL EVENTS EXPENSE
	706,530	COST OF GOODS SOLD

$	1,414,060	

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
2012
Open to Public Inspection

Name of the organization
CENTRAL MAINE MEDICAL CENTER

Employer identification number
01-0211494

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? Yes	(iii) No	(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

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.

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 DEMPSEY CHALLEN (event type)	(b) Event #2 SPRING GALA (event type)	(c) Other events 3. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	2,064,029.	108,453.	123,969.	2,296,451.
	2 Less: Contributions	1,763,687.	72,550.	63,225.	1,899,462.
	3 Gross income (line 1 minus line 2)	300,342.	35,903.	60,744.	396,989.
Direct Expenses	4 Cash prizes			5,000.	5,000.
	5 Noncash prizes			1,706.	1,706.
	6 Rent/facility costs	55,305.	350.	7,390.	63,045.
	7 Food and beverages	23,524.	10,041.	6,632.	40,197.
	8 Entertainment		3,500.		3,500.
	9 Other direct expenses	551,278.	12,263.	30,541.	594,082.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(707,530.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				-310,541.

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ 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? ☐ Yes ☐ No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

FUNDRAISING ACTIVITIES

SCHEDULE G, PART II, COLUMN A

DEMPSEY CHALLENGE - THIS EVENT OCCURS ANNUALLY IN OCTOBER AND OCCUPIES A YEAR-LONG PLANNING AND EXPENSE CYCLE. DUE TO THE OVERLAPPING YEAR CYCLE OF THIS EVENT, EACH REPORTED TAX YEAR WILL HAVE A PORTION OF REVENUE AND EXPENSES ATTRIBUTABLE TO THE EVENT OCCURRING WITHIN THE REPORTABLE TAX YEAR, AS WELL AS SOME EXPENSES, SPONSORSHIPS, REGISTRATIONS AND DONATIONS

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

ASSOCIATED WITH THE FOLLOWING YEAR'S EVENT. AS SUCH, THE AMOUNT REPORTED

WITH THIS RETURN IS NOT REPRESENTATIVE OF A SINGLE EVENT'S PROCEEDS;

RATHER IT IS A REPORT OF ACTIVITY ENCOMPASSING OVERLAPPING PERIODS FOR AN

EVENT THAT CROSSES A REPORTABLE TAX PERIOD.

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

2012

Open to Public Inspection

Name of the organization: CENTRAL MAINE MEDICAL CENTER

Employer identification number: 01-0211494

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b	If "Yes," was it a written policy?	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: [ ] 100% [X] 150% [ ] 200% [ ] Other _____ %	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [ ] 400% [ ] Other _____%		X
c	If the organization used factors other than FPG in determining 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, as a factor in determining eligibility for free or discounted care.		
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a	Did the organization prepare a community benefit report during the tax year?		X
b	If "Yes," did the organization make it available to the public?		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			7,030,519.		7,030,519.	2.31
b Medicaid (from Worksheet 3, column a)			52,888,757.	25,263,947.	27,624,810.	9.06
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			59,919,276.	25,263,947.	34,655,329.	11.37
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			798,349.	81.	798,268.	.26
f Health professions education (from Worksheet 5)			1,913,273.	1,138,611.	774,662.	.25
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			21,500.		21,500.	.01
j Total. Other Benefits			2,733,122.	1,138,692.	1,594,430.	.52
k Total. Add lines 7d and 7j			62,652,398.	26,402,639.	36,249,759.	11.89

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

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

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

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 26,634,250.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 6,072,609.		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	74,553,476.	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	78,200,744.	
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-3,647,268.	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other			

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	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** (owned 10% or more by officers, directors, trustees, key employees, and physicians-see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, and primary website address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 CENTRAL MAINE MEDICAL CENTER 300 MAIN STREET LEWISTON ME 04240	X	X		X			X			
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group CENTRAL MAINE MEDICAL CENTER

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	[ ] Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA: 20 1 2			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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	3	X	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		X
5	Did the hospital facility make its CHNA report widely available to the public?	5	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website			
b	[X] Available upon request from the hospital facility			
c	[ ] Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):			
a	[X] Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	[X] Execution of the implementation strategy			
c	[X] Participation in the development of a community-wide plan			
d	[X] Participation in the execution of a community-wide plan			
e	[X] Inclusion of a community benefit section in operational plans			
f	[ ] Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	[X] Prioritization of health needs in its community			
h	[X] Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	[ ] Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		X
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a		X
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy CENTRAL MAINE MEDICAL CENTER

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: 150 %			
	If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing *discounted* care?	11		X
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: ___ %			
	If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	12	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	[ ] Income level			
b	[ ] Asset level			
c	[ ] Medical indigency			
d	[ ] Insurance status			
e	[ ] Uninsured discount			
f	[ ] Medicaid/Medicare			
g	[X] State regulation			
h	[ ] Other (describe in Part VI)			
13	Explained the method for applying for financial assistance?	13	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	14	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The policy was posted on the hospital facility's website			
b	[ ] The policy was attached to billing invoices			
c	[X] The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	[X] The policy was posted in the hospital facility's admissions offices			
e	[X] The policy was provided, in writing, to patients on admission to the hospital facility			
f	[X] The policy was available on request			
g	[X] Other (describe in Part VI)			

Billing and Collections

15	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?	15	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP:			
a	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Part VI)			
17	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?	17		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Part VI)			

Part V Facility Information *(continued)* CENTRAL MAINE MEDICAL CENTER

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a [X] Notified individuals of the financial assistance policy on admission
- b [ ] Notified individuals of the financial assistance policy prior to discharge
- c [ ] Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d [X] Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e [ ] Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19	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?	X	

If "No," indicate why:

- a [ ] The hospital facility did not provide care for any emergency medical conditions
- b [ ] The hospital facility's policy was not in writing
- c [ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d [ ] Other (describe in Part VI)

Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a [ ] The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b [ ] The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c [ ] The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d [X] Other (describe in Part VI)

20	During the tax year, did the hospital facility charge any of its FAP- eligible individuals, 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?		X

If "Yes," explain in Part VI.

21	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?		X

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? 40

	Name and address	Type of Facility (describe)
1	CENTRAL MAINE GASTROENTEROLOGY ASSOCIATE 77 BATES STREET, SUITE 202 LEWISTON ME 04240	OUTPATIENT PHYSICIAN CLINIC
2	CENTRAL MAINE SURGICAL ASSOCIATES 12 HIGH STREET, SUITE 401 LEWISTON ME 04240	OUTPATIENT PHYSICIAN CLINIC
3	CENTRAL MAINE HEART ASSOCIATES 60 HIGH STREET, GROUND FLOOR LEWISTON ME 04240	OUTPATIENT PHYSICIAN CLINIC
4	CENTRAL MAINE OBSTETRICS/GYNECOLOGY 12 HIGH STREET, SUITE 200 LEWISTON ME 04240	OUTPATIENT PHYSICIAN CLINIC
5	FAMILY HEALTH CARE ASSOCIATES 190 STETSON ROAD AUBURN ME 04210	OUTPATIENT PHYSICIAN CLINIC
6	CENTRAL MAINE PEDIATRICS 12 HIGH STREET, SUITE 301 LEWISTON ME 04240	OUTPATIENT PHYSICIAN CLINIC
7	CENTRAL MAINE HEMATOLOGY & ONCOLOGY 12 HIGH STREET, SUITE 102 LEWISTON ME 04240	OUTPATIENT PHYSICIAN CLINIC
8	CENTRAL MAINE UROLOGY 12 HIGH STREET, SUITE 404 LEWISTON ME 04240	OUTPATIENT PHYSICIAN CLINIC
9	CENTRAL MAINE NEUROLOGY 10 MINOT AVENUE LEWISTON ME 04240	OUTPATIENT PHYSICIAN CLINIC
10	CENTRAL MAINE INTERNAL MEDICINE 12 HIGH STREET, SUITE 400 LEWISTON ME 04240	OUTPATIENT PHYSICIAN CLINIC

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)
1	CENTRAL MAINE FAMILY MEDICINE RESIDENCY 76 HIGH STREET, 1ST FLOOR LEWISTON ME 04240	OUTPATIENT PHYSICIAN CLINIC
2	CENTRAL MAINE FAMILY PRACTICE 12 HIGH STREET, SUITE 302 LEWISTON ME 04240	OUTPATIENT PHYSICIAN CLINIC
3	CENTRAL MAINE BARIATIRC SURGERY 10 HIGH STREET, SUITE 105 LEWISTON ME 04240	OUTPATIENT PHYSICIAN CLINIC
4	CENTRAL MAINE PAIN & HEADACHE CENTER 77 BATES STREET, SUITE 101 LEWISTON ME 04240	OUTPATIENT PHYSICIAN CLINIC
5	CENTRAL MAINE EAR NOSE & THROAT 12 HIGH STREET, SUITE 102 LEWISTON ME 04240	OUTPATIENT PHYSICIAN CLINIC
6	WOMEN'S SPECIALITY CENTER 287 MAIN STREET, SUITE 201 LEWISTON ME 04240	OUTPATIENT PHYSICIAN CLINIC
7	CENTRAL MAINE PLASTIC SURGERY 287 MAIN STREET, SUITE 302 LEWISTON ME 04240	OUTPATIENT PHYSICIAN CLINIC
8	MINOT AVENUE FAMILY MEDICINE 789 MINOT AVENUE AUBURN ME 04210	OUTPATIENT PHYSICIAN CLINIC
9	CENTRAL MAINE ENDOCRINOLOGY 287 MAIN STREET, SUITE 301 LEWISTON ME 04240	OUTPATIENT PHYSICIAN CLINIC
10	LISBON FAMILY PRACTICE 2 BISBEE ROAD LISBON ME 04250	OUTPATIENT PHYSICIAN CLINIC

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)
1	CENTRAL MAINE PULMONARY & CRITICAL CARE 300 MAIN STREET LEWISTON ME 04240	OUTPATIENT PHYSICIAN CLINIC
2	BRUNSWICK FAMILY HEALTH 329 MAINE STREET, SUITE H LEWISTON ME 04011	OUTPATIENT PHYSICIAN CLINIC
3	CENTRAL MAINE SLEEP CENTER 60 HIGH STREET, LOWER LEVEL LEWISTON ME 04240	OUTPATIENT PHYSICIAN CLINIC
4	CENTRAL MAINE PULMONARY & SLEEP MEDICINE 76 HIGH STREET, SUITE 300 LEWISTON ME 04240	OUTPATIENT PHYSICIAN CLINIC
5	TOPSHAM FAMILY MEDICINE 4 HORTON PLACE TOPSHAM ME 04086	OUTPATIENT PHYSICIAN CLINIC
6	POLAND COMMUNITY HEALTH CENTER 364 MAIN STREET POLAND ME 04274	OUTPATIENT PHYSICIAN CLINIC
7	GRAY FAMILY HEALTH CENTER 126 SHAKER ROAD, ROUTE 26B GRAY ME 04039	OUTPATIENT PHYSICIAN CLINIC
8	CENTRAL MAINE HEART ASSOCIATION 11 EVERGREEN DRIVE OAKLAND ME 04693	OUTPATIENT PHYSICIAN CLINIC
9	CENTRAL MAINE SPORTS MEDICINE 77 BATES STREET, SUITE 201 LEWISTON ME 04240	OUTPATIENT PHYSICIAN CLINIC
10	MECHANIC FALLS FAMILY PRACTICE 22 PLEASANT STREET MECHANIC FALLS ME 04256	OUTPATIENT PHYSICIAN CLINIC

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)
1	CMMC BLADDER CONTROL CENTER 287 MAIN STREET LEWISTON ME 04240	OUTPATIENT PHYSICIAN CLINIC
2	BRUNSWICK PEDIATRICS 329 MAINE STREET, SUITE J BRUNSWICK ME 04011	OUTPATIENT PHYSICIAN CLINIC
3	CENTRAL MAINE HEARING CENTER 12 HIGH STREET, SUITE 102 LEWISTON ME 04240	OUTPATIENT PHYSICIAN CLINIC
4	INFECTIOUS DISEASE ASSOCIATES 76 HIGH STREET, SUITE 200 LEWISTON ME 04240	OUTPATIENT PHYSICIAN CLINIC
5	CENTRAL MAINE FERTILITY CENTER 287 MAIN STREET, SUITE 201 LEWISTON ME 04240	OUTPATIENT PHYSICIAN CLINIC
6	BRUNSWICK NEUROLOGY 51 HARPSWELL ROAD, SUITE 100 BRUNSWICK ME 04011	OUTPATIENT PHYSICIAN CLINIC
7	BRUNSWICK WOMEN'S HEALTH 331 MAINE STREET, SUITE 6 BRUNSWICK ME 04011	OUTPATIENT PHYSICIAN CLINIC
8	BRUNSWICK PULMONOLOGY 329 MAINE STREET, SUITE C BRUNSWICK ME 04011	OUTPATIENT PHYSICIAN CLINIC
9	NORWAY FAMILY MEDICINE 39 MAIN STREET NORWAY ME 04268	OUTPATIENT PHYSICIAN CLINIC
10	CENTRAL MAINE HEART ASSOCIATES 329 MAINE STREET, SUITE C BRUNSWICK ME 04011	OUTPATIENT PHYSICIAN CLINIC

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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 hospitals 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.

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

PERCENT OF TOTAL EXPENSE

SCHEDULE H, PART I, LINE 7, COLUMN F

TO ARRIVE AT THE PERCENT OF TOTAL EXPENSES, THE DENOMINATOR WHICH EQUALS

TOTAL OPERATING EXPENSES PER PART IX, LINE 25, OF THE FORM 990 WAS

REDUCED BY BAD DEBT EXPENSE OF $26,634,250.

COSTING METHODOLOGY

SCHEDULE H, PART I, LINE 7

THE COST TO CHARGE RATIO CALCULATED ON IRS WORKSHEET 2 WAS USED TO

CALCULATE AMOUNTS ON IRS WORKSHEETS 1 AND 3. ALL OTHER WORKSHEETS USED

THE ORGANIZATION'S COST ACCOUNTING SYSTEM.

BAD DEBT EXPENSE

SCHEDULE H, PART III, SECTION A, LINE 4

THE AUDITED FINANCIAL STATEMENTS DO NOT CONTAIN A FOOTNOTE THAT DESCRIBES

BAD DEBT EXPENSE. THEY DO, HOWEVER, CONTAIN A FOOTNOTE THAT DESCRIBES

PATIENT ACCOUNTS RECEIVABLE. THAT FOOTNOTE READS AS FOLLOWS:

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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.

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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 hospitals 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.

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

THE CORPORATION REPORTS PATIENT ACCOUNTS RECEIVABLE FOR SERVICES RENDERED AT NET REALIZABLE AMOUNTS FROM THIRD-PARTY PAYERS, PATIENTS AND OTHERS. THE CORPORATION PROVIDES AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON A REVIEW OF OUTSTANDING RECEIVABLES, HISTORICAL COLLECTION INFORMATION AND EXISTING ECONOMIC CONDITIONS. AS A SERVICE TO THE PATIENT, THE CORPORATION BILLS THIRD-PARTY PAYERS DIRECTLY AND BILLS THE PATIENT WHEN THE PATIENT'S LIABILITY IS DETERMINED. PATIENT ACCOUNTS RECEIVABLE ARE DUE IN FULL WHEN BILLED. ACCOUNTS ARE CONSIDERED DELINQUENT AND SUBSEQUENTLY WRITTEN OFF AS BAD DEBTS BASED ON INDIVIDUAL CREDIT EVALUATION AND SPECIFIC CIRCUMSTANCES OF THE ACCOUNT.

LINE 2 REPORTS BAD DEBT EXPENSE FROM THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS. BAD DEBT ATTRIBUTABLE TO PATIENTS UNDER THE ORGANIZATION'S CHARITY CARE POLICY FOR LINE 3 WAS DETERMINED USING A COMPARISON OF EXPERIENCED CHARITY CARE COVERAGE AND US CENSUS BUREAU DATA FOR THE MOST RECENT YEAR AVAILABLE WHEN CHARITY CARE CONVERGE EXCEEDS THE CENSUS DATA, A MINIMAL AMOUNT OF BAD DEBT IS ASSUMED TO BE ELIGIBLE FOR CHARITY CARE

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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 hospitals 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.

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

TO ACCOUNT FOR THOSE PATIENTS WHO REFUSE TO PROVIDE INFORMATION

DOCUMENTING ELIGIBILITY FOR THE PROGRAM. THESE ESTIMATES ARE BASED ON

STATE-WIDE DATA AND DO NOT ACCOUNT FOR DIFFERENCES IN GEOGRAPHIC

LOCATIONS WITHIN THE STATE. AS THIS AMOUNT IS RELATED TO PATIENTS

ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY, IT IS INCLUDED AS A

COMMUNITY BENEFIT.

