

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2012 calendar year, or tax year beginning 06/01/13, and ending 09/30/13

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

C Name of organization
HENRIETTA D. GOODALL HOSPITAL, INC.

Doing Business As

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

City, town or post office, state, and ZIP code
SANFORD ME 04073

D Employer identification number
01-0078060

E Telephone number
207-490-7337

G Gross receipts \$ **29,978,240**

F Name and address of principal officer:
EDWARD MCGEACHEY
1 MEDICAL CENTER DRIVE
BIDDEFORD ME 04005

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)

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

J Website: **www.goodallhospital.org**

H(c) Group exemption number **L Year of formation: 1927** **M State of legal domicile: ME**

K Form of organization: Corporation Trust Association Other

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	1099
	6	Total number of volunteers (estimate if necessary)	6	126
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	43,648
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-14,039	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,300,781	1,529,445
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	78,738,132	27,514,836
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	849,234	279,481
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,856,255	349,387
			83,744,402	29,673,149
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	50,155,652	16,449,204
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
		b Total fundraising expenses (Part IX, column (D), line 25) 8,941		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	33,509,553	11,054,234
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	83,665,205	27,503,438
	19 Revenue less expenses. Subtract line 18 from line 12	79,197	2,169,711	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	85,817,795	89,090,363
	22	Net assets or fund balances. Subtract line 21 from line 20	34,104,463	34,845,241
		51,713,332	54,245,122	

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: *Norman Belair* Date: *8/14/14*

NORMAN BELAIR **CFO**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **MaineHealth** Preparer's signature: _____ Date: _____

Check if self-employed PTIN: _____

Firm's name: **110 Free St** Firm's EIN: _____

Firm's address: **Portland, ME 04101-3908** Phone no.:

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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

Yes No

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

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

Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 16,488,726 including grants of \$) (Revenue \$ 23,161,638)

GOODALL HOSPITAL IS A 58 BED HOSPITAL WHICH STRIVES TO MEET THE HEALTH CARE NEEDS OF INDIVIDUALS AND FAMILIES THROUGHOUT YORK COUNTY. GOODALL HOSPITAL OFFERS A BROAD RANGE OF MEDICAL, SURGICAL, DIAGNOSTIC, CLINICAL AND REHABILITATION SERVICES, WELLNESS EDUCATION, SUPPORT GROUPS AND OTHER COMMUNITY OUTREACH PROGRAMS. GOODALL HOSPITAL HAD 7,217 EMERGENCY ROOMS VISITS, 14,945 RADIOLOGY PROCEDURES, APPROXIMATELY 92,907 LABORATORY PROCEDURES, APPROXIMATELY 38 INFANTS BORN, AND 824 SURGERY CASES. GOODALL HOSPITAL PROVIDED \$833,607 IN CHARITY CARE TO THE COMMUNITY. THIS INCLUDES PATIENTS WHO ARE UNDERINSURED OR THOSE WITHOUT ANY INSURANCE. IN ADDITION TO THE CHARITABLE CARE SERVICES, WE ARE CONTINUALLY ABSORBING ALL THE COSTS (Continued On Schedule O)

4b (Code:) (Expenses \$ 3,251,496 including grants of \$) (Revenue \$ 2,805,646)

GOODALL HEALTH PARTNERS CONSISTS OF MANY PHYSICIANS WITH MULTI-SPECIALTY SERVICES IN DIFFERENT LOCATIONS THROUGHOUT YORK COUNTY. THESE PHYSICIANS COMPLIMENT THE HOSPITAL IN MAINTAINING ITS MISSIONS TO SERVE AS A LEADER IN IMPROVING THE HEALTH AND WELL-BEING OF OUR COMMUNITY BY SERVING THE POPULOUS. THESE SPECIALTIES INCLUDE (BUT ARE NOT LIMITED TO) CARDIOLOGY, EAR NOSE AND THROAT, FAMILY PRACTICES, WOMEN'S HEALTH, INTERNAL MEDICINE, PEDIATRICS, ORTHO AND GENERAL SURGERY. GOODALL HEALTH PARTNERS PROVIDED \$11,904 IN CHARITY CARE TO THE COMMUNITY. THE NUMBER OF PATIENT VISITS WERE 16,869.

4c (Code:) (Expenses \$ 2,149,585 including grants of \$) (Revenue \$ 2,616,606)

GOODALL HOSPITAL ELDERCARE SERVICES PROVIDE LONG-TERM CARE, MEDICAL SERVICES AND DAYCARE TO OUR SENIOR CITIZENS. ELDERCARE HAD A TOTAL OF 39,238 PATIENT DAYS. WE CONTINUE TO GROW AND ADAPT TO THE NEEDS OF OUR COMMUNITY WITH THIS SERVICE. GOODALL HOSPITAL ELDERCARE PRIDES THEMSELVES BY CREATING A HOME-LIKE, COMFORTABLE ENVIRONMENT FOR THE RESIDENTS AND STAFF. THE NEWTON CENTER FOR REHABILITATION AND NURSING CARE PROMOTES HIGH QUALITY CARE; WITH DEDICATED STAFF, FAMILY EDUCATION AND INVOLVEMENT MAKE THIS PROGRAM SPECIAL. GOODALL HOSPITAL ELDERCARE SERVICES PROVIDED \$12,935 IN CHARITY CARE TO THE COMMUNITY.