COMMUNITY BENEFIT

SCHEDULE H, PART III, SECTION B, LINE 8

THE COSTING METHODOLOGY USED FOR LINE 6 IS INFORMATION PULLED FROM THE

MEDICARE COST REPORT FILING. THE SHORTFALL REPORTED ON LINE 7 COULD BE

CONSIDERED COMMUNITY BENEFIT TO A LEVEL PROPORTIONAL TO THE POVERTY

LEVELS INDICATED BY CENSUS BUREAU DATA. IF MAINE RESIDENTS, AGE 65 OR

OLDER, BELOW THE 150% FPG LEVEL WERE NOT COVERED BY MEDICARE, THEY WOULD

QUALIFY UNDER CMMC'S FREE CARE POLICY. UNDER THAT CIRCUMSTANCE, THESE

PATIENTS WOULD THEN APPEAR AS PART OF THE STATISTICS ON PART I, LINE 7A.

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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.

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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.

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

COLLECTION POLICY

SCHEDULE H, PART III, SECTION C, LINE 9B

COLLECTION PRACTICES FOR PATIENTS KNOWN TO BE ELIGIBLE FOR CHARITY CARE ARE LIMITED TO COLLECTING FROM ANY AVAILABLE PAYMENT SOURCES SUCH AS MEDICARE OR MEDICAID. IF A PATIENT IS ELIGIBLE, BUT HAS NOT APPLIED FOR MEDICAID COVERAGE, THE PATIENT IS REQUESTED TO APPLY. ASSISTANCE IS AVAILABLE TO HELP THE PATIENT WITH THE MEDICAID APPLICATION PROCESS.

COMMUNITY INPUT

SCHEDULE H, PART V, SECTION B, LINE 3

SEVERAL HEALTH-RELATED TEAMS AND TASK FORCES OPERATE WITHIN THE COMMUNITY AND THESE GROUPS WERE INVOLVED IN ASSESSING THE DATA RESULTS. THE PEOPLE FROM THESE GROUPS WHO PARTICIPATED IN THE PROCESS ARE: BRENDA JOLY*, MPH, PHD ASSISTANT RESEARCH PROFESSOR IN HEALTH POLICY AND MANAGEMENT PROGRAM. MUSKIE SCHOOL OF PUBLIC SERVICE, UNIVERSITY OF SOUTHERN MAINE, CYNTHIA RICE*, DIRECTOR OF COMMUNITY HEALTH, WELLNESS AND CARDIOPULMONARY REHAB, CENTRAL MAINE MEDICAL CENTER, ELIZABETH KEENE, VP OF MISSION INTEGRATION,

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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.

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5 **Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

ST. MARY'S HEALTH SYSTEM, STEVE JOHNDRO*, EXECUTIVE DIRECTOR, HEALTHY ANDROSCOGGIN, CATHERINE RYDER*, EXECUTIVE DIRECTOR, TRI-COUNTY MENTAL HEALTH SERVICES, GINNY ANDREWS, NUTRITION SERVICES PROGRAM MANAGER, WESTERN MAINE COMMUNITY ACTION, BECKY GRANT, WESTERN MAINE COMMUNITY ACTION, BRENDA CZADO, DIRECTOR HOME CARE, ANDROSCOGGIN HOME CARE AND HOSPICE, CARA OUELLETTE, DIRECTOR OF OUTREACH SERVICES, SAFE VOICES, DARBY RAY, EXECUTIVE DIRECTOR, HARWOOD CENTER AT BATES COLLEGE, JOAN CHURCHILL, DIRECTOR OF RESOURCE DEVELOPMENT COMMUNITY CONCEPTS, KAREN WHITE, COMMUNITY TRANSFORMATION GRANT COORDINATOR, COMMUNITY CONCEPTS, ALEXANDER VEGUILLA-APONTE, WELLNESS AND RECOVER SERVICES COORDINATOR, TRI-COUNTY MENTAL HEALTH SERVICES.

IMPLEMENTATION STRATEGY

SCHEDULE H, PART V, SECTION B, LINE 6

IN RESPONSE TO THE RESULTS OF CENTRAL MAINE MEDICAL CENTER'S MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT, THE ORGANIZATION ADOPTED AN IMPLEMENTATION STRATEGY. THE IMPLEMENTATION STRATEGY CAN BE

Part VI Supplemental Information

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1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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FOUND AT THE FOLLOWING URL:

HTTP://WWW.CMMC.ORG/ABOUT-COMMUNITY-BENEFITS

ADDRESSING IDENTIFIED NEEDS

SCHEDULE H, PART V, SECTION B, LINE 7

CMMC IS NOT DIRECTLY ADDRESSING MENTAL HEALTH AS THIS IS WIDELY COVERED BY MENTAL HEALTH AGENCIES AND WE HAVE BOARD OF DIRECTOR REPRESENTATION; SUBSTANCE (ALCOHOL) ABUSE WHICH IS COVERED BY HEALTHY ANDROSCOGGIN (WHICH CMMC SUPPORTS AND HAS BOARD OF DIRECTOR REPRESENTATION); REPRODUCTIVE/SEXUAL HEALTH BUT SUPPORTING COMMUNITY WIDE EFFORTS THROUGH PARTICIPATION IN L/A PUBLIC HEALTH COMMITTEE AND INTERNAL EDUCATION; ORAL HEALTH WHICH IS ADDRESSED BY OTHER LOCAL AGENCIES (BUT WILL HAVE A DENTAL HYGIENIST STUDENT IN THE FALL OFFER EDUCATION TO PATIENTS); AND POVERTY AND FOOD SECURITY, WHICH IS SUPPORTED THROUGH DONATION TO LOCAL FOOD BANKS.

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

OTHER METHODS USED TO PUBLICIZE THE FINANCIAL ASSISTANCE POLICY

SCHEDULE H, PART V, LINE 14G

THE FAP IS POSTED IN ALL OUTPATIENT DEPARTMENTS INCLUDING PROVIDER BASED PHYSICIANS' OFFICES, PATIENT FINANCIAL SERVICES, AND IS OFFERED TO ANY PATIENTS INDICATING A FINANCIAL NEED WHEN THEY CALL CUSTOMER SERVICE OR PRESENT THEMSELVES IN THE PATIENT FINANCIAL SERVICES DEPARTMENT.

MAXIMUM AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS

SCHEDULE H, PART V, SECTION B, LINE 20D

FAP-ELIGIBLE PATIENTS ULTIMATELY RECEIVE FREE CARE. IF THE PATIENT HAS INSURANCE, THE INSURANCE COMPANY WOULD BE BILLED AND ONLY THE PATIENT RESPONSIBILITY PORTION, UNDER THAT CARRIER'S CONTRACT, WOULD BE BILLED TO THE PATIENT. IF THE PATIENT IS UNINSURED, THE PATIENT WOULD BE BILLED WITH A 20% UNINSURED DISCOUNT FROM GROSS CHARGES. ONCE A PATIENT'S ELIGIBILITY IS CONFIRMED THROUGH THE FAP'S APPLICATION PROCESS, A FAP ADJUSTMENT WOULD BE APPLIED TO THE PATIENT'S ACCOUNT, BRINGING THE BALANCE TO ZERO.

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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NEEDS ASSESSMENT

CENTRAL MAINE MEDICAL CENTER PROVIDES A FULL RANGE OF SERVICES TO ITS PRIMARY SERVICE AREA, AS WELL AS THE EXTENDED AREA OF THE ENTIRE CENTRAL MAINE HEALTHCARE SYSTEM. IT ASSESSES THE NEEDS OF ITS VARIOUS COMMUNITIES FROM VARIOUS THIRD-PARTY SURVEYS AND REPORTS, OBSERVATIONS IN ITS PATIENT POPULATION AND THE POPULATIONS OF ITS AFFILIATED SYSTEM HOSPITALS, AS WELL AS ASSISTING WITH STATE-WIDE INITIATES IN PREVENTATIVE MEDICINE AND EDUCATION.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

CENTRAL MAINE MEDICAL CENTER PROVIDES NOTICES ABOUT ITS FREE CARE POLICY IN ALL CLINICAL DEPARTMENTS AND MAJOR PATIENT AREAS. AN INPATIENT FINANCIAL COUNSELOR VISITS WITH ALL UNINSURED PATIENTS TO DISCUSS OPTIONS, INCLUDING GOVERNMENTAL PROGRAM ELIGIBILITY AND FREE CARE ASSISTANCE IS AVAILABLE TO HELP PATIENTS WITH COMPLETION OF MEDICAID APPLICATIONS. ALL PATIENT FINANCIAL SERVICES STAFF ARE TRAINED TO OFFER FREE CARE AS AN OPTION TO PATIENTS WHO INDICATE AN INABILITY OR

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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DIFFICULTY IN PAYING FOR SERVICES. INFORMATION ABOUT FINANCIAL ASSISTANCE AVAILABILITY IS INCLUDED ON THE BACK OF EVERY PATIENT STATEMENT. ADDITIONALLY, UNINSURED PATIENTS RECEIVE A SEPARATE INFORMATION SHEET WITH THEIR STATEMENTS, FURTHER INFORMING THEM ABOUT THE AVAILABLE OPTIONS.

COMMUNITY INFORMATION

CENTRAL MAINE MEDICAL CENTER, LOCATED IN LEWISTON, MAINE SERVES A PRIMARY AREA OF ANDROSCOGGIN COUNTY IN CENTRAL MAINE. ADDITIONALLY, IT SERVES PORTIONS OF CUMBERLAND, FRANKLIN, KENNEBEC, OXFORD, AND SAGADAHOC COUNTIES. THE LEWISTON-AUBURN AREA IS URBAN, FOR MAINE STANDARDS, BUT QUICKLY BECOMES SUBURBAN TO ALMOST-RURAL QUICKLY OUTSIDE THE CITY LIMITS. ANDROSCOGGIN COUNTY HAS A POPULATION OF JUST UNDER 108,000 PERSONS, WHICH MAKES UP APPROXIMATELY 8% OF THE OVERALL MAINE POPULATION. WHILE ALMOST 93% OF THE POPULATION IS MADE UP OF CAUCASIAN PERSONS, MORE THAN 16% SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. THIRTEEN PERCENT OF THE POPULATION IS BELOW THE POVERTY LEVEL, SPECIFICALLY IN LEWISTON, THE

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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SECOND LARGEST CITY IN MAINE, WITH A POPULATION OF APPROXIMATELY 36,600 PERSONS, SIMILAR RACIAL DISTRIBUTIONS ARE OBSERVED, BUT MORE THAN 28% CLAIM A LANGUAGE OTHER THAN ENGLISH AS THEIR PRIMARY. FIFTEEN PERCENT ARE BELOW THE POVERTY LEVEL.

PROMOTION OF COMMUNITY HEALTH

CENTRAL MAINE MEDICAL CENTER HAS AN OPEN MEDICAL STAFF, ALLOWING ANY NON-EMPLOYED OR AFFILIATED PHYSICIANS TO HAVE ADMITTING PRIVILEGES TO THE HOSPITAL. THE BOARD OF DIRECTORS IS MADE UP OF A MAJORITY OF LOCAL COMMUNITY MEMBERS ALONG WITH SOME REPRESENTATION BY DIRECTORS FROM CENTRAL MAINE HEALTHCARE, THE PARENT OF THE HEALTHCARE SYSTEM WHICH CENTRAL MAINE MEDICAL CENTER BELONGS TO, HELPING TO BRING TOGETHER THE VISIONS OF THE LOCAL COMMUNITY WITH THE CAPABILITIES AND VISION OF THE SYSTEM AS A WHOLE FOR THE BENEFIT OF LEWISTON AND SURROUNDING COMMUNITIES.

Part VI Supplemental Information

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1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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AFFILIATED HEALTH CARE SYSTEM

CENTRAL MAINE MEDICAL CENTER (CMMC) IS A TERTIARY CARE HOSPITAL IN THE CENTRAL MAINE HEALTHCARE SYSTEM. TWO RURAL, CRITICAL ACCESS HOSPITALS ARE ALSO MEMBERS OF THIS SYSTEM. CMMC PROVIDES A WIDE RANGE OF SPECIALIST PHYSICIANS AND SERVICES TO ITS COMMUNITY, AS WELL AS THE SYSTEM. CMMC PROVIDES PHYSICIANS TO STAFF SPECIALTY CLINICS IN THE RURAL COMMUNITIES SERVED BY THE CRITICAL ACCESS HOSPITALS ON A LIMITED, BUT REGULAR, BASIS. THESE SERVICES WOULD NOT NORMALLY BE SUPPORTED BY THE LIMITED POPULATIONS AND PATIENTS WOULD INSTEAD NEED TO TRAVEL MUCH LONGER DISTANCES TO CONSULT OR VISIT WITH A SPECIALIST. CMMC ALSO PROVIDES ACCESS TO TRAUMA CARE, NEONATAL INTENSIVE CARE, AND SPECIALIZED CARDIAC CARE. THE SYSTEM PARENT, CENTRAL MAINE HEALTHCARE, PROVIDES STREAMLINED ADMINISTRATIVE FUNCTIONS AND BACKROOM SERVICES FOR THE ENTIRE SYSTEM, PROVIDING COST EFFICIENCY AND OTHER BENEFITS TO ALL MEMBERS. THIS ALSO ALLOWS FOR EASY ADMINISTRATIVE HANDLING OF TRANSFERS OF PATIENTS BETWEEN HOSPITALS, AS WELL AS A SINGLE POINT OF CONTACT FOR PATIENTS TO ADDRESS BILLS AND INSURANCE ISSUES.

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

2012

Open to Public Inspection

Name of the organization
CENTRAL MAINE MEDICAL CENTER

Employer identification number
01-0211494

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? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN HEART ASSOCIATION 1 UNION STREET, STE 301	13-5613797	501(C)(3)	15,000.				OPERATIONS
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

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

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

MONITORING USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

THE GRANT WAS AWARDED TO A CHARITABLE ORGANIZATION EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, FOR USE IN ITS EXEMPT PURPOSE. THE MISSION OF THE ORGANIZATION ALSO HELPS SUPPORT COMMUNITY HEALTH OR HEALTHCARE, THEREBY HELPING TO FURTHER CENTRAL MAINE MEDICAL CENTER'S EXEMPT PURPOSE AS WELL. SINCE THE GRANT WAS NOT AWARDED WITH A SPECIFIC PURPOSE ATTACHED, NO TRACKING IS REQUIRED.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

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

2012

Open to Public Inspection

Name of the organization
CENTRAL MAINE MEDICAL CENTER

Employer identification number
01-0211494

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

For each individual whose compensation must be reported 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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	PETER E. CHALKE SYSTEM EXECUTIVE	(i)	0	0	0	0	0	0	0
		(ii)	592,553.	0	1,227,104.	11,066.	5,260.	1,835,983.	1,186,628.
2	LAWRENCE OLIVER TRUSTEE	(i)	300,990.	20,368.	5,552.	6,340.	12,943.	346,193.	0
		(ii)	0	0	0	0	0	0	
3	MATTHEW COX TREASURER ENDING 0613	(i)	0	0	0	0	0	0	0
		(ii)	311,355.	0	24,300.	21,250.	12,947.	369,852.	0
4	LAIRD COVEY PRESIDENT - CMMC ENDING 04/13	(i)	0	0	0	0	0	0	0
		(ii)	335,157.	0	62,637.	41,700.	12,943.	452,437.	0
5	NICHOLETTE ERICKSON, M. PHYSICIAN	(i)	576,671.	12,990.	1,402.	6,250.	12,947.	610,260.	0
		(ii)	0	0	0	0	0	0	0
6	DANIEL LALONDE, M.D. PHYSICIAN	(i)	679,413.	0	4,401.	6,250.	9,789.	699,853.	0
		(ii)	0	0	0	0	0	0	0
7	PATRICIO MUJICA, M.D. PHYSICIAN	(i)	526,881.	235,350.	6,874.	6,250.	6,751.	782,106.	0
		(ii)	0	0	0	0	0	0	0
8	JOHN LEWANDOWSKI, M.D. PHYSICIAN	(i)	543,688.	102,324.	6,059.	6,250.	12,947.	671,268.	0
		(ii)	0	0	0	0	0	0	0
9	OSWALDO BISBAL, M.D. PHYSICIAN	(i)	573,937.	349,893.	39,253.	6,250.	12,947.	982,280.	0
		(ii)	0	0	0	0	0	0	0
10	JAMES LOGGINS, M.D. PHYSICIAN DIVISION CHIEF	(i)	413,987.	110,656.	8,640.	6,250.	12,943.	552,476.	0
		(ii)	0	0	0	0	0	0	
11	WILLIAM LEE, M.D. PHYSICIAN DIVISION CHIEF	(i)	271,650.	17,594.	10,305.	8,055.	12,943.	320,547.	
		(ii)	0	0	0	0	0	0	0
12	DAVID LAUVER, M.D. PHYSICIAN DIVISION CHIEF	(i)	253,982.	50,594.	0	5,986.	17,308.	327,870.	0
		(ii)	0	0	0	0	0	0	0
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

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.