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

(Expenses \$ 1,582,631 including grants of \$) (Revenue \$ 1,100,993)

4e Total program service expenses ▶ 23,472,438

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
4 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	<input checked="" type="checkbox"/>	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, 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		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input checked="" type="checkbox"/>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<input checked="" type="checkbox"/>	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<input checked="" type="checkbox"/>	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input checked="" type="checkbox"/>	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input checked="" type="checkbox"/>	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	531		
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	1099		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		X	
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			
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			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
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? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
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

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 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.		
	19		
b	Enter the number of voting members included in line 1a, above, who are independent		
	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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: ► Norman Belair, CFO 1 Medical Center Drive Biddeford ME 04005 207-324-4310

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (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) PETER MANNING, M.D.										
TRUSTEE	0.00 50.00	X					0	0	0	
(2) ROBERT P. BAUMAN										
TRUSTEE	1.00 1.00	X					0	0	0	
(3) LORI ANN BLACK										
TRUSTEE	1.00 1.00	X					0	0	0	
(4) DONALD BURGESS, M.D.										
TRUSTEE	1.00 50.00	X					0	0	0	
(5) MICHAEL CARROLL, M.D.										
TRUSTEE	1.00 50.00	X					0	0	0	
(6) JENNIFER CUTTS, M.D.										
TRUSTEE	1.00 1.00	X					0	0	0	
(7) JOAN R. FINK										
TRUSTEE	1.00 1.00	X					0	0	0	
(8) WILLIAM FRANK, M.D.										
TRUSTEE	50.00 1.00	X					0	0	0	
(9) BERNARD GAINES										
CHAIRPERSON	1.00 2.00	X		X			0	0	0	
(10) FRANK GOUDREAU, D.O.										
TRUSTEE	50.00 1.00	X					0	0	0	
(11) GEORGE HISSONG, JR.										
VICE-CHAIRPERSON	1.00 2.00	X		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			
(12) RICHARD HULL, III	1.00									
TRUSTEE	1.00	X					0	0	0	
(13) PAUL LAPRISE, M.D.	0.00									
TRUSTEE	50.00	X					0	0	0	
(14) MARK MICKERIZ	1.00									
TRUSTEE	1.00	X					0	0	0	
(15) MARY O'HARE, M.D.	1.00									
TRUSTEE	50.00	X					0	0	0	
(16) BRADFORD C. PAIGE	1.00									
TREASURER	1.00	X		X			0	0	0	
(17) MERILEE PERKINS	1.00									
SECRETARY	2.00	X		X			0	0	0	
(18) ROBERT C. QUENTIN	1.00									
TRUSTEE	1.00	X					0	0	0	
(19) GINA QUINN-SKILLINGS, M.D.	1.00									
TRUSTEE	50.00	X					0	0	0	
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 in reportable compensation from the organization **0**

	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 of compensation from the organization **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			
(12) ROBERT REINKEN	1.00								
TRUSTEE	1.00	X					0	0	
(13) JOHN THOMPSON, D.O.	50.00								
TRUSTEE	1.00	X					0	0	
(14) STEVE CUTONE, D.O.	0.00								
TRUSTEE	50.00	X					0	0	
(15) DONNA DESAULNIER	1.00								
TRUSTEE	1.00	X					0	0	
(16) AUDREY FERRICK	1.00								
TRUSTEE	1.00	X					0	0	
(17) MARCIA G. LANDRY	1.00								
TRUSTEE	1.00	X					0	0	
(18) WILLIAM S. KANY	1.00								
TRUSTEE	1.00	X					0	0	
(19) DEAN P. WOLFAHRT	1.00								
TRUSTEE	1.00	X					0	0	
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 in reportable compensation from the organization

	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		
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		
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		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (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			
(12) PATRICIA APRILE	49.00									
PRESIDENT/CEO	1.00			X			0	0	0	
(13) DANIEL D. FORGUES	50.00									
CFO	0.00			X			0	0	0	
(14) NORMAN D. BELAIR	0.00									
VP OF FINANCE	50.00			X			0	0	0	
(15)										
(16)										
(17)										
(18)										
(19)										
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 in reportable compensation from the organization

	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		
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		
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		

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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				
	d Related organizations	1d				
	e Government grants (contributions)	1e	286,408			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,243,037			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		1,529,445			
Program Service Revenue	2a NET PATIENT SERVICE REVENUE	Busn. Code 900099	27,471,188	27,471,188		
	b NET PATIENT SERVICE REVENUE	621500	43,648	43,648		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		27,514,836			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		193,116		193,116	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	241,452			
		(ii) Personal				
	b Less: rental exps.	304,153				
	c Rental inc. or (loss)	-62,701				
	d Net rental income or (loss)		-62,701	-62,701		
	7a Gross amount from sales of assets other than inventory	(i) Securities	983,285			
		(ii) Other		3,850		
	b Less: cost or other basis & sales exps.	899,832		938		
	c Gain or (loss)	83,453		2,912		
	d Net gain or (loss)		86,365	86,365		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a REBATE REVENUE	900099	233,673	233,673			
b OTHER REVENUE	900099	139,955	139,955			
c CAFETERIA REVENUE	900099	96,688	96,688			
d All other revenue	900099	-58,228	-58,228			
e Total. Add lines 11a-11d		412,088				
12 Total revenue. See instructions.		29,673,149	27,906,940	43,648	193,116	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,179,157	11,463,057	1,712,871	3,229
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,418,394	2,103,382	314,463	549
10 Payroll taxes	851,653	740,659	110,747	247
11 Fees for services (non-employees):				
a Management				
b Legal	40,764		40,764	
c Accounting	67,432		67,432	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,990,407	2,138,351	852,056	
12 Advertising and promotion	46,162		46,162	
13 Office expenses	15,106	8,986	6,120	
14 Information technology	170,533	49,005	121,528	
15 Royalties				
16 Occupancy	449,760	269,803	179,957	
17 Travel	4,437	2,239	2,198	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	39,870	25,982	13,859	29
20 Interest	260,456	243,541	16,915	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,217,791	1,173,044	44,747	
23 Insurance	233,699	196,677	37,022	
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 SUPPLIES	2,423,669	2,379,164	44,093	412
b MISCELLANEOUS EXPENSE	1,420,254	1,004,654	411,125	4,475
c PHYSICIAN FEES	1,027,612	1,027,612		
d TAXES	646,282	646,282		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	27,503,438	23,472,438	4,022,059	8,941
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest bearing	5,277	1	5,277
	2 Savings and temporary cash investments	2,455,400	2	5,283,928
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	10,344,259	4	7,155,851
	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	
	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		6	
	7 Notes and loans receivable, net	851,677	7	1,274,244
	8 Inventories for sale or use	1,161,471	8	1,190,386
	9 Prepaid expenses and deferred charges	1,015,873	9	840,486
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 78,558,531		
	b Less: accumulated depreciation	10b 47,257,653		
		32,013,524	10c	31,300,878
	11 Investments—publicly traded securities	12,893,054	11	20,048,235
	12 Investments—other securities. See Part IV, line 11	14,032,253	12	17,441,807
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	11,045,007	15	4,549,271	
16 Total assets. Add lines 1 through 15 (must equal line 34)	85,817,795	16	89,090,363	
Liabilities	17 Accounts payable and accrued expenses	13,061,335	17	10,194,719
	18 Grants payable		18	
	19 Deferred revenue		19	-44,209
	20 Tax-exempt bond liabilities	8,889,806	20	8,366,164
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties	10,933,682	23	10,509,009
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,219,640	25	5,819,558
	26 Total liabilities. Add lines 17 through 25	34,104,463	26	34,845,241
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	39,731,324	27	42,085,058
	28 Temporarily restricted net assets	1,610,349	28	1,613,085
	29 Permanently restricted net assets	10,371,659	29	10,546,979
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	51,713,332	33	54,245,122	
34 Total liabilities and net assets/fund balances	85,817,795	34	89,090,363	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,673,149
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,503,438
3	Revenue less expenses. Subtract line 2 from line 1	3	2,169,711
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51,713,332
5	Net unrealized gains (losses) on investments	5	260,547
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	101,532
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	54,245,122

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b	Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

HENRIETTA D. GOODALL HOSPITAL, INC.

Employer identification number

01-0078060

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?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Schedule of Contributors

OMB No. 1545-0047

2012

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

Name of the organization

Employer identification number

HENRIETTA D. GOODALL HOSPITAL, INC.

01-0078060

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (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

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 33¹/₃ % 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization **HENRIETTA D. GOODALL HOSPITAL, INC.** Employer identification number **01-0078060**

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	STATE OF MAINE 35 STATE HOUSE STATION AUGUSTA ME 04333	\$ 286,408	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	UNIVERSITY OF NEW ENGLAND 11 HILLS BEACH ROAD BIDDEFORD ME 04005	\$ 107,710	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	UNITED WAY OF YORK COUNTY - MAINE 36 WATER STREET KENNEBUNK ME 04043	\$ 8,075	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of organization

HENRIETTA D. GOODALL HOSPITAL, INC.

Employer identification number

01-0078060

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)				

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

Schedule C (Form 990 or 990-EZ) 2012

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

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

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

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

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)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		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		4,476
j Total. Add lines 1c through 1i			4,476
2a 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?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		

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

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.

Schedule C, Part II-B, Line 1

HENRIETTA D. GOODALL GOODALL HOSPITAL IS A MEMBER OF THE MAINE HOSPITAL ASSOCIATION (MHA), THE AMERICAN HOSPITAL ASSOCIATION (AHA), AND THE MAINE HEALTHCARE ASSOCIATION (MEHCA). 18.80% OF THE DUES PAID TO MHA, 23.65% OF THE DUES PAID TO AHA, AND 31.00% OF THE DUES PAID TO MEHCA ARE AVAILABLE FOR LOBBYING.

Part IV Supplemental Information (continued)

Area with horizontal dotted lines for supplemental information.

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

HENRIETTA D. GOODALL HOSPITAL, INC.

Employer identification number

01-0078060

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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.