CEO COMPENSATION

SCHEDULE J, PART I, LINE 3

THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT IS DETERMINED BY THE PARENT CORPORATION'S BOARD OF DIRECTORS' EXECUTIVE COMPENSATION COMMITTEE USING THE FOLLOWING:

-COMPENSATION COMMITTEE

-INDEPENDENT COMPENSATION CONSULTANT

-COMPENSATION SURVEY OR STUDY

-APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

A PARTICIPANT'S ENTITLEMENT TO BENEFITS WILL VEST ON THE PARTICIPANT'S VESTING DATE PROVIDED THE PARTICIPANT HAS REMAINED IN CONTINUOUS EMPLOYMENT IN THE SAME POSITION WHILE PARTICIPATING IN THIS PLAN. A PARTICIPANT WILL HAVE ONLY ONE VESTING DATE FOR ALL ELECTIVE DEFERRALS AND OTHER PLAN CONTRIBUTIONS MADE ON THE PARTICIPANT'S BEHALF.

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.

DURING ALL PLAN YEARS, A PARTICIPANT'S ENTITLEMENT TO BENEFITS WILL ALSO VEST (A) IF THE PARTICIPANT DIES WHILE STILL EMPLOYED BY THE EMPLOYER, (B) IF THE PARTICIPANT'S EMPLOYMENT TERMINATES DUE TO TOTAL DISABILITY; OR (C) IF THE EMPLOYER TERMINATES THE PARTICIPANT'S EMPLOYMENT FOR ANY REASON OTHER THAN FOR "CAUSE". ANY PORTION OF THE PARTICIPANTS ENTITLEMENT TO BENEFITS THAT IS NOT VESTED WHEN THE PARTICIPANT'S EMPLOYMENT WITH THE EMPLOYER TERMINATES, INCLUDING ELECTIVE DEFERRALS, WILL BE FORFEITED.

THE EMPLOYER WILL DISTRIBUTE A PARTICIPANT'S BENEFITS UNDER THE PLAN AS SOON AS PRACTICABLE AFTER THE PARTICIPANT'S ENTITLEMENT BECOMES VESTED.

THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THROUGH CENTRAL MAINE HEALTHCARE CORPORATION, A RELATED ENTITY.

$ 1,186,628	PETER CHALKE (PAYOUT)
27,950	LAIRD COVEY (DEFERRAL)

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.

15,000 MATTHEW COX (DEFERRAL)

COMPENSATION REPORTED IN PRIOR FORM 990

SCHEDULE J, PART II, COLUMN F

COMPENSATION IS REPORTED ON THE FORM 990 IN THE YEAR THAT THE COMPENSATION IS EARNED BY OR AWARDED TO AN INDIVIDUAL, EVEN IF THE COMPENSATION IS NOT PAID TO THE INDIVIDUAL, IS NOT FULLY VESTED, OR IS SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE. IF COMPENSATION IS EARNED OR AWARDED IN ONE YEAR BUT PAID IN A LATER YEAR, THEN THE COMPENSATION IS REPORTED A SECOND TIME ON THE FORM 990 IN THE YEAR THE COMPENSATION IS VESTED OR PAID TO THE INDIVIDUAL.

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

2012

Open to Public Inspection

Name of the organization

CENTRAL MAINE MEDICAL CENTER

Employer identification number

01-0211494

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pooled financing Yes	(i) Pooled financing No
A	MAINE HEALTH & HIGHER EDUCATIONAL FACILITIES AUTH	01-0314384	560425LU2	02/07/2003	62,898,646.	BUILD & EQUIP FACILITY		X		X	X	
B	MAINE HEALTH & HIGHER EDUCATIONAL FACILITIES AUTH	01-0314384	560425WW6	12/29/2005	28,435,783.	REFUND BOND SERIES 1993D, BLDG		X		X		X
C	MAINE HEALTH & HIGHER EDUCATIONAL FACILITIES AUTH	01-0314384	560427GE0	12/10/2009	56,033,554.	FACILITY EXPANSION/CONSTRUCTION		X		X	X	
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	62,898,646.	28,435,783.	56,033,554.	
4	Gross proceeds in reserve funds	5,389,811.	2,325,648.	6,631,632.	
5	Capitalized interest from proceeds	1,917,896.		1,923,311.	
6	Proceeds in refunding escrows		12,082,420.		
7	Issuance costs from proceeds	703,668.	370,150.	639,410.	
8	Credit enhancement from proceeds	236,000.	80,000.		
9	Working capital expenditures from proceeds			1,675,000.	
10	Capital expenditures from proceeds	54,651,271.	13,577,565.	32,010,671.	
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2004	2006	2011	

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?		X	X			X		
16	Has the final allocation of proceeds been made?	X		X			X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

CENTRAL MAINE MEDICAL CENTER

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%	
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 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X	X			X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?					X			
b Exception to rebate?								
c No rebate due?	X							
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X	X			X		
b Name of provider			FSA					
c Term of GIC				24.500				
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			X					
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		

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

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

DATE OF REBATE COMPUTATION

SCHEDULE K, PART IV, LINE 2C, COLUMN A

THE REBATE COMPUTATION WAS PERFORMED 02/07/2013.

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2012

Open To Public Inspection

Name of the organization: CENTRAL MAINE MEDICAL CENTER

Employer identification number: 01-0211494

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
(1)	OSWALDO BISBAL	EMPLOYEE	ADVANCE		X	30,000.	119.		X		X	X	
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total						▶ $	119.						

Part III Grants or Assistance Benefiting Interested Persons.

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

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(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 organization's revenues? Yes	(e) Sharing of organization's revenues? No
(1)	PATRICIA E. ROY	RELATIVE OF R. ROY	123,633.	SALARY AND WAGES		X
(2)	H.E. CALLAHAN CONSTRUCTION CO.	SEE PART V	501,095.	CONTRACTOR		X
(3)	MARCY COVEY	RELATIVE OF L. COVEY	11,638.	SALARY AND WAGES		X
(4)	MECHANICS SAVINGS BANK	SEE PART V	831,483.	BANKING AND RELATED SERVICES		X
(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).

TRANSACTIONS WITH INTERESTED PERSONS

SCHEDULE L, PART IV

JOHN BLANCHARD, A TRUSTEE OF CENTRAL MAINE MEDICAL CENTER, IS ALSO AN OFFICER OF H.E. CALLAHAN CONSTRUCTION CO.

RICHARD ROY, CHAIRMAN OF CENTRAL MAINE MEDICAL CENTER, IS ALSO AN OFFICER OF MECHANICS SAVINGS BANK.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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Open To Public Inspection

Name of the organization: CENTRAL MAINE MEDICAL CENTER

Employer identification number: 01-0211494

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				
5	Clothing and household goods	X		5,556.	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	4.	2,375.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(AUCTION ITEMS)	X	107.	25,706.	FMV
26	Other ▶(SIGNAGE)	X	1.	14,506.	FMV
27	Other ▶( )				
28	Other ▶( )				

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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.

NUMBER OF CONTRIBUTIONS

SCHEDULE B, PART I, COLUMN B

THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS FOR EACH

LINE ITEM.

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

2012

Open to Public Inspection

Name of the organization
CENTRAL MAINE MEDICAL CENTER

Employer identification number
01-0211494

MEMBERS OF THE ORGANIZATION

FORM 990, PART VI, SECTION A, LINES 6, 7A, & 7B

THE SOLE MEMBER OF CENTRAL MAINE MEDICAL CENTER IS CENTRAL MAINE HEALTHCARE CORPORATION.

UP TO THREE TRUSTEES SHALL BE APPOINTED BY THE CHAIRMAN OF CENTRAL MAINE HEALTHCARE CORPORATION FOR A TERM OF ONE YEAR, AND NINE TO FIFTEEN TRUSTEES SHALL BE NOMINATED BY VOTE OF THE BOARD OF TRUSTEES OF THIS CORPORATION AND ELECTED BY THE SOLE MEMBER TO SERVE A TERM OF THREE YEARS. NO MORE THAN FOUR TRUSTEES CAN SIMULTANEOUSLY BE DIRECTORS OF THE CENTRAL MAINE HEALTHCARE CORPORATION. THE SOLE MEMBER HAS THE POWER AND AUTHORITY TO REMOVE ANY TRUSTEES OF CENTRAL MAINE MEDICAL CENTER WITH OR WITHOUT CAUSE. THE MEMBER ALSO APPOINTS THE EXECUTIVE COMPENSATION COMMITTEE. IN ADDITION, THE MEMBER HAS THE SOLE AUTHORITY TO ALTER, AMEND, OR REPEAL THE BYLAWS AT ANYTIME. THE MEMBER SHALL HAVE THE RIGHT TO APPROVE CERTAIN DECISIONS OF THE BOARD OF TRUSTEES, AS DETAILED IN THE BYLAWS OF THE CORPORATION.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION B, LINE 11B

ALL AFFILIATED FORM 990'S AND APPLICABLE SCHEDULES ARE PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM IN COOPERATION WITH THE FINANCE DEPARTMENT. THE COMPLETED RETURNS ARE REVIEWED WITH THE DIRECTOR OF FINANCE THEN WITH THE CFO FOLLOWING THAT REVIEW; THEY ARE PRESENTED TO

Name of the organization: CENTRAL MAINE MEDICAL CENTER

Employer identification number: 01-0211494

THE FINANCE COMMITTEE OF THE CENTRAL MAINE HEALTHCARE BOARD OF DIRECTORS, WHICH HAS REPRESENTATIVES FROM ALL AFFILIATED BOARDS. ONCE THIS REVIEW IS COMPLETED, ANY NECESSARY CHANGES ARE MADE AND THE FINAL RETURN IS PRESENTED TO ITS RESPECTIVE BOARD WITH THE FINANCE COMMITTEE MEMBER TAKING AND ANSWERING QUESTIONS. A FINANCE DEPARTMENT REPRESENTATIVE, KNOWLEDGEABLE OF THE RETURN, IS AVAILABLE TO ASSIST DURING PRESENTATIONS, IF REQUESTED BY THE FINANCE COMMITTEE MEMBER IN THE EVENT THAT THE NEXT BOARD MEETING IS NOT SCHEDULED UNTIL AFTER THE FILING DATE, THE FINAL RETURN IS MAILED TO ALL BOARD MEMBERS AND THE PRESENTATION OCCURS AT THE NEXT SCHEDULED BOARD MEETING.

MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

OFFICERS AND DIRECTORS COMPLETE AN ANNUAL CONFLICT OF INTEREST STATEMENT WHICH IS REVIEWED BY THE CHAIRMAN OF THE BOARD AND CONFORMS TO THE CONDITIONS CONTAINED WITHIN THE CORPORATION'S BYLAWS, WHICH MEET OR EXCEED THE CURRENT IRS REPORTING THRESHOLDS. IN AREAS OF CONFLICT BY THE CHAIRMAN, THE VICE-CHAIRMAN REVIEWS.

ADDITIONALLY, AS PART OF THE ANNUAL FORM 990 PREPARATION PROCESS, A SEPARATE QUESTIONNAIRE IS PROVIDED, WHICH INCLUDES DISTRIBUTION TO KEY EMPLOYEES, COVERING REPORTING AREAS OF LOANS, GRANTS, BUSINESS RELATIONSHIPS, AND OTHER CONFLICTS. THESE QUESTIONNAIRES ARE REVIEWED BY THE FINANCE DEPARTMENT FOR REPORTABLE ITEMS FOR THE FORM 990.

IN THE CASE OF A POSSIBLE CONFLICT, THE BOARD WOULD REVIEW THE SITUATION

AND TAKE ACTIONS DEEMED APPROPRIATE FOR THE POSSIBLE OR ACTUAL CONFLICTS OF MEMBERS OF THE BOARD OR THE EXECUTIVE OFFICERS. IN THE CASE OF KEY EMPLOYEES, THE REVIEW AND ACTIONS TAKEN WOULD BE PERFORMED BY THEIR DIRECT SUPERVISOR.

EXECUTIVE COMPENSATION REVIEW

FORM 990, PART VI, SECTION B, LINE 15A & 15B

A STANDING EXECUTIVE COMPENSATION COMMITTEE (ECC), COMPRISED OF INDEPENDENT MEMBERS OF BOARD LEADERSHIP, EXISTS TO UNDERTAKE THE PROCESS OF DETERMINING COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, CHIEF MEDICAL OFFICER, PRESIDENT OF CENTRAL MAINE MEDICAL CENTER, PHYSICIAN PRACTICE EXECUTIVE, AND PRESIDENT OF RUMFORD AND BRIDGTON HOSPITALS.

THE PROCESS GUIDELINES AND AUTHORITY OF THE ECC ARE SET OUT IN THE EXECUTIVE COMPENSATION PHILOSOPHY AND RESPONSIBILITIES CHARTER WHICH WAS APPROVED BY THE CMHC BOARD. THE ENTIRE CMHC BOARD PARTICIPATES IN THE ANNUAL PERFORMANCE EVALUATION OF EACH EXECUTIVE, INCLUDING A REVIEW OF ACCOMPLISHMENTS RELATIVE TO GOALS AND OBJECTIVES DERIVED FROM THE STRATEGIC PLAN. THE ECC REVIEWS THE RESULTS OF THE ANNUAL PERFORMANCE EVALUATION AND APPROPRIATE COMPARABILITY DATA BASED ON SEVERAL FACTORS RECOMMENDED BY AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT, WHO SPECIALIZES IN NOT-FOR-PROFIT HOSPITALS AND HEALTH SYSTEMS, AND OUR ATTORNEYS. FACTORS USED IN DETERMINING COMPARABILITY TO THE ORGANIZATION INCLUDE SIZE, GEOGRAPHY, ORGANIZATIONAL COMPLEXITY, FACILITY TYPE, OWNERSHIP TYPE, AND ANY OTHER FACTORS DEEMED RELEVANT BY THE COMMITTEE,

ITS CONSULTANTS, OR ITS ATTORNEYS.

USING THIS INFORMATION, THE ECC ANNUALLY REVIEWS THE EXECUTIVES' COMPENSATION TO DETERMINE IF MODIFICATION TO BASE SALARY IS WARRANTED, AND REVIEWS THE EXECUTIVES' ACCOMPLISHMENTS TO DETERMINE IF ANY VARIABLE PAY IS TO BE AWARDED. THE ENTIRE PROCESS IS THEN DOCUMENTED CONTEMPORANEOUSLY WITH THE DECISION-MAKING PROCESS AND APPROVED THEREAFTER IN ACCORDANCE WITH THE REQUIREMENTS OF THE IRS.

PUBLIC DISCLOSURE

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST IN THE ORGANIZATION'S ADMINISTRATIVE OFFICES. THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE INCLUDED IN THE MOST RECENTLY FILED FORM 990 AND PROVIDED, UPON REQUEST, IN THAT FORMAT UNLESS THE SPECIFIC REQUEST DEEMS A DIFFERENT FORMAT MORE APPROPRIATE.

BOARD MEMBER COMPENSATION

FORM 990, PART VII, SECTION A

NO BOARD MEMBERS RECEIVE COMPENSATION FOR THEIR DUTIES AS DIRECTORS.

PETER CHALKE IS EMPLOYED AS PRESIDENT OF CENTRAL MAINE HEALTHCARE CORPORATION. HIS COMPENSATED TIME IS SPENT IN THAT CAPACITY. LAWRENCE OLIVER IS AN EMPLOYEE OF CENTRAL MAINE MEDICAL CENTER. HIS COMPENSATED TIME IS SPENT IN THAT CAPACITY.

Name of the organization: CENTRAL MAINE MEDICAL CENTER

Employer identification number: 01-0211494

OTHER FEES FOR SERVICES

FORM 990, PART IX, LINE 11G

$ 14,479,524	OUTSIDE SERVICES
13,075,984	LABOR SERVICES
12,225,467	PURCHASED LABOR
6,012,924	PURCHASED SERVICES
733,158	CONSULTING SERVICES
417,340	PROFESSIONAL FEES
142,603	INTERPRETING SERVICES
28,313	MEDICAL DIRECTOR FEES
23,400	DATA PROCESSING FEES
$ 47,138,713	

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

$ 446,739 CHANGE IN INTEREST IN RELATED PARTY

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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.