Table with 2 columns: \$, \$. Rows include: 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	22,706,678	19,488,835	21,667,901	17,085,103	14,720,000
b Contributions	10,750,000	1,714,897	466,220	1,898,375	642,735
c Net investment earnings, gains, and losses	401,647	2,998,927	-1,610,061	2,691,423	1,962,857
d Grants or scholarships					
e Other expenditures for facilities and programs		1,495,981	1,035,225	7,000	240,689
f Administrative expenses					
g End of year balance	33,858,325	22,706,678	19,488,835	21,667,901	17,085,103

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

- a Board designated or quasi-endowment ▶ **69.00 %**
- b Permanent endowment ▶ **31.00 %**
- c Temporarily restricted endowment ▶ _____ %

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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		2,728,106		2,728,106
b Buildings		47,200,868	26,166,061	21,034,807
c Leasehold improvements		4,549,746	2,213,675	2,336,071
d Equipment		20,615,307	16,704,769	3,910,538
e Other		3,464,504	2,173,148	1,291,356
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				31,300,878

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 BENEFICIAL INT. IN PERP. TR.	9,615,331	Market
(A) ALTERNATIVE INVESTMENTS	6,000,797	Market
(B) INVESTMENT IN REAL PROPERTY	1,825,679	Market
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	17,441,807	

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) INVESTMENTS IN SUBS & JOINT VENTURES	1,882,581
(2) 457B PLAN ASSETS	870,083
(3) CASH SURR. VALUE OF LIFE INS	851,677
(4) DUE FROM AFFILIATES	399,606
(5) TRUSTEE HELD FUNDS (BOND FUNDS)	235,435
(6) DEFERRED FINANCING COSTS	136,091
(7) CAPITAL RESERVE CASH	104,779
(8) WORKERS COMP CAPITAL CONTRIBUTION	39,633
(9) INTANGIBLE ASSET - ORTHO MED RECORDS	17,892
(10) All Other	11,494
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,549,271

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) EST. SETTLEMENTS DUE TO 3RD PARTY	4,937,981
(3) 457B PLAN LIABILITIES	870,083
(4) INSURANCE CAPTIVE LIABILITY	11,494
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,819,558

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

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

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

Part 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.

Part X - FIN 48 Footnote

THE ORGANIZATION ANNUALLY EVALUATES ITS TAX STATUS AND TAX POSITIONS TAKEN WITH RESPECT TO ITS OPERATIONS AND FINANCIAL STATEMENT POSTION. TAX YEARS FROM 2009 THROUGH THE CURRENT YEAR ARE OPEN FOR EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES.

Part XIII - Supplemental Financial Information

PART V, LINE IV: UNDER THE POLICY OF THE ORGANIZATION, THE ENDOWMENT ASSETS ARE INVESTED CONSERVATIVELY WITH THE INTENT OF PROVIDING A PREDICTABLE STREAM OF FUNDING TO THE ORGANIZATION FOR PURCHASES OF CAPITAL, EXPANSION PROJECTS AND TO SUPPLEMENT GENERAL OPERATIONS.

Part XIII Supplemental Information (continued)

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

HENRIETTA D. GOODALL HOSPITAL, INC.

Employer identification number

01-0078060

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
 - b If "Yes," was it a written policy?
 - 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.
 - 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%
 - 150%
 - 200%
 - Other _____ %
 - 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 _____ %
 - 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"?
 - 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
 - b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
 - 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?
 - b If "Yes," does 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.

	Yes	No
1a	X	
1b	X	
2		
3a	X	
3b	X	
3c		
4	X	
5a	X	
5b	X	
5c		X
6a	X	
6b	X	

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)			323,949		323,949	1.21
b Medicaid (from Worksheet 3, column a)			4,701,479	3,142,238	1,559,241	5.81
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			5,025,428	3,142,238	1,883,190	7.02
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			19,763		19,763	0.07
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			21,189		21,189	0.08
j Total Other Benefits			40,952		40,952	0.15
k Total. Add lines 7d and 7j			5,066,380	3,142,238	1,924,142	7.17

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?		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		
3 Enter the estimated amount of the organization's bad debt expense attributable to patents 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		
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.		

2	1,097,511
3	

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	7,380,460
6 Enter Medicare allowable costs of care relating to payments on line 5	6	8,870,705
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-1,490,245
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X
9b 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 (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 **HENRIETTA D. GOODALL HOSPITAL**

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

Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)

	Yes	No
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 If "Yes," indicate what the CHNA report describes (check all that apply):	<input checked="" type="checkbox"/>	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input checked="" type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 13</u>		
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	<input checked="" type="checkbox"/>	
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
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

		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?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>250</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

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?	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	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
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? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information (continued)

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

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?

	Yes	No
19	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)

Charges 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 Other (describe in Part VI)

21 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?

21		X
-----------	--	----------

If "Yes," explain in Part VI.

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

22		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? 9

Name and address		Type of Facility (describe)
1	NEWTON CENTER (ELDER CARE) 35 JULY STREET SANFORD ME 04073	NURSING HOME
2	GOODALL HEALTH PARTNERS 25 JUNE STREET SANFORD ME 04073	PHYSICIAN PRACTICES
3	WELLNESS CENTER 13 JULY STREET SANFORD ME 04073	CLINIC
4	GOODALL HEALTH PARTNERS 10 GOODALL DRIVE EAST WATERBORO ME 04070	PHYSICIAN PRACTICES
5	GOODALL HEALTH PARTNERS 272 COTTAGE STREET SANFORD ME 04073	PHYSICIAN PRACTICES
6	THE MEDICAL GROUP 2 LIVEWELL DRIVE KENNEBUNK ME 04043	PHYSICIAN PRACTICES
7	COMMUNITY SERVICES 15 DAIGLE STREET SANFORD ME 04073	COMMUNITY PROGRAMS
8	OCCUPATIONAL HEALTH SERVICES 2 LIVEWELL DRIVE KENNEBUNK ME 04043	CLINIC
9	GOODALL HEALTH CLINICS 2 LIVEWELL DRIVE KENNEBUNK ME 04043	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 hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 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, 19d, 20d, 21, and 22.