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01-0211494

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) CENTRAL MAINE HEART & VASCULAR INSTITUTE 54-2078282 PO BOX 4500 LEWISTON, ME 04243	HEALTHCARE	ME	501(C)(3)	9	CMHC		X
(2) CMMC COLLEGE OF NURSING AND HEALTH PROF. 01-0356077 PO BOX 4500 LEWISTON, ME 04243	EDUCATION	ME	501(C)(3)	2	CMMC	X	
(3) CENTRAL MAINE REAL ESTATE MANAGEMENT COR 01-0387674 PO BOX 4500 LEWISTON, ME 04243	REAL ESTATE	ME	501(C)(2)		CMHC		X
(4) CENTRAL MAINE COMMUNITY HEALTH CORP. 01-0386912 PO BOX 4500 LEWISTON, ME 04243	PUBLIC ED	ME	501(C)(3)	7	CMHC		X
(5) RUMFORD COMMUNITY FAMILY HEALTH CENTER 01-0481000 430 FRANKLIN STREET RUMFORD, ME 04276	HEALTHCARE	ME	501(C)(3)	3	CMHC		X
(6) RUMFORD COMMUNITY HOME CORPORATION 22-2844951 11 JOHN F KENNEDY DRIVE RUMFORD, ME 04276	NURSING HOME	ME	501(C)(3)	9	CMHC		X
(7) RUMFORD HOSPITAL 01-0215227 PO BOX 619 RUMFORD, ME 04276	HEALTHCARE	ME	501(C)(3)	3	CMHC		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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
2012
Open to Public Inspection

Name of the organization
CENTRAL MAINE MEDICAL CENTER

Employer identification number
01-0211494

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) BRIDGTON HOSPITAL 01-0130427 10 HOSPITAL DRIVE BRIDGTON, ME 04009	HEALTHCARE	ME	501(C)(3)	3	CMHC		X
(2) BRIDGTON HOSPITAL PHYSICIANS GROUP 01-0493083 SOUTH HIGH STREET BRIDGTON, ME 04009	HEALTHCARE	ME	501(C)(3)	3	CMHC		X
(3) CENTRAL MAINE HEALTHCARE CORPORATION 01-0386913 PO BOX 4500 LEWISTON, ME 04243	HEALTHCARE	ME	501(C)(3)	11 B II	N/A		X
(4) ELIAS E. TUCKER TRUST FUND 01-6042343 C/O CMMC, 300 MAIN STREET LEWISTON, ME 04240	NURSING ED	ME	501(C)(3)	11 A I	CMMC	X	
(5)							
(6)							
(7)							

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 allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) CENTRAL MAINE HEALTH VENTURES, INC. 01-0430016 300 MAIN STREET LEWISTON, ME 04240	HEALTHCARE	ME	CMHC	C CORP					X
(2) CWM INSURANCE, LTD. 98-0220891 GENESIS BUILDING, PO BOX 1363	INSURANCE	CJ	CMHC	C CORP					X
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X	
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o	X	
p	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		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-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CMMC COLLEGE OF NURSING AND HEALTH PROFESSION	A/J	552,009.	FMV
(2)	CMMC COLLEGE OF NURSING AND HEALTH PROFESSION	M	9,603,992.	FMV
(3)	CMMC COLLEGE OF NURSING AND HEALTH PROFESSION	O	625,812.	FMV
(4)	CMMC COLLEGE OF NURSING AND HEALTH PROFESSION	P	2,506,409.	FMV
(5)	CMMC COLLEGE OF NURSING AND HEALTH PROFESSION	Q	42,329,916.	FMV
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

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

Central Maine Healthcare Corporation and Subsidiaries

Independent Auditor's Report and Consolidated Financial Statements

June 30, 2013 and 2012

BKD LLP
CPAs & Advisors

Central Maine Healthcare Corporation and Subsidiaries

June 30, 2013 and 2012

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BKD LLP
CPAs & Advisors

910 E. St. Louis Street, Suite 200 // P.O. Box 1190 // Springfield, MO 65801-1190
417.865.8701 // fax 417.865.0682 // bkd.com

Independent Auditor's Report

Board of Directors
Central Maine Healthcare Corporation and Subsidiaries
Lewiston, Maine

We have audited the accompanying consolidated financial statements of Central Maine Healthcare Corporation and Subsidiaries (the "Corporation"), which comprise the consolidated balance sheets as of June 30, 2013 and 2012, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We did not audit the financial statements of CWM Insurance, Ltd., a wholly-owned subsidiary, which statements reflect total assets constituting 8 percent and 9 percent, respectively, of consolidated total assets at June 30, 2013 and 2012, and total revenues constituting 2 percent and 3 percent, respectively, of consolidated total revenues for the years then ended. Those statements were audited by other auditors, whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for CWM Insurance, Ltd., is based solely on the report of the other auditors. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

Praxity
MEMBER
GLOBAL ALLIANCE OF INDEPENDENT FIRMS

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, based on our audit and the report of the other auditors, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Central Maine Healthcare Corporation and Subsidiaries as of June 30, 2013 and 2012, and the results of its operations, the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in *Note 21,* in 2013 the Corporation changed its method of presentation and disclosure of patient service revenues, provision for uncollectible accounts and the allowance for doubtful accounts in accordance with Accounting Standards Update 2011-07. Our opinion is not modified with respect to this matter.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the basic consolidated financial statements as a whole. The supplementary information listed in the table of contents is presented for purposes of additional analysis and is not a required part of the basic consolidated financial statements. Such information has not been subjected to the auditing procedures applied in the audits of the basic consolidated financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

BKD, LLP

December 20, 2013
Springfield, Missouri

Central Maine Healthcare Corporation and Subsidiaries

Consolidated Balance Sheets

June 30, 2013 and 2012

Assets

	2013	2012
Current Assets		
Cash and cash equivalents	$ 10,270,111	$ 27,308,135
Assets limited as to use - current	16,146,865	11,074,209
Patient accounts receivable, net of allowance; 2013 - $31,100,000; 2012 - $39,805,000	42,957,442	43,689,462
Short-term investments	12,958,020	15,983,490
Estimated amounts due from third-party payers - current	36,100,833	13,177,912
Supplies	2,775,791	3,125,520
Prepaid expenses and other	16,391,309	11,402,362
Total current assets	137,600,371	125,761,090
Assets Limited As To Use		
Internally designated	27,932,676	25,570,765
Externally restricted by donors	30,415,682	26,764,891
Held by trustee under bond indenture agreements	14,834,584	17,424,208
Held by trustee for self-insurance trust	36,875,677	24,648,137
	110,058,619	94,408,001
Less amount required to meet current obligations	16,146,865	11,074,209
	93,911,754	83,333,792
Property and Equipment, Net	204,808,893	209,352,726
Other Assets		
Estimated amounts due from third-party payers	5,079,209	36,000,077
Deferred compensation plan assets	26,661,280	25,151,715
Investment in equity investees	7,385,117	7,254,398
Notes receivable	4,368,117	4,790,969
Other	11,867,022	10,951,255
	55,360,745	84,148,414
Total assets	$ 491,681,763	$ 502,596,022

See Notes to Consolidated Financial Statements

Liabilities and Net Assets

	2013	2012
Current Liabilities		
Line of credit - current portion	$ 10,342,598	$ -
Current maturities of long-term debt	6,048,619	6,612,369
Accounts payable	15,903,841	12,646,246
Accrued expenses	25,044,483	28,064,280
Total current liabilities	57,339,541	47,322,895
Estimated Self-Insurance Costs	17,802,977	16,314,916
Line of Credit	-	17,428,260
Long-Term Debt	139,101,095	145,917,661
Pension Liabilities	39,867,244	49,589,583
Asset Retirement Obligations	2,939,284	2,829,879
Other Long-Term Liabilities	10,205,698	8,551,115
Total liabilities	267,255,839	287,954,309
Net Assets		
Unrestricted	195,278,487	186,655,242
Temporarily restricted	9,469,267	9,353,451
Permanently restricted	19,678,170	18,633,020
Total net assets	224,425,924	214,641,713
Total liabilities and net assets	$ 491,681,763	$ 502,596,022

Central Maine Healthcare Corporation and Subsidiaries

Consolidated Statements of Operations

Years Ended June 30, 2013 and 2012

	2013	2012 (Adjusted - *Note 21)*
Unrestricted Revenues, Gains and Other Support		
Patient service revenue (net of contractual discounts and allowances)	$ 395,401,120	$ 404,474,901
Provision for uncollectible accounts	32,736,092	35,088,802
Net patient service revenue less provision for uncollectible accounts	362,665,028	369,386,099
Other revenue	22,937,915	19,349,222
Net assets released from restrictions used for operations	1,948,440	1,626,049
Total unrestricted revenues, gains and other support	387,551,383	390,361,370
Expenses and Losses		
Salaries, wages and employee benefits	240,407,407	238,632,919
Supplies and other	126,100,744	119,524,258
Depreciation and amortization	24,369,613	24,230,062
Interest	6,870,999	4,217,582
Total expenses and losses	397,748,763	386,604,821
Operating Income (Loss)	(10,197,380)	3,756,549
Other Income (Expense)		
Investment return	1,469,559	1,668,564
Realized gains on sale of investments	2,700,074	2,308,482
Change in unrealized gains (losses) on investments	(290,605)	(3,130,284)
Gain on investment in equity investees	1,686,686	1,892,158
Loss on debt extinguishment	(587,465)	-
Other	1,139,497	(473,730)
Total other income (expense)	6,117,746	2,265,190
Excess (Deficiency) of Revenues Over Expenses	(4,079,634)	6,021,739
Net assets released from restriction used for purchase of property and equipment	1,200,095	10,500
Grant funds used for acquisition of property and equipment	171,717	163,399
Change in defined benefit pension plan gains and losses	11,331,067	(30,315,568)
Increase (Decrease) in Unrestricted Net Assets	$ 8,623,245	$ (24,119,930)

Central Maine Healthcare Corporation and Subsidiaries

Consolidated Statements of Changes in Net Assets

Years Ended June 30, 2013 and 2012

	2013	2012
Unrestricted Net Assets		
Excess (deficiency) of revenues over expenses	$ (4,079,634)	$ 6,021,739
Net assets released from restriction used for purchase of property and equipment	1,200,095	10,500
Grant funds used for acquisition of property and equipment	171,717	163,399
Change in defined benefit pension plan gains and losses	11,331,067	(30,315,568)
Increase (decrease) in unrestricted net assets	8,623,245	(24,119,930)
Temporarily Restricted Net Assets		
Contributions received	2,741,642	2,394,020
Investment return	1,272,709	(378,979)
Change in donor designation	(750,000)	-
Net assets released from restriction	(3,148,535)	(1,636,549)
Increase in temporarily restricted net assets	115,816	378,492
Permanently Restricted Net Assets		
Contributions received	218,245	686,077
Change in beneficial interest in perpetual trusts	76,905	(73,830)
Change in donor designation	750,000	-
Increase in permanently restricted net assets	1,045,150	612,247
Change in Net Assets	9,784,211	(23,129,191)
Net Assets, Beginning of Year	214,641,713	237,770,904
Net Assets, End of Year	$ 224,425,924	$ 214,641,713

Central Maine Healthcare Corporation and Subsidiaries

Consolidated Statements of Cash Flows

Years Ended June 30, 2013 and 2012

	2013	2012
Operating Activities		
Change in net assets	$ 9,784,211	$ (23,129,191)
Items not requiring (providing) operating cash flow		
Gain on sale of property and equipment	(9,367)	(94,261)
Depreciation and amortization	24,369,613	24,230,062
Gain on investment in equity investee	(1,686,686)	(1,892,158)
(Gain) loss on investments	(3,548,772)	1,461,642
Restricted contributions, grants and investment income received	(4,481,218)	(2,790,687)
Accrued self-insurance costs	1,540,452	(637,222)
Accrued deferred compensation costs	145,018	(863,556)
Change in defined benefit pension plans	(11,331,067)	30,315,568
Loss on extinguishment of debt	587,465	-
Changes in		
Patient accounts receivable	732,020	2,299,013
Estimated amounts due from and to third-party payers	7,997,947	(9,596,526)
Accounts payable and accrued expenses	3,127,765	(7,743,273)
Other current assets and liabilities	(5,395,722)	1,841,476
Net cash provided by operating activities	21,831,659	13,400,887
Investing Activities		
Investment in equity investee	(5,000)	(950,000)
Purchases of investments	(60,492,455)	(36,822,805)
Sales of investments	51,416,079	51,998,702
Dividends and return of equity from equity investees	1,560,967	1,270,407
Purchases of property and equipment	(20,441,371)	(22,467,018)
Proceeds from sale of property and equipment	6,945	103,662
Net cash used in investing activities	(27,954,835)	(6,867,052)

Central Maine Healthcare Corporation and Subsidiaries

Consolidated Statements of Cash Flows

Years Ended June 30, 2013 and 2012

	2013	2012
Financing Activities		
Restricted contributions, grants and investment income	$ 4,481,218	$ 2,790,687
Proceeds from issuance of long-term debt	41,071,242	-
Payment of deferred financing costs	(320,082)	-
Proceeds from line of credit	-	4,762,790
Payments on line of credit	(7,085,662)	(2,232,059)
Principal payments on long-term debt	(49,061,564)	(7,030,049)
Net used in financing activities	(10,914,848)	(1,708,631)
Increase (Decrease) in Cash and Cash Equivalents	(17,038,024)	4,825,204
Cash and Cash Equivalents, Beginning of Year	27,308,135	22,482,931
Cash and Cash Equivalents, End of Year	$ 10,270,111	$ 27,308,135
Supplemental Cash Flows Information		
Interest paid (net of amount capitalized)	$ 6,704,713	$ 4,353,675
Property and equipment in accounts payable	$ 1,601,155	$ 2,825,380
Capital lease obligation incurred for property and equipment	$ 606,212	$ -
Capital lease obligation incurred for new information technology system	$ -	$ 16,379,543

Central Maine Healthcare Corporation and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

Central Maine Healthcare Corporation (CMHC), a not-for-profit entity, coordinates, plans and provides a broad range of integrated healthcare services to meet the healthcare needs of the people of the Central and Western Maine region including inpatient, outpatient and emergency care services.

CMHC is the parent company of Central Maine Medical Center (CMMC or the "Medical Center"), Central Maine Health Ventures, Inc. (CMHV), Central Maine Community Health Corporation, Central Maine Real Estate Management Corporation, CWM Insurance, Ltd. (CWM), Rumford Hospital, Rumford Community Home Corporation, Rumford Community Family Health Center, Inc. (Rumford) and Bridgton Hospital (Bridgton).

CMMC, Rumford and Bridgton primarily earn revenues by providing inpatient, outpatient and emergency care services to patients in the Central and Western Maine region.

CMHV, Rumford Community Home Corporation, Rumford Community Family Health Center, Inc. and Central Maine Community Health Corporation provide a variety of services including long-term care, imaging and other clinical services to patients in the Central and Western Maine region.

Central Maine Real Estate Management Corporation manages rental property for physicians in the Central and Western Maine region.

CWM is a captive insurance company, incorporated in the Cayman Islands, that provides professional and general liability for CMHC and its subsidiaries.

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of CMHC and its wholly owned subsidiaries (collectively the "Corporation"). All significant intercompany balances and transactions have been eliminated in consolidation.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash Equivalents

The Corporation considers all liquid investments with original maturities of three months or less to be cash equivalents. At June 30, 2013 and 2012, cash equivalents consisted primarily of money market accounts and short-term govemment obligations.

The FDIC's insurance limits were permanently increased to $250,000. At June 30, 2013, the Corporation's cash accounts exceeded federally insured limits by approximately $8,310,000.

Additionally, the Corporation has entered into an agreement with a local financial institution to purchase fully collateralized U.S. government securities with the Corporation's sweep accounts. At June 30, 2013 and 2012, the amount held in sweep and money market accounts was approximately $8,340,000 and $11,760,000, respectively.

Investments and Investment Return

Investments in equity securities having a readily determinable fair value and in all debt securities are carried at fair value. The investments in equity investees are reported on the equity method of accounting. Other investments are valued at the lower of cost (or fair value at time of donation, if acquired by contribution) or fair value. Investment return includes dividend, interest and other investment income; realized and unrealized gains and losses on investments carried at fair value; and realized gains and losses on other investments.

Investment return that is initially restricted by donor stipulation and for which the restriction will be satisfied in the same year is included in unrestricted net assets. Other investment return is reflected in the statements of operations and changes in net assets as unrestricted, temporarily restricted or permanently restricted based upon the existence and nature of any donor or legally imposed restrictions.

Certain investments are carried at fair value pursuant to the fair value option available under FASB ASC Topic 825 (*Note 17*).

Assets Limited As To Use

Assets limited as to use include (1) assets held by trustees under bond indenture agreements and for self-insurance, (2) assets restricted by donors and (3) assets set aside by the Board of Directors for future capital improvements over which the Board retains control and may at its discretion subsequently use for other purposes. Amounts required to meet current liabilities of the Corporation are included in current assets.

Patient Accounts Receivable

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectibility of accounts receivable, the Corporation analyzes its past history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for uncollectible accounts. Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

For receivables associated with services provided to patients who have third-party coverage, the Corporation analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for uncollectible accounts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payer has not yet paid, or for payers who are known to be having financial difficulties that make the realization of amounts due unlikely).

For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a significant provision for uncollectible accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated or provided by policy) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The Corporation's allowance for doubtful accounts for self-pay patients decreased from 82% of self-pay accounts receivable at June 30, 2012, to 80% of self-pay accounts receivable at June 30, 2013. In addition, the Corporation's write-offs increased approximately $16,500,000 from approximately $43,500,000 for the year ended June 30, 2012, to approximately $60,000,000 for the year ended June 30, 2013. The increase in write offs was the result of the Corporation's efforts related to older accounts receivable balances.

Supplies

The Corporation states supply inventories at the lower of cost, determined using the first-in, first-out method, or market.

Property and Equipment

Property and equipment acquisitions are recorded at cost and are depreciated on a straight-line basis over the estimated useful life of each asset. Assets under capital lease obligations and leasehold improvements are depreciated over the shorter of the lease term or their respective estimated useful lives.

Donations of property and equipment are reported at fair value as an increase in unrestricted net assets unless use of the assets is restricted by the donor. Monetary gifts that must be used to acquire property and equipment are reported as restricted support. The expiration of such restrictions is reported as an increase in unrestricted net assets when the donated asset is placed in service.

The Corporation capitalizes interest costs as a component of construction in progress, based on interest costs of borrowing specifically for the project, net of interest earned on investments acquired with the proceeds of the borrowing. Total interest capitalized and incurred was:

	2013	2012
Total interest expense incurred on borrowings for project	$ 83,530	$ 2,820,362
Interest income from investment of proceeds of borrowings for project	-	(132,792)
Net interest cost capitalized	$ 83,530	$ 2,687,570
Interest capitalized	$ 83,530	$ 2,820,362
Interest charged to expense	6,870,999	4,217,582
Total interest incurred	$ 6,954,529	$ 7,037,944

Long-Lived Asset Impairment

The Corporation evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimated future cash flows expected to result from the use and eventual disposition of the assets is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value.

No asset impairment was recognized during the years ended June 30, 2013 and 2012.

Deferred Financing Costs

Deferred financing costs represent costs incurred in connection with the issuance of long-term debt and are included in other assets in the accompanying consolidated balance sheets. Such costs are being amortized over the term of the respective debt using the straight-line method.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Corporation has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Corporation in perpetuity.

Net Patient Service Revenue

The Corporation has agreements with third-party payers that provide for payments to the Corporation at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and includes estimated retroactive revenue adjustments. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods as adjustments become known.

Charity Care

The Corporation provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy. Because the Corporation does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue.

Contributions

Unconditional gifts expected to be collected within one year are reported at their net realizable value. Unconditional gifts expected to be collected in future years are initially reported at fair value determined using the discounted present value of estimated future cash flows technique. The resulting discount is amortized using the level-yield method and is reported as contribution revenue.

Gifts received with donor stipulations are reported as either temporarily or permanently restricted support. When a donor restriction expires, that is, when a time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified and reported as an increase in unrestricted net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions. Conditional contributions are reported as liabilities until the condition is eliminated or the contributed assets are returned to the donor.

Estimated Malpractice Costs

An annual estimated provision is accrued for the medical malpractice claims and includes an estimate of the ultimate costs for both reported claims and claims incurred but not reported.

Income Taxes

CMHC, CMMC, Central Maine Community Health Corporation, Central Maine Real Estate Management Corporation, Rumford Hospital, Rumford Community Home Corporation, Rumford Community Family Health Center, Inc. and Bridgton Hospital, are classified as tax-exempt organizations as described in Section 501 of the Internal Revenue Code and a similar provision of state law. However, these entities are subject to federal income tax on any unrelated business taxable income.

CMHV and its subsidiaries are subject to federal and state income taxes. CMHV accounts for income taxes in accordance with income tax accounting guidance (ASC 740, *Income Taxes*). CMHV has accumulated net operating loss carryforwards that are available to offset future taxable income during the carryforward period. No income tax benefit has been recognized for the net operating loss carryforwards or other potential deferred tax assets in the consolidated financial statements because CMHV believes realization of these benefits is unlikely.

CMHC and its consolidated entities file tax returns in the U.S. federal jurisdiction. With a few exceptions, these entities are no longer subject to U.S. federal examinations by tax authorities for years before 2007.

Excess (Deficiency) of Revenues Over Expenses

The statements of operations include excess (deficiency) of revenues over expenses. Changes in unrestricted net assets which are excluded from excess (deficiency) of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, change in pension liabilities, permanent transfers to and from affiliates for other than goods and services and contributions of and grants for long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets).

Transfers Between Fair Value Hierarchy Levels

Transfers in and out of Level 1 (quoted market prices), Level 2 (other significant observable inputs) and Level 3 (significant unobservable inputs) are recognized on the period ending date. There were no transfers between fair value hierarchy levels during the years ended June 30, 2013 and 2012.

Electronic Health Records Incentive Program

The Electronic Health Records Incentive Program, enacted as part of the *American Recovery and Reinvestment Act of 2009*, provides for one-time incentive payments under both the Medicare and Medicaid programs to eligible hospitals that demonstrate meaningful use of certified electronic health records technology (EHR). Critical access hospitals are eligible to receive incentive payments for up to four years under the Medicare program for its reasonable costs of the purchase of certified EHR technology multiplied by the Hospital's Medicare utilization plus 20%, limited to 100% of the costs incurred. Payments under the Medicare program are generally made for up to four years based on a statutory formula. Payments under the Medicaid program are generally made for up to four years based upon a statutory formula, as determined by the state, which is approved by the Centers for Medicare and Medicaid Services. Payment under both programs are contingent on the organization continuing to meet escalating meaningful use criteria and any other specific requirements that are applicable for the reporting period. The final amount for any payment year is determined based upon an audit by the fiscal intermediary. Events could occur that would cause the final amounts to differ materially from the initial payments under the program.

The Corporation recognizes revenue ratably over the reporting period starting at the point when management is reasonably assured it will meet all of the meaningful use objectives and any other specific grant requirements applicable for the reporting period.

In 2013 and 2012, the Corporation completed the first and second-year requirements under the Medicaid program and recorded revenue of approximately $3,100,000 and $3,825,000, respectively, which is included in other revenue within operating revenues in the statement of operations.

Estimated Self-Insurance Costs

The Corporation accrues estimated liabilities for self-insurance losses associated with worker's compensation and employee health insurance claims and includes an estimate of the ultimate costs for both reported claims and claims incurred but not reported.

Subsequent Events

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the consolidated financial statements were available to be issued.

Note 2: Net Patient Service Revenue

The Corporation recognizes patient service revenue associated with services provided to patients who have third-party payer coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, the Corporation recognizes revenue on the basis of its standard rates for services provided. On the basis of historical experience, a significant portion of the Corporation's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Corporation records a significant provision for uncollectible accounts related to uninsured patients in the period the services are provided. This provision for uncollectible accounts is presented on the statement of operations as a component of net patient service revenue.

The Corporation has agreements with third-party payers that provide for payments to the Corporation at amounts different from its established rates. These payment arrangements include:

Medicare. CMMC - Inpatient acute care services and substantially all outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Inpatient skilled nursing services are paid at prospectively determined per diem rates that are based on the patients' acuity. Certain inpatient nonacute services and defined medical education costs are paid based on a cost reimbursement methodology.

Rumford and Bridgton – Inpatient acute care and swing-bed skilled nursing services and substantially all outpatient services rendered to the Medicare program beneficiaries are paid based on cost reimbursed formulas as a critical access hospital.

CMMC, Rumford and Bridgton are all reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports and audits thereof by the Medicare administrative contractor.

Medicaid. Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology for certain services and at prospectively determined rates for all other services. CMMC, Rumford and Bridgton are reimbursed for cost reimbursable services at tentative rates with final settlement determined after submission of annual cost reports by the respective hospital and audits thereof by the Medicaid administrative contractor. For acute care services and outpatient services CMMC is now being paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors.

CMMC, Rumford and Bridgton's Medicaid cost reports have been tentatively settled by the Medicaid administrative contractor through June 30, 2008. At June 30, 2013 and 2012, CMMC, Rumford and Bridgton have estimated outstanding cost report receivables of approximately $48,350,000 and $56,310,000, respectively, from the State of Maine (State) for fiscal years 2005 through 2013. CMMC, Rumford and Bridgton received $6,390,000 and $200,000 during fiscal years 2013 and 2012, respectively, for tentative settlements of filed cost reports. Additionally, subsequent to June 30, 2013, the Corporation received tentative settlements of approximately $39,560,000 related to outstanding cost report settlements. Management expects to collect these receivables in full, however, the timing of collection from the State is uncertain, and is subject to the risk that the State may make changes to its existing laws or regulations due to budgetary needs.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

The Corporation has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Corporation under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

On March 1, 2013, certain provisions of the Federal Government's *Budget Control Act of 2011* went into effect. Among these provisions are mandatory payment reductions under the Medicare program, known as sequestration. Under these provisions, Medicare reimbursement was reduced by two percent on all claims with dates-of-service or dates-of-discharge on or after April 1, 2013. The continuation of these payment cuts for an extended period of time will have an adverse effect on operating results of the Corporation.

Patient service revenue, net of contractual allowances and discounts (but before the provision for uncollectible accounts), recognized in the years ended June 30, 2013 and 2012, respectively, was approximately:

	2013	2012
Medicare	$124,221,185	$127,280,120
Medicaid	65,292,867	75,798,321
Anthem	73,210,715	87,853,668
Other third-party payers	98,211,705	90,660,977
Patients	34,464,648	22,881,815
Total	$395,401,120	$404,474,901

Note 3: Concentration of Credit Risk

The Corporation grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payer agreements. The mix of gross receivables from patients and third-party payers at June 30, 2013 and 2012, is:

	2013	2012
Medicare	35%	38%
Medicaid	10%	7%
Anthem	3%	4%
Other third-party payers	36%	37%
Patients	16%	14%
	100%	100%

Note 4: Investments, Deferred Compensation and Investment Return

	2013	2012
Held by trustee under bond indenture agreements		
Cash and cash equivalents	$ 14,834,584	$ 17,424,208
Held by trustee for self-insurance trust		
Cash and cash equivalents	$ 5,694,402	$ 11,103,816
Fixed income securities	25,066,562	3,732,483
Equity securities	6,114,713	4,311,309
Private limited partnerships	-	5,500,529
	$ 36,875,677	$ 24,648,137

Other Investments

Other investments at June 30 include:

	2013	2012
Cash and cash equivalents	$ 13,298,560	$ 60,241,264
Fixed income securities	21,064,064	1,122,570
Equity securities		
Consumer discretionary	1,142,664	-
Consumer staples	3,982,794	-
Energy	3,371,326	-
Financials	1,104,093	-
Health care	3,706,221	-
Industrials	2,676,111	-
Information technology	3,210,537	-
Materials	359,732	-
Telecommunications services	1,184,922	-
Utilities	1,447,109	
Other	13,155,964	644,937
Charitable remainder trusts	1,245,041	1,168,135
Private limited partnerships	357,240	5,142,240
	71,306,378	68,319,146
Less internally designated	27,932,676	25,570,765
Less externally restricted	30,415,682	26,764,891
Short-term investments	$ 12,958,020	$ 15,983,490

Deferred Compensation Plan Assets

	2013	2012
Cash and cash equivalents	$ 378,459	$ 1,172,983
Mutual funds	9,353,274	7,570,898
Equities	-	488,090
Life insurance contracts	16,929,547	15,919,744
	$ 26,661,280	$ 25,151,715

Total investment return is comprised of the following:

	2013	2012
Interest and dividend income	$ 2,022,142	$ 2,238,646
Unrealized gains (losses)	5,818	(4,179,019)
Realized gains and losses	3,542,954	2,717,377
	$ 5,570,914	$ 777,004

Total investment return is reflected in the statements of operations and changes in net assets as follows:

	2013	2012
Unrestricted net assets		
Other operating income	$ 419,177	$ 309,221
Other nonoperating income	4,169,633	3,977,046
Change in unrealized gains and losses	(290,605)	(3,130,284)
Temporarily restricted net assets	1,272,709	(378,979)
	$ 5,570,914	$ 777,004

Private Limited Partnerships and Investment Trusts

Except as described below, the fair value of private limited partnerships and investment trusts has been estimated using the net asset value per share of the investments. Private limited partnerships and investment trusts held at June 30 consist of the following:

	June 30, 2013			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Multistrategy hedge funds (B)	$ 322,271	$ -	Quarterly	45 days
Multistrategy hedge funds (D)	34,969	-	Quarterly	75 days

	June 30, 2012			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited partnership (A)	$ 1,527,445	$ -	Annually	90 days
Multistrategy hedge funds (B)	821,795	-	Quarterly	45 days
Multistrategy hedge funds (C)	2,107,117	-	Annually	90 days
Multistrategy hedge funds (D)	5,458,413	-	Quarterly	75 days
Funds of Funds (E)	727,999		Quarterly	65 days

(A) This partnership invests primarily through a diversified group of money managers that as a group use a wide variety of investment techniques and strategies. The objective of the partnership is to seek consistent long-term growth of capital with reduced volatility. The partnership invests in securities and other financial instruments of the United States and foreign entities, including equity and debt securities, options, future contracts, forward contracts and swap contracts. This investment was liquidated during the year ended June 30, 2013.

(B) This partnership invests primarily through a diversified group of money managers to obtain higher performance and less volatility than if the partnership employed a single investment strategy. The fund invests in equity securities, debt securities, options, warrants, currencies, futures contracts, commodities, partnership interests, money market instruments, precious metals and other ownership interests and indebtedness. This investment was liquidated during the year ended June 30, 2013, with a remaining holdback amount that will be distributed once the fund's annual audit is completed.

(C) This fund was formed primarily with the purpose of achieving long-term growth of capital with reduced volatility and returns that demonstrate little or no correlation with either equity or bond markets, by allocating its capital among various money managers that, as a group, employ a variety of investment techniques and strategies. This fund invests in equity and debt securities in the United States and foreign issuers, options, futures contracts, forward contracts and swap contracts. This investment was liquidated during the year ended June 30, 2013.

(D) This fund was formed primarily with the objective to achieve consistent returns with low correlation to the markets, while reducing risk through diversification, by utilizing a diverse group of low volatility alternative investment strategies, using a multimanager approach. Investments may include, but are not limited to, equity and fixed income securities, convertible and hybrid stocks and debt securities, preferred stocks, warrants and options, structured and other synthetic securities and related derivative instruments, such as swaps, forwards, options, futures, caps and floors, other derivatives, government and corporate securities, money market instruments, foreign currencies and interest in currencies, certificates of deposit, bankers' acceptances, trust receipts and trade and commercial obligations and loans. This investment was liquidated during the year ended June 30, 2013, with a remaining holdback amount that will be distributed once the fund's annual audit is completed.

(E) This fund is a feeder fund of a Trust. The investment objective of the fund is to realize appreciation in the value of its assets through the allocation of capital amount submanagers and the portfolio funds they operate. This investment was liquidated during the year ended June 30, 2013.

Note 5: Investments in and Advances to Equity Investees

United Ambulance Service

CMMC has a 50% ownership of United Ambulance Service. CMMC's investment in United Ambulance Service is accounted for using the equity method of accounting in the accompanying financial statements.

The financial position at June 30, 2013 and 2012, and the results of operations for United Ambulance Service for the years then ended are summarized below:

	2013	2012
Current assets	$ 2,186,833	$ 2,144,417
Property and other long-term assets, net	3,102,329	3,325,343
Total assets	5,289,162	5,469,760
Current liabilities	588,490	710,445
Long-term liabilities	-	75,181
Total liabilities	588,490	785,626
Net assets	$ 4,700,672	$ 4,684,134
Revenues	$ 8,993,737	$ 8,573,171
Net income	$ 516,538	$ 12,524

Lifeflight of Maine

CMHC has a 50% ownership of Lifeflight of Maine. CMHC's investment in Lifeflight of Maine is accounted for using the equity method of accounting in the accompanying financial statements.

The financial position at June 30, 2013 and 2012, and the results of operations for Lifeflight of Maine for the years then ended are summarized below:

	2013	2012
Current assets	$ 2,506,361	$ 3,717,109
Property and other long-term assets, net	6,602,002	6,567,407
Total assets	9,108,363	10,284,516
Current liabilities	541,421	770,466
Long-term liabilities	5,073,720	5,444,178
Total liabilities	5,615,141	6,214,644
Net assets	$ 3,493,222	$ 4,069,872
Revenues	$ 7,752,595	$ 8,472,697
Net income (loss)	$ (576,651)	$ 591,839

Maine Research Associates

During the year ended June 30, 2012, CMHV purchased 49% interest in Maine Research Associates for $950,000. CMHC's investment in Maine Research Associates is accounted for using the equity method of accounting in the accompanying financial statements.