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

STATE OF MAINE PROVIDER TAXES OF \$646,282 WAS REMOVED FROM TOTAL EXPENSES WHEN CALCULATING THE PERCENT OF TOTAL EXPENSES IN COLUMN (F).

Part I, Line 7 - Costing Methodology Explanation

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

Part III, Line 4 - Bad Debt Expense Explanation

GOODALL HOSPITAL DOES NOT HAVE A SPECIFIC FOOTNOTE IN THE FINANCIAL STATEMENTS THAT DESCRIBES "BAD DEBT EXPENSE". GOODALL HOSPITAL REPORTS ACCOUNTS RECEIVABLE FOR SERVICES RENDERED NET OF ALLOWANCES FOR CONTRACTUAL ADJUSTMENTS, THIRD PARTY REIMBURSING AGENCIES, FREE CARE AND BAD DEBTS. A BAD DEBT ALLOWANCE IS ESTABLISHED FOR ACCOUNTS THE HOSPITAL BELIEVES WILL BECOME UNCOLLECTIBLE. THE ALLOWANCE IS ESTABLISHED BY EXAMINING HISTORICAL DATA, AGING TRENDS OF ACCOUNTS RECEIVABLE BALANCES AND ECONOMIC TRENDS. THE OFFSET TO THE ALLOWANCE ACCOUNT IS TO BAD DEBT EXPENSE ON 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.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 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, 19d, 20d, 21, and 22.

STATEMENT OF OPERATIONS.

RECOVERIES ON ACCOUNTS PREVIOUSLY WRITTEN OFF ARE ACCOUNTED FOR ON A CASH BASIS AND ARE APPLIED DIRECTLY TO THE PROVISION FOR BAD DEBTS ON THE STATEMENT OF OPERATIONS. ACCOUNTS WRITTEN OFF OR RECOVERED FROM BAD DEBTS DURING THE YEAR ARE CHARGED AGAINST THE ALLOWANCE ACCOUNT ON THE BALANCE SHEET.

BAD DEBT EXPENSE REPRESENTS HEALTHCARE SERVICES GOODALL HOSPITAL HAS PROVIDED WITHOUT COMPENSATION. AS A TAX EXEMPT HOSPITAL, GOODALL HOSPITAL PROVIDES NECESSARY PATIENT CARE REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THE SERVICES. A PORTION OF GOODALL HOSPITAL'S BAD DEBT EXPENSE IS ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE THAT, FOR A VARIETY OF REASONS, DO NOT COMPLETE THE FINANCIAL ASSISTANCE APPLICATION PROCESS. GOODALL HOSPITAL CANNOT DETERMINE THE AMOUNT OF BAD DEBT EXPENSE THAT COULD BE REASONABLY ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S FREE CARE POLICY. IN ADDITION, BAD DEBT EXPENSE ALSO INCLUDES AMOUNTS FOR SERVICES PROVIDED TO INDIVIDUALS EXPERIENCING DIFFICULT PERSONAL OR ECONOMIC CIRCUMSTANCES

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 hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
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RELATED TO A PORTION OF OUR COMMUNITY BASED PATIENT POPULATION. THEIR
MEDICAL BILLS OFTEN PLACE THESE INDIVIDUALS IN UNTENABLE POSITIONS WHERE
THEY ARE NOT ABLE TO HANDLE THEIR PERSONAL DEBT AND THEN THEIR NEW MEDICAL
DEBT. HOWEVER, BECAUSE OF THEIR INCOME LEVELS, THEY DO NOT QUALIFY FOR FREE
CARE. BY PROVIDING NECESSARY HEALTHCARE SERVICES TO THOSE INDIVIDUALS WHO
FAIL TO APPLY FOR FINANCIAL ASSISTANCE OR WHO ARE EXPERIENCING PERSONAL OR
ECONOMIC CIRCUMSTANCES, GOODALL HOSPITAL BELIEVES THAT BAD DEBT EXPENSE
SHOULD BE INCLUDED AS A COMMUNITY BENEFIT.

Part III, Line 8 - Medicare Explanation

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

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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Part III, Line 9b - Collection Practices Explanation

PATIENTS WHO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE HAVE THEIR ACCOUNT ADJUSTED ACCORDINGLY ONCE FINANCIAL ASSISTANCE IS APPROVED. FOR PATIENTS THAT DO NOT QUALIFY FOR 100% FINANCIAL ASSISTANCE, THE APPROPRIATE PERCENTAGE IS APPLIED AND THE REMAINING BALANCE IS BILLED TO THE APPROPRIATE PARTY. MONTHLY PAYMENT ARRANGEMENTS CAN BE ESTABLISHED BY THE RESPONSIBLE PARTY BY CONTACTING THE PATIENT BILLING DEPARTMENT.

HENRIETTA D. GOODALL HOSPITAL, Line Number 1 - Part V, Line 1j ALSO INCLUDED IN THE CHNA WAS A PRIORITIZED LIST OF HEALTH NEEDS IDENTIFIED, AS WELL AS THE IMPLEMENTATION PLANS RELATED TO THOSE NEEDS.

HENRIETTA D. GOODALL HOSPITAL, Line Number 1 - Part V, Line 3 COMMUNITY INPUT WAS TAKEN INTO ACCOUNT WHEN CONDUCTING THE CHNA, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF, OR EXPERTISE, IN PUBLIC HEALTH. THIS INCLUDED INDIVIDUALS FROM THE FOLLOWING ORGANIZATIONS: YORK DISTRICT PUBLIC HEALTH COUNCIL, "CHOOSE TO BE HEALTH" DIRECTOR, PARTNERS FOR HEALTHIER

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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COMMUNITIES, COASTAL COMMUNITIES COALITION, HOMEHEALTH VISITING NURSES OR SOUTHERN MAINE, SOUTHERN MAINE HEALTH CARE, AND UNITED WAY OF YORK COUNTY.

HENRIETTA D. GOODALL HOSPITAL, Line Number 1 - Part V, Line 4

THE CHNA WAS CONDUCTED THROUGH A PARTNERSHIP BETWEEN MAINEHEALTH, EASTERN MAINE HEALTHCARE SYSTEMS, AND MAINE GENERAL HEALTH.

HENRIETTA D. GOODALL HOSPITAL, Line Number 1 - Part V, Line 7

THE FOLLOWING COMMUNITY HEALTH NEEDS WERE NOT ADDRESSED: DEVELOPMENTAL DELAY/DISABILITY, MENTAL HEALTH, AND YOUTH ISSUES. THESE PRIORITIES WERE NOT ADDRESSED DUE TO THE LACK OF CONSENSUS FROM COMMUNITY PARTNERS REGARDING THE IMPORTANCE OF THE ISSUE AND/OR LACK OF RESOURCES TO ADDRESS THE ISSUE.

HENRIETTA D. GOODALL HOSPITAL, Line Number 1 - Part V, Line 12h

UPON RECEIPT OF AN APPLICATION, SOUTHERN MAINE HEALTH CARE SHALL DETERMINE IF AN INDIVIDUAL SEEKING FREE CARE QUALIFIES FOR SUCH CARE AND IF SERVICES WERE MEDICALLY NECESSARY.

Part V 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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HENRIETTA D. GOODALL HOSPITAL, Line Number 1 - Part V, Line 20d

GOODALL HOSPITAL USES ITS CHARGES FROM ITS CHARGE DESCRIPTION MASTER TO DETERMINE THE FULL CHARGE. THEN, GOODALL HOSPITAL USES FEDERAL POVERTY GUIDELINES (FPG) FOR PROVIDING DISCOUNTED CARE TO LOW INCOME INDIVIDUALS. THE FAMILY INCOME LIMIT FOR ELIGIBILITY FOR DISCOUNTED CARE IS 201% - 250%.

Needs Assessment

THE ONEMAINE HEALTH COLLABORATIVE (ONEMAINE), A PARTNERSHIP BETWEEN MAINEHEALTH, EASTERN MAINE HEALTH SYSTEM AND MAINE GENERAL HEALTH, WS FIRST CREATED IN 2007 AS A WAY TO SHARE INFORMATION AND IDENTIFY THE HEALTH OF THE COMMUNITIES SERVED BY THE THREE SYSTEMS. IN JANUARY 2010, ONEMAINE CONTRACTED WITH THE UNIVERSITY OF NEW ENGLAND'S CENTER FOR COMMUNITY AND PUBLIC HEALTH (CCPH) TO CONDUCT A STATEWIDE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THAT WAS PUBLISHED IN 2011. THE ASSESSMENT, CONDUCTED IN COLLABORATION WITH THE UNIVERSITY OF SOUTHERN MAINE'S MUSKIE SCHOOL FOR PUBLIC HEALTH AND MARKETING DECISIONS, INC., WAS DESIGNED TO IDENTIFY THE MOST IMPORTANT HEALTH ISSUES IN THE STATE, BOTH OVERALL AND BY COUNTY USING SCIENTIFICALLY VALID HEALTH INDICATORS AND COMPARATIVE INFORMATION. THE ASSESSMENT ALSO IDENTIFIED PRIORITY HEALTH ISSUES WHERE

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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BETTER INTEGRATION OF PUBLIC HEALTH AND HEALTHCARE CAN IMPROVE ACCESS,
QUALITY, AND COST EFFECTIVENESS OF SERVICES TO THE RESIDENTS OF MAINE.

THIS PROJECT REPRESENTED ONEMAINE'S EFFORTS TO SHARE INFORMATION THAT CAN
LEAD TO IMPROVED HEALTH STATUS AND QUALITY OF CARE AVAILABLE TO MAINE
RESIDENTS, WHILE BUILDING UPON AND STRENGTHENING MAINE'S EXISTING
INFRASTRUCTURE OF SERVICES AND PROVIDERS.

Patient Education of Eligibility for Assistance

GOODALL HOSPITAL EMPLOYS A FINANCIAL COUNSELOR WHO ASSISTS AND EDUCATES
PATIENTS AND THEIR FAMILIES ON FINANCIAL MATTERS CONCERNING THE HOSPITAL
CHARITY CARE POLICY AND ELIGIBILITY FOR STATE AND FEDERAL PROGRAMS. THIS
ASSISTANCE CAN BE AS SPECIFIC AS ASSISTING THE PATIENT AND/OR FAMILIES IN
COMPLETING THE VARIOUS FORMS REQUIRED BY MEDICAID AND MEDICARE.

POSTING OF THE FINANCIAL ASSISTANCE CONTACT INFORMATION IS PRESENT IN
ADMISSION AREAS, EMERGENCY ROOMS, AND OTHER AREAS OF THE ORGANIZATIONS
FACILITIES WHERE ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT. PATIENT BILLS
INCLUDE A SUMMARY OF THE POLICY ALONG WITH FINANCIAL ASSISTANCE CONTACT
INFORMATION.