The financial position for the periods ended June 30, 2013 and 2012, respectively, and the results of operations for Maine Research Associates are summarized below:

	2013	2012
Total assets	$ 2,706,284	$ 2,208,979
Total liabilities	2,497	5,206
Net assets	$ 2,703,787	$ 2,203,773
Revenues	$ 2,425,680	$ 885,030
Net income	$ 799,812	$ 264,997

Premier Purchasing Partners

CMHC has a 2% ownership of Premier Purchasing Partners, L.P. During the years ended June 30, 2013 and 2012, CMHC received distributions of $633,571 and $608,457, respectively. CMHC's investment in Premier Purchasing Partners, L.P. is accounted for using the equity method of accounting in the accompanying financial statements.

Note 6: Notes and Other Receivables

In April 2008, CMHC advanced Parkview Adventist Medical Center (Parkview) $5,600,000 in the form of a demand promissory note. This note was refinanced subsequent to June 30, 2013 and is due September 16, 2018, secured by substantially all of Parkview's assets. The interest rate is variable, equal to 2% plus the U.S. Prime Rate. The note is due based on a 180-month installment payment schedule, with a balloon payment for the remaining balance due September 16, 2018. The outstanding balance of the note payable to CMHC at June 30, 2013 and 2012, was $4,599,981 and $5,022,833, respectively. All required payments on the note have been received through June 30, 2013.

Additionally, CMHC and CMMC provide physician coverage, management and other various services to Parkview routinely throughout the year under the terms of a management agreement.

At June 30, 2013 and 2012, the Corporation has a recorded receivable from Parkview of $6,157,393 and $2,368,603, respectively, for services rendered under this agreement. Subsequent to June 30, 2013, Parkview entered into a transaction with the Corporation to sell two of Parkview's buildings to the Corporation for approximately $5,250,000, all of which Parkview received approximately $3,350,000 in cash from the Corporation and approximately $1,900,000 was applied to the debts owed from Parkview to the Corporation. Parkview's audit as of and for the year ended December 31, 2012, included an Emphasis of Matter paragraph regarding substantial doubt about Parkview's ability to continue as a going concern due to recurring losses from operations and net asset deficiencies. However, management believes the amounts due from Parkview are fully collectible and no reserve has been recorded for amounts due to CMHC or CMMC, based on their assessment of Parkview's current operating results and the Corporation's security interest in Parkview's assets. It is reasonably possible this estimate could change materially in the near term.

Note 7: Property and Equipment

Property and equipment consists of the following at June 30:

	2013	2012
Land and land improvements	$ 14,881,264	$ 14,509,837
Buildings and improvements	228,065,261	223,594,932
Major movable equipment, fixed equipment and vehicles	226,972,582	216,927,225
	469,919,107	455,031,994
Less accumulated depreciation	285,140,084	261,208,668
	184,779,023	193,823,326
Construction in progress	20,029,870	15,529,400
	$204,808,893	$209,352,726

At June 30, 2013 and 2012, construction in progress was comprised of various minor construction projects, in addition to costs associated with implementing a new computer system throughout the Corporation. The new computer system project is expected to be completed in the fall of 2014 and the remaining anticipated cost at June 30, 2013, is approximately $5,100,000. In order to pay for the new computer system, management obtained financing in 2012 from the vendor related to the system implementation (see *Note 10*).

Note 8: Self-Insurance

Professional Liability Claims

CMHC and its subsidiaries obtain professional and management liability insurance coverages on a claims made basis and general liability coverage on an occurrence basis from CWM, CMHC's wholly owned subsidiary. The medical professional liability insurance coverage limits are $2,000,000 per claim and $12,000,000 in the aggregate, with coverage beginning January 1, 1979. Management liability insurance coverage limits are $1,000,000 per claim and $3,000,000 in the aggregate, with coverage beginning May 29, 1987. General liability coverage limits are $2,000,000 per loss and $12,000,000 in the aggregate. Additionally, CWM also provides an excess policy where coverage is limited to $25,000,000 per claim and in the aggregate. Beginning July 1, 2007, CWM obtained reinsurance for 100% of the excess coverage, and prior to July 1, 2007, CWM reinsured 80% of the excess coverage.

Losses from asserted and unasserted claims identified under CWM's incident reporting system are accrued based on estimates that incorporate CWM's past experience, as well as other considerations, including the nature of each claim or incident and relevant trend factors.

The accrued liability for malpractice claims at June 30, 2013 and 2012, was $15,994,338 and $14,434,964, respectively. It is reasonably possible that CWM's estimate of losses will change by a material amount in the near term.

Effective July 1, 2012, CWM's medical professional liability policy was endorsed to include Directors and Officers and Employments Practices liability policy deductible buyback coverage. CWM's liability is limited to $50,000 and $75,000 in excess of CMHC's first dollar retention of $50,000 each on all losses respectively.

Health Insurance

The Corporation is self-insured for employee health coverage and has accrued an estimate of the ultimate costs for both reported claims and claims incurred but not reported. The accrual is based on the consideration of prior claims experience, recently settled claims, frequency of claims and other economic and social factors and is included in current accrued expenses on the balance sheets. It is reasonably possible that the Corporation's estimate will change by a material amount in the near term. Commercial stop-loss insurance coverage is purchased for claims in excess of the aggregate annual amount.

Worker's Compensation

The Corporation has a self-insurance program to provide for workers' compensation coverage and has accrued an estimate of the ultimate costs for both claims reported and claims incurred but not reported. A trust fund has been established for this purpose and is included in assets limited as to use. The accrual is based on the consideration of prior claims experience, recently settled claims, frequency of claims and other economic and social factors and is included in current accrued expenses on the balance sheets. It is reasonably possible that the Corporation's estimate will change by a material amount in the near term.

Liabilities for self-insurance costs for malpractice and workers' compensation are classified as current or long-term in the accompanying financial statements based on past experience, as well as other considerations, including the nature of each claim or incident and relevant trend factors.

Note 9: Lines of Credit

The Corporation has entered into a revolving line of credit, with TD Banknorth, N.A., which provides borrowings up to $15,000,000, due December 31, 2013. Payments of interest only are due monthly at a rate of the one-month LIBOR plus 2.75%. The interest rate will be adjusted based on a review of the Corporation's quarterly financial statements to the one-month LIBOR plus 2.50% if days cash on hand is greater than 50 days, or to the one-month LIBOR plus 2.25% if days cash on hand is greater than 70 days. The interest rate at June 30, 2013 and 2012, was 2.75%. This line of credit is secured by substantially all of the Corporation's assets. At June 30, 2013 and 2012, respectively, the balance outstanding on the line of credit was $0.

The Corporation has entered into a revolving line of credit, with TD Banknorth, N.A., which provides borrowings up to $25,000,000, due December 31, 2013. Payments of interest only are due monthly at a rate of the one-month LIBOR plus 2.75%. The interest rate will be adjusted based on a review of the Corporation's quarterly financial statements to the one-month LIBOR plus 2.50% if days cash on hand is greater than 50 days, or to the one-month LIBOR plus 2.25% if days cash on hand is greater than 70 days. The interest rate at June 30, 2013 and 2012, was 2.75%. This line of credit is secured by substantially all of the Corporation's assets. At June 30, 2013 and 2012, respectively, the balance outstanding on the line of credit was $10,342,598 and $17,428,260.

Note 10: Long-Term Debt

	2013	2012
Revenue bonds (A)	$ -	$ 43,150,000
Revenue bonds (B)	19,970,000	21,370,000
Revenue bonds (C)	2,390,000	2,465,000
Revenue bonds (D)	7,430,000	7,660,000
Revenue bonds (E)	55,270,000	55,605,000
Revenue bonds (F)	37,160,000	-
Mortgage note payable (G)	712,662	732,386
Mortgage note payable (H)	667,641	685,226
Note payable (I)	2,471,652	2,901,451
Note payable (J)	1,800,531	2,113,628
Other (K)	-	54,049
Capital lease obligations (L)	13,439,943	15,969,582
	141,312,429	152,706,322
Less net discount (premium) on bonds	(3,837,285)	176,292
Less current maturities	6,048,619	6,612,369
	$ 139,101,095	$ 145,917,661

(A) Maine Health and Higher Educational Facilities Authority Fixed Rate Revenue Bonds, Central Maine Medical Center Issue, Series 2003A, interest rates ranging from 2.5% to 5.0%. The bonds were collateralized by CMMC's pledge of gross revenues and property. The bonds were payable in annual installments through July 1, 2032. During the year ended June 30, 2013, CMMC advance refunded these bonds with the issuance of the Maine Health and Higher Educational Facilities Authority Fixed Rate Revenue Bonds, Central Maine Medical Center Issue, Series 2013A (see *F* below). The advance refunding of the bonds resulted in CMMC recognizing a loss on debt extinguishment of $587,465 for the year ended June 30, 2013.

(B) Maine Health and Higher Educational Facilities Authority Fixed Rate Revenue Bonds, Central Maine Medical Center Issue, Series 2005B, interest rates ranging from 3.5% to 5.0%. The bonds are collateralized by CMMC's pledge of gross revenues and property. The bonds are payable in annual installments through July 1, 2030.

(C) Maine Health and Higher Educational Facilities Authority Fixed Rate Revenue Bonds, Rumford Community Home Issue, Series 2001A, interest rates ranging from 3.45% to 5.25%. The bonds are collateralized by Rumford's pledge of gross revenues and property. The bonds are payable in annual installments through July 1, 2031. CMHC as the parent, is also guarantor of these revenue bonds.

(D) Maine Health and Higher Educational Facilities Authority Fixed Rate Revenue Bonds, Bridgton Hospital Issue, Series 2001A, interest rates ranging from 3.45% to 5.25%. The bonds are collateralized by Bridgton's pledge of gross revenues and property. The bonds are payable in annual installments through July 1, 2031. CMHC as the parent, is also guarantor of these revenue bonds.

(E) Maine Health and Higher Educational Facilities Authority Fixed Rate Revenue Bonds, Central Maine Medical Center Issue, Series 2009A, interest rates ranging from 2.00% to 5.12%. The bonds are collateralized by CMHC's and CMMC's pledge of gross revenues and property. The bonds are payable in annual installments through July 1, 2039.

(F) Maine Health and Higher Educational Facilities Authority Fixed Rate Revenue Bonds, Central Maine Medical Center Issue, Series 2013A, interest rates ranging from 2.0% to 5.0%. The bonds are collateralized by CMMC's pledge of gross revenues and property. The bonds are payable in annual installments through July 1, 2032. The proceeds from this bond issuance were used to advance refund the Maine Health and Higher Educational Facilities Authority Fixed Rate Revenue Bonds, Central Maine Medical Center Issue, Series 2003A (see *A* above).

(G) U.S. Department of Agriculture, Rural Development mortgage notes payable due in monthly installments of principal and interest through December 2037, with interest rates at 4.88% and 5.00%, secured by Bridgton's assets and a pledge of future gross revenues.

(H) U.S. Department of Agriculture, Rural Development mortgage note payable due in monthly installments of principal and interest through May 2036, with interest rate of 4.50%. This mortgage note payable is secured by Rumford's assets and a pledge of future gross revenues.

(I) Note payable to Mechanic Savings Bank, with interest payments at 30-day LIBOR plus 1.65%, due November 12, 2018, secured by real estate. The interest rate at June 30, 2013 and 2012, was 1.89% and 1.84%, respectively. At June 30, 2013, the Corporation failed to meet certain restrictive covenants set forth in the loan documents. The Corporation has obtained a waiver from the bank stating the original terms of the note payable are still in effect.

(J) Note payable to Mechanic Savings Bank, with interest payments at 30-day LIBOR plus 1.65%, due November 12, 2018, secured by real estate. The interest rate at June 30, 2013 and 2012, was 1.89% and 1.84%, respectively. At June 30, 2013, the Corporation failed to meet certain restrictive covenants set forth in the loan documents. The Corporation has obtained a waiver from the bank stating the original terms of the note payable are still in effect.

(K) Note payable to a private individual, due in quarterly installments of principal and interest through July 1, 2013, secured by real estate. The interest rate on the note payable is 2.8%. This note was fully repaid during 2013.

(L) At varying rates of imputed interest from 1.42% to 10.10%, due through 2019; collateralized by property and equipment. During the year ended June 30, 2012, the Corporation entered into a capital lease for their new computer system in the amount of $16,378,543 (see *Note 20*).

Aggregate annual maturities and sinking fund requirements of long-term debt and payments on capital lease obligations at June 30, 2013, are:

	Long-Term Debt (Excluding Capital Lease Obligations)	Capital Lease Obligations
2014	$ 2,918,131	$ 3,308,811
2015	4,234,145	2,967,299
2016	4,530,501	2,549,111
2017	4,667,222	2,465,213
2018	4,819,314	2,670,073
Thereafter	106,703,173	-
	$ 127,872,486	13,960,507
Less amount representing interest		520,564
Present value of future minimum lease payments		13,439,943
Less current maturiries		3,130,488
Noncurrent portion		$ 10,309,455

Note 11: Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes:

	2013	2012
Cardiac care	$ 301,336	$ 274,525
Healthcare services	3,092,838	3,925,238
Research	1,742	1,742
Purchase of capital	3,145,138	2,882,176
Charity care	775,300	586,914
Health education	1,500,818	1,071,364
Family practice	652,095	611,492
	$ 9,469,267	$ 9,353,451

Permanently restricted net assets are restricted to:

	2013	2012
Investments to be held in perpetuity, the income is unrestricted	$ 5,531,598	$ 5,451,460
Investments to be held in perpetuity, the income is restricted	14,146,572	13,181,560
	$ 19,678,170	$ 18,633,020

During 2013 and 2012, net assets were released from donor restrictions by incurring expenses, satisfying the restricted purposes in the amounts of $1,948,440 and $1,626,049, respectively. During 2013 and 2012, net assets of $1,200,095 and $10,500, respectively, were released to purchase equipment.

Note 12: Endowment

The Corporation's endowment consists of numerous individual funds established for a variety of purposes. The endowment includes both donor-restricted endowment funds and funds designated by the governing body to function as endowments (board-designated endowment funds). As required by accounting principles generally accepted in the United States of America (GAAP), net assets associated with endowment funds, including board-designated endowment funds, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Corporation's governing body has interpreted the State of Maine Prudent Management of Institutional Funds Act (SPMIFA) as requiring preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Corporation classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of donor-restricted endowment funds is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Corporation in a manner consistent with the standard of prudence prescribed by SPMIFA. In accordance with SPMIFA, the Corporation considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

1. Duration and preservation of the fund
2. Purposes of the Corporation and the fund
3. General economic conditions
4. Possible effect of inflation and deflation
5. Expected total return from investment income and appreciation or depreciation of investments
6. Other resources of the Corporation
7. Investment policies of the Corporation

The composition of net assets by type of endowment fund at June 30, 2013 and 2012, was:

	2013			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	$ -	$ 2,079,946	$ 18,433,866	$ 20,513,812
Board designated endowment funds	5,155,160	-	-	5,155,160
	$ 5,155,160	$ 2,079,946	$ 18,433,866	$ 25,668,972

	2012			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	$ -	$ 1,149,274	$ 17,465,621	$ 18,614,895
Board designated endowment funds	5,008,669	-	-	5,008,669
	$ 5,008,669	$ 1,149,274	$ 17,465,621	$ 23,623,564

Changes in endowment net assets for the years ended June 30, 2013 and 2012, were:

	2013			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	$ 5,008,669	$ 1,149,274	$ 17,465,621	$ 23,623,564
Contributions	3,720	-	968,245	971,965
Total investment return	368,161	1,229,681	-	1,597,842
Appropriation of endowment assets for expenditure	(225,390)	(299,009)	-	(524,399)
Endowment net assets, end of year	$ 5,155,160	$ 2,079,946	$ 18,433,866	$ 25,668,972

	2012			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	$ 5,547,307	$ 1,907,927	$ 16,779,545	$ 24,234,779
Contributions	2,700	-	686,076	688,776
Total investment return	(291,709)	(349,725)	-	(641,434)
Appropriation of endowment assets for expenditure	(249,629)	(408,928)	-	(658,557)
Endowment net assets, end of year	$ 5,008,669	$ 1,149,274	$ 17,465,621	$ 23,623,564

The Corporation has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs and other items supported by its endowment while seeking to maintain the purchasing power of the endowment. Endowment assets include those assets of donor-restricted endowment funds the Corporation must hold in perpetuity or for donor-specified periods, as well as those of board-designated endowment funds. Under the Corporation's policies and risk parameters, endowment assets are invested in a manner that is intended to produce results that are at least equal to the performance of the custom balanced index and rank in the top 33% of a nationally recognized evaluation service's universe for the comparable funds over a rolling five-year time period. The Corporation's custom index is comprised of the Standard & Poor's 500 Index, Russell 2000 Index, MSCI EAFE International Index and Solomon Brothers 90 day Treasury Bill Index and/or other appropriate indices. The Corporation expects its endowment funds to provide an average rate of return of approximately 8% annually over time. Actual returns in any given year may vary from this amount.