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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GOODALL HOSPITAL WORKS WITH GOODALLS'S SELF PAY PATIENTS ADVANCED PATIENT ADVOCACY PROGRAM THAT SCREEN FOR ALL INPATIENT AND OUTPATIENTS THAT MEET THE APPROPRIATE CRITERIA. THIS PROGRAM EFFECTIVELY EDUCATES PATIENTS ABOUT THEIR COVERAGE OPTIONS, NAVIGATE COMPLEX PROGRAM CRITERIA AND ENROLL MORE UNINSURED IN PROGRAM(S) THAT BEST MATCH THEIR NEEDS.

THE HOSPITAL'S SENIOR ADVOCATE PROGRAM PROVIDES FREE ADVICES AND SERVICES TO THE ELDERLY MEMBERS OF THE COMMUNITY. THIS PROGRAM IS DESIGNED TO BE A CENTRAL POINT OF ACCESS FOR SENIOR CITIZENS TO OBTAIN INFORMATION, RESOURCES AND ADVOCACY. PROGRAM RESOURCES INCLUDE, BUT ARE NOT LIMITED TO, MEDICARE, RETIREMENT PLANNING, HOUSING, FINANCIAL ASSISTANCE, INSURANCE COUNSELING, FRAUD PROTECTION, AS WELL AS COMPREHENSIVE ELIGIBILITY SCREENING FROM A HOST OF GOVERNMENT/ STATE ASSISTANCE PROGRAMS AND OTHER LOCAL FUNDING SOURCES.

GOODALL'S PRESCRIPTION ASSISTANCE PROGRAM IS DESIGNED TO ASSIST THOSE WHO DO NOT QUALIFY FOR OTHER TRADITIONAL ASSISTANCE PROGRAMS SUCH AS MEDICARE PART D OR MAINECARE, BUT WHOSE FINANCIAL SITUATION QUALIFIES THEM TO

Part VI Supplemental Information

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RECEIVE SUPPORT. THE COORDINATOR SERVES AS A LIASON BETWEEN THE HEALTHCARE PROVIDER, PHARMACEUTICAL COMPANIES AND THE PATIENT. THE GOALS OF THIS PROGRAM ARE TO ASSIST INDIVIDUALS WITHOUT PRESCRIPTION DRUG COVERAGE IN NAVIGATING THE SYSTEM, OBTAINING THEIR PRESCRIBED MEDICATIONS AND DEVELOPING LONG-TERM SOLUTIONS TOWARDS ACQUIRING MEDICATIONS IN THE FUTURE.

Community Information

GOODALL HOSPITAL SERVICES THE POPULATION OF WESTERN YORK COUNTY, MAINE. SANFORD IS THE TOWN WITH THE LARGEST POPULATION IN THE HOSPITAL'S SERVICE AREA, WITH A POPULATION OF APPROXIMATELY 21,000 WITH AN ELDERLY POPULATION RATE OF 15% AND FAMILIES REPRESENTING 64% OF THIS POPULATION, WITH 93% BEING CAUCASIAN.

THE HOSPITAL'S MEDICAID VOLUME IS 24% AND IS AMONGST THE HIGHEST IN THE STATE AND REFLECTS THE HIGH PERCENTAGE OF FAMILIES WITH INCOME LESS THAN 100% OF THE FEDERAL POVERTY LEVEL. SANFORD'S POVERTY RATE IS 17% WHILE THE STATE OF MAINE IS AT 12%. 72% OF SANFORD'S ELEMENTARY SCHOOL CHILDREN ARE ELIGIBLE TO RECEIVE FREE OR SUBSIDIZED MEALS.

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SANFORD'S UNEMPLOYMENT RATE OF 10% EXCEEDS THE STATE'S OVERALL UNEMPLOYMENT RATE OF 8%. SANFORD HAS BEEN DESIGNATED AS A MEDICALLY UNDERSERVED AREA.

Health of Community in Relation to Exempt Purpose

A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA WHO ARE NEITHER EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF.

OUR DIRECTORS/MANAGERS/COORDINATORS AND EMPLOYEES OF GOODALL HOSPITAL ARE ENCOURAGED TO PARTICIPATE IN THE COMMUNITY'S ACTIVITIES AND SUPPORT GROUPS THAT BENEFIT THE COMMUNITY AT LARGE. EXAMPLES OF THESE ACTIVITIES ARE AS FOLLOWS:

COLLABORATING WITH THE TOWN LIBRARY TO PRESENT EVENTS AROUND HEALTH AND LITERACY OF THE PERSONS.

SUPPORT, INTRODUCE AND COACH FAMILIES TO PROGRAMS IN WHICH THEY CAN UNDERSTAND THEIR OWN HEALTH AND SAFETY, WHICH RESULT ON A FOCUS ON REDUCING PREVENTABLE ILLNESSES AND INJURIES, THUS REDUCING HEALTHCARE TREATMENT

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COSTS AND IMPROVING LIVES.

LINKING FAMILIES WITH OTHER FAMILIES THAT ARE EXPERIENCING SIMILAR LIFE CIRCUMSTANCES THROUGH COMMUNITY EVENTS THAT INCLUDE THE PARENT AND CHILD PARTICIPATION.