To satisfy its long-term rate of return objectives, the Corporation relies on a total return strategy in which investment returns are achieved through both current yield (investment income such as dividends and interest) and capital appreciation (both realized and unrealized). The Corporation targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

The Corporation has a policy (the spending policy) of appropriating for expenditure each year 4.5% of its endowment fund's average fair value as measured on July 1 of the new fiscal year. In establishing this policy, the Corporation considered the long-term expected return on its endowment. Accordingly, over the long term, the Corporation expects the current spending policy to allow its endowment to grow at an average of 8% annually. This is consistent with the Corporation's objective to maintain the purchasing power of endowment assets held in perpetuity or for a specified term, as well as to provide additional real growth through new gifts and investment return.

Note 13: Charity Care

The costs of charity care provided under the Corporation's charity care policy were $6,497,568 and $10,519,686 for 2013 and 2012, respectively. The cost of charity care is estimated by applying the ratio of cost to gross charges to the gross uncompensated charges.

Note 14: Functional Expenses

The Corporation provides health care services primarily to residents within its geographic area. Expenses related to providing these services are as follows:

	2013	2012
Health care services	$ 322,957,893	$ 317,428,911
General and administrative	74,790,870	69,175,910
	$ 397,748,763	$ 386,604,821

Note 15: Pension Plan

The CMHC and certain affiliates have a contributory defined benefit pension plan covering all employees who meet the eligibility requirements. Effective December 31, 2001, Rumford merged into the CMHC plan. The funding policy is to make the minimum annual contribution that is required by applicable regulations, plus such amounts as CMHC may determine to be appropriate from time to time. CMHC expects to contribute $1,330,000 to the plan in 2014.

No employee hired after December 31, 2009, is eligible to participate in the defined benefit pension plan. Effective March 31, 2011, pension benefits for all employees in the defined benefit pension plan have been frozen. Effective July 1, 2011, all employees previously covered under the defined benefit plan can elect to participate in the Corporation's defined contribution plan.

CMHC uses a June 30 measurement date for the plans. Information about the plan's funded status follows:

	2013	2012
Benefit obligation	$ 135,203,014	$ 141,233,228
Fair value of plan assets	95,335,770	91,643,645
Funded status	$ (39,867,244)	$ (49,589,583)

Liabilities recognized in the balance sheets:

	2013	2012
Noncurrent liabilities	$ 39,867,244	$ 49,589,583

Amounts recognized in unrestricted net assets not yet recognized as components of net periodic benefit cost consist of:

	2013	2012
Net loss	$ (43,699,308)	$ (54,923,065)

Information for pension plans with an accumulated benefit obligation in excess of plan assets:

	2013	2012
Projected benefit obligation	$ 135,203,014	$ 141,233,228
Accumulated benefit obligation	$ 135,203,014	$ 141,233,228
Fair value of plan assets	$ 95,335,770	$ 91,643,645

Other significant balances and costs are:

	2013	2012
Employer contributions	$ 1,308,969	$ 3,594,395
Participant contributions	$ -	$ -
Benefits paid	$ (3,877,077)	$ (4,481,647)
Benefit costs	$ 2,810,387	$ 342,436

Other changes in plan assets and benefit obligations recognized in the statements of operations and changes in net assets for the years ended June 30, 2013 and 2012:

	2013	2012
Amounts arising during the period		
Actuarial (gain) loss	$ (7,882,907)	$ 27,259,248
Actual return on plan assets	(6,260,233)	(2,757,650)
Expected return on plan assets	6,479,570	6,993,232
Net (gain) loss	$ (7,663,570)	$ 31,494,830
Amounts reclassified as components of net periodic benefit cost of the year		
Net loss	$ 3,560,187	$ 1,121,698
Net prior service cost	-	-

The estimated net loss for the defined benefit pension plan will be amortized into net periodic benefit cost over the next fiscal year is $2,704,212.

Significant assumptions include:

	2013	2012
Weighted average assumptions used to determine benefit obligations		
Discount rate	4.66%	4.11%
Weighted average assumptions used to determine benefit costs		
Discount rate	4.11%	5.62%
Expected return on plan assets	7.50%	8.50%

CMHC has estimated the long-term rate of return on plan assets based primarily on historical returns on plan assets, adjusted for changes in target portfolio allocations and recent changes in long-term interest rates based on publicly available information.

CMHC's overall investment strategy is to diversify investments among asset classes and management strategies in an attempt to minimize volatility while ensuring that a sufficient pool of assets is maintained at all times to meet the plan's current and future benefit obligations. The target asset allocation percentages for 2013 and 2012 are as follows:

	2013	2012
Fixed income securities	50%	33%
Equity securities	50%	67%
Private limited partnerships	0%	0%
Total	100%	100%

Pension Plan Assets

Following is a description of the valuation methodologies used for pension plan assets measured at fair value on a recurring basis and recognized in the accompanying balance sheets, as well as the general classification of pension plan assets pursuant to the valuation hierarchy.

Where quoted market prices are available in an active market, plan assets are classified within Level 1 of the valuation hierarchy. Level 1 plan assets include equity securities. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of plan assets with similar characteristics or discounted cash flows. Level 2 plan assets include cash and cash equivalents and fixed income securities. In certain cases where Level 1 or Level 2 inputs are not available, plan assets are classified within Level 3 of the hierarchy and include equity securities and private limited partnerships. For investments, other than the private limited partnerships and some equity securities classified as Level 3 investments, the inputs used by the pricing service to determine fair value may include one, or a combination of, observable inputs such as benchmark yields, broker/dealer quotes, issuer spreads, benchmark securities and reference data market research publications. For the private limited partnerships, the net asset value reported by the fund manager is used to determine fair value.

The fair values of CMHC's pension plan assets at June 30, 2013 and 2012, by asset class are as follows:

	2013 Fair Value Measurements Using			
	Total Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash and cash equivalents	$ 45,189	$ 45,189	$ -	$ -
Fixed income securities	31,312,714	-	31,312,714	-
Equity securities	63,577,867	-	63,577,867	-
Total	$ 94,935,770	$ 45,189	$ 94,890,581	$ -

	2012 Fair Value Measurements Using			
	Total Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash and cash equivalents	$ 343,442	$ 343,442	$ -	$ -
Fixed income securities	19,287,489	-	19,287,489	-
Equity securities	71,624,599	-	71,624,599	-
Private limited partnerships	388,115	-	-	388,115
Total	$ 91,643,645	$ 343,442	$ 90,912,088	$ 388,115

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)
	Private Limited Partnerships
Balance at July 1, 2011	$ 447,285
Actual return on plan assets	
Relating to assets still held at the reporting date	(21,876)
Relating to assets still sold during the period	(11,015)
Purchases, sales and settlements	(26,279)
Balance at June 30, 2012	388,115
Actual return on plan assets	
Relating to assets still held at the reporting date	-
Relating to assets still sold during the period	-
Purchases, sales and settlements	(388,115)
Balance June 30, 2013	$ -

Plan assets are held by a bank-administered trust fund, which invests the plan assets in accordance with the provisions of the plan agreement. The plan agreements permit investment in common stocks, corporate bonds and debentures, U.S. government securities, certain insurance contracts, real estate and other specified investments and derivatives based on certain target allocation percentages.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid as of June 30, 2013.

2014	$ 4,094,562
2015	4,626,402
2016	5,117,917
2017	5,576,754
2018	6,024,163
2019-2023	37,155,204

Defined Contribution Plan

Effective July 1, 2012, all employees previously covered under the defined benefit pension plan are now eligible to start accruing benefits under the 403(b) defined contribution plan. Prior to July 1, 2012, only Bridgton employees were participants in the defined contribution plan. This plan covers substantially all employees, and the Corporation matches employee contributions into the plan up to 2.5% of an employee's annual salary. Amounts contributed by the Corporation vest at 20% for each year of service until 100% vested after five years of service. Pension expense to the plan was $4,110,054 and $4,208,108 for 2013 and 2012, respectively.

Deferred Compensation Plan

The Corporation funds deferred compensation plans under IRS section 457(f) and 457(b) for the benefit of certain senior executives. The trust accounts assets are classified as other assets and a corresponding deferred compensation obligation has been recorded by the Corporation in the amount of $9,894,907 and $8,877,550 at June 30, 2013 and 2012, respectively, and classified as other long-term debt.

The Corporation also funds a secured executive benefit plan for certain employees. Under this plan the Corporation purchases a life insurance policy for key members of management. Upon termination of the plan the Corporation will receive the premium payments, paid by the Corporation over the life of the policy and the employees will receive the amounts in excess of the premium payments to the Corporation. At June 30, 2013 and 2012, respectively, the Corporation had recorded investments of $16,929,547 and $15,919,747 included in deferred compensation assets.

Note 16: Disclosures About Fair Value of Assets and Liabilities

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets or liabilities.

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

Recurring Measurements

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at June 30, 2013 and 2012:

		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
June 30, 2013				
Cash equivalents	$ 34,206,005	$ 34,206,005	$ -	$ -
Fixed income securities	46,130,626	-	46,130,626	-
Equity securities	41,456,186	41,456,186	-	-
Private limited partnerships	357,240	-	-	357,240
Charitable remainder trusts	1,245,041	-	1,245,041	-
Mutual funds	9,353,274	9,353,274	-	-
June 30, 2012				
Cash equivalents	$ 89,942,271	$ 89,915,736	$ 26,535	$ -
Fixed income securities	4,855,053	4,855,053	-	-
Equity securities	5,444,336	5,444,336	-	-
Private limited partnerships	10,642,769	-	-	10,642,769
Charitable remainder trusts	1,168,135	-	1,168,135	-

Following is a description of the valuation methodologies and inputs used for assets and liabilities measured at fair value on a recurring basis and recognized in the accompanying balance sheets, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended June 30, 2013. For assets classified within Level 3 of the fair value hierarchy, the process used to develop the reported fair value is described below.

Cash Equivalents and Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include cash equivalents, fixed income securities and equity securities. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Level 2 securities include cash equivalents, fixed income securities and equity securities. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy and include private limited partnerships. For investments other than the private limited partnerships, the inputs used by the pricing service to determine fair value may include one, or a combination of observable inputs such as benchmark yields, broker/dealer quotes, issuer spreads, benchmark securities and reference data market research publications.

The value of certain investments, classified as alternative investments, is determined using net asset value (or its equivalent) as a practical expedient. Investments for which the Corporation expects to have the ability to redeem its investments with the investee within 12 months after the reporting date are categorized as Level 2. Investments for which the Corporation does not expect to be able to redeem its investments with the investee within 12 months after the reporting date are categorized as Level 3.

Fair value determinations for Level 3 measurements of securities are the responsibility of management. Management's office contracts with a pricing specialist to generate fair value estimates on a monthly or quarterly basis. Management's office challenges the reasonableness of the assumptions used and reviews the methodology to ensure the estimated fair value complies with accounting standards generally accepted in the United States.

Charitable Remainder Trusts

Fair value is estimated at the present value of the future distributions expected to be received over the term of the agreement. Due to the nature of the valuation inputs, the interest is classified within Level 2 of the hierarchy.

The following is a reconciliation of the beginning and ending balances of recurring fair value measurements recognized in the accompanying balance sheets using significant unobservable (Level 3) inputs:

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	Private Equity Funds
Balance at July 1, 2011	$ 12,801,803
Total realized and unrealized losses included in other income (expense)	(252,934)
Purchases, sales and settlements	(1,906,100)
Balance at June 30, 2012	10,642,769
Total realized and unrealized losses included in other income (expense)	437,974
Purchases, sales and settlements	(10,723,503)
Balance at June 30, 2013	$ 357,240

Realized and unrealized gains and losses included in change in net assets for the period from July 1, 2011, through June 30, 2013, are reported in the statements of operations and changes in net assets as follows:

	2013		2012	
	Excess of Revenues Over Expenses	Changes in Net Assets	Excess of Revenues Over Expenses	Changes in Net Assets
Change in unrealized gains or losses relating to assets still held at the balance sheet date	$ -	$ -	$ (252,934)	$ -

Nonrecurring Measurements

The following table presents the fair value measurement of assets and liabilities measured at fair value on a nonrecurring basis and the level within the fair value hierarchy in which the fair value measurements fall at June 30, 2013 and 2012:

	2013		2012	
	Carrying Amount	Fair Value	Carrying Amount	Fair Value
Financial Assets				
Cash and cash equivalents	$ 10,270,111	$ 10,270,111	$ 27,308,135	$ 27,308,135
Estimated amounts due from third-party payers	41,180,042	41,180,042	49,177,989	49,177,989
Notes receivable	4,368,117	4,368,117	4,790,969	4,790,969
Deferred compensation plan assets	26,661,280	26,661,280	25,151,715	25,151,715
Financial Liabilities				
Line of credit	10,342,598	10,342,598	17,428,260	17,428,260
Long-term debt	145,149,714	149,265,722	152,530,030	159,318,324

Cash and Cash Equivalents

The carrying amount approximates fair value.

Notes Receivable

Fair value is estimated at the present value of the future payments expected to be received.

Estimated Amounts Due From Third-Party Payers

Fair value is estimated at the present value of the future payments expected to be received.

Defined Compensation Plan Assets

The carrying amount approximates fair value.

Line of Credit and Long-Term Debt

Fair value is estimated based on the borrowing rates currently available to the Corporation for bank loans with similar terms and maturities.

The following table presents estimated fair values of the Corporation's financial instruments not previously disclosed at June 30, 2013 and 2012.

Note 17: The Fair Value Option

As permitted by Topic 825, the Corporation has elected to measure its internally designated assets limited as to use and short-term investments at fair value. Management has elected the fair value option for these items because it more accurately reflects the portfolio returns and financial positions of the Corporation. Total investments at June 30, 2013 and 2012, are $357,240 and $10,642,769, respectively.

See *Note 16* for additional disclosures regarding fair value of these investments.

Changes in Fair Value

Changes in fair value for items for which the fair value option has been elected are reported as investment return in other income (expense) in the financial statements. The change for 2013 and 2011 was a decrease of $442,341 and $523,314, respectively, which reflects all investment return amounts from short-term investments and internally designated investments.

Note 18: Asset Retirement Obligation

Accounting principles generally accepted in the United States of America require that an asset retirement obligation (ARO) associated with the retirement of a tangible long-lived asset be recognized as a liability in the period in which it is incurred or becomes determinable (as defined by the standard) even when the timing and/or method of settlement may be conditional on a future event. The Corporation's conditional asset retirement obligations relate to environmental hazards contained in buildings that the Corporation owns. Environmental regulations exist that require the Corporation to handle and dispose of environmental hazards in a special manner if a building undergoes major renovations or is demolished.

A summary of changes in asset retirement obligations for the years ended June 30, 2013 and 2012, is included in the table below.

	2013	2012
Liability, beginning of year	$ 2,829,879	$ 2,781,372
Liabilities settled	(89,014)	(138,680)
Accretion expense	198,419	187,187
	$ 2,939,284	$ 2,829,879

Note 19: Significant Estimates and Concentrations

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following:

Allowance for Net Patient Service Revenue Adjustments

Estimates of allowances for adjustments included in net patient service revenue are described in *Notes 1* and *2*.

Self-Insured Professional Liability, Workers' Compensation and Employee Health Claims

Estimates related to the accrual for medical malpractice, workers' compensation and health insurance claims are described in *Notes 1* and *8*.

Litigation

In the normal course of business, the Corporation is, from time to time, subject to allegations that may or do result in litigation. Some of these allegations are in areas not covered by the Corporation's self-insurance program (discussed elsewhere in these notes) or by commercial insurance; for example, allegations regarding employment practices or performance of contracts. The Corporation evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of counsel, management records an estimate of the amount of ultimate expected loss, if any, for each of these matters. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

Asset Retirement Obligation

As discussed in *Note 18,* the Corporation has recorded a liability for its conditional asset retirement obligation related to environmental hazards.

Pension Benefit Obligations

The Corporation has a contributory defined benefit pension plan whereby it agrees to provide certain postretirement benefits to eligible employees. The benefit obligation is the actuarial present value of all benefits attributed to service rendered prior to the valuation date based on the linear method. It is reasonably possible that events could occur that would change the estimated amount of this liability materially in the near term.

Investments

The Corporation invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the accompanying balance sheets.

Notes and Other Receivables

Due to the level of risk associated with certain notes and other receivables, it is at least reasonably possible that changes in the collectability of these receivables could occur in the near term and that such change could materially affect the amounts reported in the accompanying balance sheets.

Current Economic Conditions

The current protracted economic decline continues to present health systems with difficult circumstances and challenges, which in some cases have resulted in large and unanticipated declines in the fair value of investments and other assets, large declines in contributions, constraints on liquidity and difficulty obtaining financing. The financial statements have been prepared using values and information currently available to the Corporation.

Current economic conditions, including the rising unemployment rate, have made it difficult for certain of our patients to pay for services rendered. As employers make adjustments to health insurance plans or more patients become unemployed, services provided to self-pay and other payers may significantly impact net patient service revenue, which could have an adverse impact on the Corporation's future operating results. Further, the effect of economic conditions on the state may have an adverse effect on cash flows related to the Medicaid program.

Given the volatility of current economic conditions, the values of assets and liabilities recorded in the financial statements could change rapidly, resulting in material future adjustments in investment values (including defined benefit pension plan investments) and allowances for accounts and contributions receivable that could negatively impact the Corporation's ability to meet debt covenants or maintain sufficient liquidity.

Note 20: Information Technology Commitments

The Corporation has entered into an agreement with Cerner to provide software support services for the Corporation through 2018. The annual commitments for this agreement are as follows:

2014	$ 1,318,948
2015	1,318,948
2016	1,318,948
2017	1,318,948
2018	659,474
	$ 5,935,266

Note 21: Change in Accounting Principle

In 2013, the Corporation changed its method of presentation and disclosure of patient service revenue, provision for uncollectible accounts and the allowance for doubtful accounts in accordance with Accounting Standards Update (ASU) 11-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts and the Allowance for Doubtful Accounts for Certain Health Care Entities*. The major changes associated with ASU 2011-07 are to reclassify the provision for uncollectible accounts related to patient service revenue to a deduction from patient service revenue and to provide enhanced disclosures around the Corporation's policies related to uncollectible accounts. The change had no effect on prior year change in net assets.

The following consolidated financial statement line items for fiscal 2012 were affected by the change:

	As Adjusted	As Previously Reported	Effect of Change
Total unrestricted revenues, gains and other support	$ 390,361,370	$ 425,450,172	$ (35,088,802)
Total expenses and losses	386,604,821	421,693,623	(35,088,802)

Note 22: Patient Protection and Affordable Care Act

The *Patient Protection and Affordable Care Act* (PPACA) will substantially reform the United States health care system. The legislation impacts multiple aspects of the health care system, including many provisions that change payments from Medicare, Medicaid and insurance companies. Starting in 2014, the legislation requires the establishment of health insurance exchanges, which will provide individuals without employer-provided health care coverage the opportunity to purchase insurance. It is anticipated that some employers currently offering insurance to employees will opt to have employees seek insurance coverage through the insurance exchanges. It is possible the reimbursement rates paid by insurers participating in the insurance exchanges may be substantially different than rates paid under current health insurance products. Another significant component of the PPACA is the expansion of the Medicaid program to a wide range of newly eligible individuals. In anticipation of this expansion, payments under certain existing programs, such as Medicare disproportionate share, will be substantially decreased. Each state's participation in an expanded Medicaid program is optional.

The state of Maine has currently indicated it will not expand the Medicaid program, which may result in revenues from newly covered individuals not offsetting the Corporation's reduced revenue from other Medicare/Medicaid programs.

Supplementary Information

Central Maine Healthcare Corporation and Subsidiaries

Consolidating Schedule – Balance Sheet Information

June 30, 2013

	Central Maine Healthcare Corporation (Parent)	Central Maine Medical Center	Central Maine Heaith Ventures, Inc. Consolidated
Assets			
Current Assets			
Cash and cash equivalents	$ 7,226,445	$ 27,714	$ 5,534,573
Assets limited as to use - current	9,495,483	6,031,791	-
Patient accounts receivable, net of allowance; $31,100,000	-	33,598,284	369,605
Short-term investments	7,245,165	5,259,314	120
Estimated amounts due from third-party payers - current	-	33,286,850	-
Supplies	-	2,180,827	16,372
Prepaid expenses and other	4,285,522	7,668,017	390,801
Due from affiliates	24,920,997	-	-
Total current assets	53,173,612	88,052,797	6,311,471
Assets Limited As To Use			
Internally designated	21,241,304	-	-
Externally restricted by donors	23,572,023	2,281,412	-
Held by trustee under bond indenture agreements	-	13,177,877	-
Held by trustee for self-insurance trust	4,165,607	4,169,159	-
	48,978,934	19,628,448	-
Less amount required to meet current obligations	9,495,483	6,031,791	-
	39,483,451	13,596,657	-
Property and Equipment, Net	18,447,177	153,615,865	1,540,393
Other Assets			
Estimated amounts due from third-party payers	-	9,074,154	-
Interest in net assets of CMHC	-	22,394,685	-
Deferred compensation plan assets	22,165,901	2,563,495	1,931,884
Investment in equity investees	482,723	3,044,654	2,111,129
Notes receivable	4,368,117	-	-
Other	15,636,093	8,790,768	5,471,239
	42,652,834	45,867,756	9,514,252
Total assets	$ 153,757,074	$ 301,133,075	$ 17,366,116

CWM Insurance Ltd.	Other Central Maine Affiliates	Rumford Hospital and Affiliates	Bridgton Hospital	Eliminations and Reclassifications	Central Maine Healthcare Corporation Consolidated
$ 7,317,244	$ -	$ 5,781,052	$ 24,655,974	$ (40,272,891)	$ 10,270,111
-	-	185,835	433,756	-	16,146,865
-	-	4,061,947	4,927,606	-	42,957,442
-	-	189,472	263,949	-	12,958,020
-	-	2,674,109	1,221,233	(1,081,359)	36,100,833
-	-	257,584	321,008	-	2,775,791
3,383,253	43,794	296,664	323,258	-	16,391,309
-	730,826	-	-	(25,651,823)	-
10,700,497	774,620	13,446,663	32,146,784	(67,006,073)	137,600,371
-	5,245	2,633,205	4,052,922	-	27,932,676
-	-	1,078,286	3,483,961	-	30,415,682
-	-	390,091	1,266,616	-	14,834,584
28,540,911	-	-	-	-	36,875,677
28,540,911	5,245	4,101,582	8,803,499	-	110,058,619
-	-	185,835	433,756	-	16,146,865
28,540,911	5,245	3,915,747	8,369,743	-	93,911,754
-	1,737,904	13,874,756	15,592,798	-	204,808,893
-	-	-	-	(3,994,945)	5,079,209
-	-	-	-	(22,394,685)	-
-	-	-	-	-	26,661,280
-	1,746,611	-	-	-	7,385,117
-	-	-	-	-	4,368,117
-	-	677,947	1,133,339	(19,842,364)	11,867,022
-	1,746,611	677,947	1,133,339	(46,231,994)	55,360,745
$ 39,241,408	$ 4,264,380	$ 31,915,113	$ 57,242,664	$ (113,238,067)	$ 491,681,763

Central Maine Healthcare Corporation and Subsidiaries

Consolidating Schedule – Balance Sheet Information

June 30, 2013

	Central Maine Healthcare Corporation (Parent)	Central Maine Medical Center	Central Maine Health Ventures, Inc. Consolidated
Liabilities and Net Assets			
Current Liabilities			
Line of credit - current portion	$ 9,434,103	$ 908,495	$ -
Current maturities of long-term debt	61,380	5,123,296	-
Accounts payable	2,452,939	10,096,913	547,424
Accrued expenses	4,376,676	15,996,073	414,623
Cash overdraft	-	37,794,652	-
Due to affiliates	-	17,855,864	830,012
Estimated amounts due to third-party payers	-	-	1,081,359
Total current liabilities	16,325,098	87,775,293	2,873,418
Estimated Self-Insurance Costs	230,372	1,578,267	-
Line of Credit	-	-	-
Long-Term Debt	23,578	126,540,490	-
Estimated Amounts Due to Third-Party Payers Long-Term	-	-	-
Pension Liabilities	31,315,974	5,350,673	-
Asset Retirement Obligations	-	1,973,459	-
Other Long-Term Liabilities	9,894,907	-	310,791
Total liabilities	57,789,929	223,218,182	3,184,209
Net Assets			
Unrestricted	73,238,173	53,243,108	-
Temporarily restricted	6,036,370	5,898,492	-
Permanently restricted	16,692,602	18,773,293	-
Partners' capital	-	-	-
Paid-in capital	-	-	43,544,129
Unrealized losses on investments	-	-	(12,163,375)
Retained earnings (deficit)	-	-	(17,198,847)
Total net assets	95,967,145	77,914,893	14,181,907
Total liabilities and net assets	$ 153,757,074	$ 301,133,075	$ 17,366,116

CWM Insurance Ltd.	Other Central Maine Affiliates	Rumford Hospital and Affiliates	Bridgton Hospital	Eliminations and Reclassifications	Central Maine Healthcare Corporation Consolidated
$ -	$ -	$ -	$ -	$ -	$ 10,342,598
-	-	277,204	586,739	-	6,048,619
600,994	63,566	1,288,504	853,501	-	15,903,841
-	144,035	1,958,731	2,154,345	-	25,044,483
-	2,478,239	-	-	(40,272,891)	-
-	-	2,971,521	3,994,426	(25,651,823)	-
-	-	-	-	(1,081,359)	-
600,994	2,685,840	6,495,960	7,589,011	(67,006,073)	57,339,541
15,994,338	-	-	-	-	17,802,977
-	-	-	-	-	-
-	-	3,723,553	8,813,474	-	139,101,095
-	-	1,128,414	2,866,531	(3,994,945)	-
-	-	3,200,597	-	-	39,867,244
-	-	401,224	564,601	-	2,939,284
-	-	-	-	-	10,205,698
16,595,332	2,685,840	14,949,748	19,833,617	(71,001,018)	267,255,839
-	(601,344)	16,468,303	33,764,744	19,165,503	195,278,487
-	-	243,323	2,504,659	(5,213,577)	9,469,267
-	-	253,739	1,139,644	(17,181,108)	19,678,170
50,000	-	-	-	(50,000)	-
4,400,000	3,721,669	-	-	(51,665,798)	-
-	-	-	-	12,163,375	-
18,196,076	(1,541,785)	-	-	544,556	-
22,646,076	1,578,540	16,965,365	37,409,047	(42,237,049)	224,425,924
$ 39,241,408	$ 4,264,380	$ 31,915,113	$ 57,242,664	$ (113,238,067)	$ 491,681,763

Central Maine Healthcare Corporation and Subsidiaries

Consolidating Schedule – Statement of Operations Information

Year Ended June 30, 2013

	Central Maine Healthcare Corporation (Parent)	Central Maine Medical Center	Central Maine Health Ventures, Inc. Consolidated
Unrestricted Revenues, Gains and Other Support			
Patient service revenue (net of contractual discounts and allowances)	$ -	$ 304,571,926	$ 5,504,485
Provision for uncollectible accounts	57,652	26,634,344	(335,429)
Net patient service revenue less provision for uncollectible accounts	(57,652)	277,937,582	5,839,914
Other revenue	1,237,667	18,047,600	1,018,097
Net assets released from restrictions used for operations	1,885,673	29,475	-
Total unrestricted revenues, gains and other support	3,065,688	296,014,657	6,858,011
Expenses and Losses			
Salaries, wages and employee benefits	1,103,130	182,605,636	3,990,369
Supplies and other	2,950,550	98,925,215	3,268,208
Depreciation and amortization	230,485	21,162,525	232,260
Interest	(9,500)	6,225,423	-
Total expenses and losses	4,274,665	308,918,799	7,490,837
Operating Income (Loss)	(1,208,977)	(12,904,142)	(632,826)
Other Income (Expense)			
Investment return	894,332	169,671	1,596
Realized gains (losses) on sale of investments	2,013,697	165,146	-
Change in unrealized gains (losses) on investments	(211,019)	(112,300)	-
Gain (loss) on investment in equity investees	587,125	286,176	1,101,711
Loss on extinguishment of debt	-	(587,465)	-
Other	412,468	7,945	-
Total other income (expense)	3,696,603	(70,827)	1,103,307
Excess (Deficiency) of Revenues Over Expenses	2,487,626	(12,974,969)	470,481
Net assets released from restriction used for purchase of property and equipment	962,595	1,317,283	-
Transfers to (from) affiliates	10,000,000	-	-
Grant funds used for acquisition of property and equipment	-	138,062	-
Change in defined benefit pension plan gains and losses	11,331,067	-	-
Increase (Decrease) in Unrestricted Net Assets	$ 24,781,288	$ (11,519,624)	$ 470,481

CWM Insurance Ltd.	Other Central Maine Affiliates	Rumford Hospital and Affiliates	Bridgton Hospital	Eliminations and Reclassification	Central Maine Healthcare Corporation Consolidated
$ -	$ -	$ 38,967,655	$ 46,357,054	$ -	$ 395,401,120
-	-	2,813,059	3,566,466	-	32,736,092
-	-	36,154,596	42,790,588	-	362,665,028
9,053,892	632,208	1,159,258	823,340	(9,034,147)	22,937,915
-	-	18,211	15,081	-	1,948,440
9,053,892	632,208	37,332,065	43,629,009	(9,034,147)	387,551,383
-	452,387	25,384,386	26,871,499	-	240,407,407
5,926,800	381,199	11,317,072	13,479,630	(10,147,930)	126,100,744
-	49,808	1,279,592	1,414,943	-	24,369,613
-	-	182,504	472,572	-	6,870,999
5,926,800	883,394	38,163,554	42,238,644	(10,147,930)	397,748,763
3,127,092	(251,186)	(831,489)	1,390,365	1,113,783	(10,197,380)
259,858	-	65,337	78,765	-	1,469,559
174,011	-	125,553	221,667	-	2,700,074
34,825	-	(4,160)	2,049	-	(290,605)
-	(288,326)	-	-	-	1,686,686
-	-	-	-	-	(587,465)
(59,950)	683,656	47,347	48,031	-	1,139,497
408,744	395,330	234,077	350,512	-	6,117,746
3,535,836	144,144	(597,412)	1,740,877	1,113,783	(4,079,634)
-	-	-	34,000	(1,113,783)	1,200,095
(10,000,000)	-	-	-	-	-
-	-	-	33,655	-	171,717
-	-	-	-	-	11,331,067
$ (6,464,164)	$ 144,144	$ (597,412)	$ 1,808,532	$ -	$ 8,623,245

Central Maine Healthcare Corporation and Subsidiaries

Consolidating Schedule – Statement of Changes in Net Assets Information

Year Ended June 30, 2013

	Central Maine Healthcare Corporation (Parent)	Central Maine Medical Center	Central Maine Health Ventures, Inc. Consolidated
Unrestricted Net Assets			
Excess (deficiency) of revenues over expenses	$ 2,487,626	$ (12,974,969)	$ 470,481
Transfers to (from) affiliates	10,000,000	-	-
Net assets released from restriction used for purchase of property and equipment	962,595	1,317,283	-
Grant funds used for acquisition of property and equipment	-	138,062	-
Change in defined benefit pension plan gains and losses	11,331,067	-	-
Increase (decrease) in unrestricted net assets	24,781,288	(11,519,624)	470,481
Temporarily Restricted Net Assets			
Contributions received	2,484,556	1,326,174	-
Investment return	1,008,386	195,155	-
Change in net assets of CMHC	-	(146,653)	-
Change in donor designation	(750,000)	-	-
Net assets released from restriction	(2,848,268)	(1,346,758)	-
Increase (decrease) in temporarily restricted net assets	(105,326)	27,918	-
Permanently Restricted Net Assets			
Contributions received	14,135	203,110	-
Change in beneficial interest of perpetual trusts	52,102	-	-
Change in donor designation	750,000	-	-
Change in net assets of CMHC	-	815,987	-
Increase (decrease) in permanently restricted net assets	816,237	1,019,097	-
Change in Net Assets	25,492,199	(10,472,609)	470,481
Net Assets, Beginning of Year	70,474,946	88,387,502	13,711,426
Net Assets, End of Year	$ 95,967,145	$ 77,914,893	$ 14,181,907

CWM insurance Ltd.	Other Central Maine Affiliates	Rumford Hospital and Affiliates	Bridgton Hospital	Eliminations and Reclassification	Central Maine Healthcare Corporation Consolidated
$ 3,535,836	$ 144,144	$ (597,412)	$ 1,740,877	$ 1,113,783	$ (4,079,634)
(10,000,000)	-	-	-	-	-
-	-	-	34,000	(1,113,783)	1,200,095
-	-	-	33,655	-	171,717
-	-	-	-	-	11,331,067
(6,464,164)	144,144	(597,412)	1,808,532	-	8,623,245
-	-	9,804	34,891	(1,113,783)	2,741,642
-	-	-	69,168	-	1,272,709
-	-	-	-	146,653	-
-	-	-	-	-	(750,000)
-	-	(18,211)	(49,081)	1,113,783	(3,148,535)
-	-	(8,407)	54,978	146,653	115,816
-	-	-	1,000	-	218,245
-	-	(836)	25,639	-	76,905
-	-	-	-	-	750,000
-	-	-	-	(815,987)	-
-	-	(836)	26,639	(815,987)	1,045,150
(6,464,164)	144,144	(606,655)	1,890,149	(669,334)	9,784,211
29,110,240	1,434,396	17,572,020	35,518,898	(41,567,715)	214,641,713
$ 22,646,076	$ 1,578,540	$ 16,965,365	$ 37,409,047	$ (42,237,049)	$ 224,425,924