LEAD SCREENING AND PREVENTION EDUCATION, TEST KIT MAILERS AND INFORMATION TO ALERT THE COMMUNITIES OF THE IMPORTANCE OF LEASE TESTING AND TREATMENT IF APPROPRIATE AT YOUNG AGES.

Affiliated Health Care Information

MAINEHEALTH IS A NOT-FOR-PROFIT FAMILY OF LEADING HIGH-QUALITY PROVIDERS AND OTHER HEALTHCARE ORGANIZATIONS WORKING TOGETHER SO THEIR COMMUNITIES ARE THE HEALTHIEST IN AMERICA. RANKED AMONG THE NATION'S TOP 100 INTEGRATED HEALTHCARE DELIVERY NETWORKS, MAINEHEALTH IS GOVERNED BY A BOARD OF TRUSTEES CONSISTING OF COMMUNITY AND BUSINESS LEADERS FROM ITS SOUTHERN, CENTRAL AND WESTERN REGIONAL SERVICE AREAS.

THE COLLABORATION OF MAINEHEALTH MEMBERS MAKES IT POSSIBLE TO OFFER A

Part VI Supplemental Information

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EXTENSIVE RANGE OF CLINICAL INTEGRATION AND COMMUNITY HEALTH PROGRAMS, MANY
AIMED AT IMPROVING ACCESS TO PREVENTATIVE AND PRIMARY CARE SERVICES.

MAINEHEALTH INCLUDES THE FOLLOWING MEMBER ORGANIZATIONS: LINCOLN COUNTY
HEALTHCARE, MAINE MEDICAL CENTER, MAINE MENTAL HEALTH PARTNERS (SPRING
HARBOR HOSPITAL), PEN BAY HEALTHCARE (PEN BAY MEDICAL CENTER), SOUTHERN
MAINE HEALTH CARE (SOUTHERN MAINE MEDICAL CENTER AND GOODALL HOSPITAL),
WALDO COUNTY HEALTHCARE (WALDO COUNTY GENERAL HOSPITAL), WESTERN MAINE
HEALTH CARE (STEPHENS MEMORIAL HOSPITAL), HOMEHEALTH VISITING NURSES OF
SOUTHERN MAINE, MAINE PHYSICIAN HOSPITAL ORGANIZATION, NORDX LABS,
SYNERNET, MAINEHEALTH ACCOUNTABLE CARE ORGANIZATION, AND MAINEHEALTH
CARDIOLOGY. AFFILIATES OF MAINEHEALTH INCLUDE: MAINEGENERAL MEDICAL
CENTER, MID COAST HOSPITAL, NEW ENGLAND REHABILITATION HOSPITAL OF PORTLAND
AND ST. MARY'S REGIONAL HOSPITAL.

List of States Where Community Benefit Report is Filed

Maine

Additional Information

Part VI Supplemental Information

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- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 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, 19d, 20d, 21, and 22.

Part V, Section B, Line 5a - Hospital Facility's Website

http://www.mainehealth.org/mh_body.cfm?id=7301

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X				
c Are there any research agreements that may result in private business use of bond-financed property?		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				
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				
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				

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?	X							
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?				X				
b Exception to rebate?				X				
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				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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)?								
b. Name of provider		X		X				
c. Term of GIC								
d. Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6. Were any gross proceeds invested beyond an available temporary period?		X		X				
7. Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V Procedures To Undertake Corrective Action

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?

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
		X		X				

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

Schedule K - Additional Information

MAINE HEALTH AND HIGHER EDUCATIONAL SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: MAINE HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(B) DESCRIPTION OF PURPOSE: RENOVATE HOSPITAL AND PURCHASE EQUIPMENT

MAINE HEALTH AND HIGHER EDUCATIONAL SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: MAINE HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(B) DESCRIPTION OF PURPOSE: REFINANCE MHHEFA BOND 1996A

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2012

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

HENRIETTA D. GOODALL HOSPITAL, INC.

Employer identification number

01-0078060

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	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 org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						▶ \$						

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 org. revenues?	
				Yes	No
(1) MARK MICKERIZ			SANFORD INST FOR SAV		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

Schedule L, Part V - Additional Information

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MARK MICKERIZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MEMBER OF GOODALL HOSPITAL'S BOARD AND PRESIDENT OF SANFORD INSTITUTE FOR SAVINGS.

(D) DESCRIPTION OF TRANSACTION: SANFORD INSTITUTE FOR SAVINGS (SIS) HAS FOUR OUTSTANDING LOANS WITH HENRIETTA D. GOODALL HOSPITAL, INC. THE ORIGINAL AMOUNT OF THE LOANS WERE \$7,368,000 AND AS OF SEPTEMBER 30, 2013 THE OUTSTANDING BALANCE ON THE LOANS WERE \$4,054,495.

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

HENRIETTA D. GOODALL HOSPITAL, INC.

Employer identification number

01-0078060

Form 990 - Organization's Mission or Most Significant Activities

HENRIETTA D. GOODALL HOSPITAL'S, INC.'S MISSION IS TO SERVE AS A LEADER IN IMPROVING THE HEALTH AND WELL-BEING OF ITS COMMUNITY. HENRIETTA D. GOODALL HOSPITAL, INC. OWNS AND OPERATES H. D. GOODALL HOSPITAL, INC. (ACUTE CARE HOSPITAL), GOODALL HEALTH PARTNERS (A MULTI-SPECIALTY PHYSICIAN AND SURGEON GROUP), THE MEDICAL GROUP (A MULT-SPECIALTY PHYSICIAN AND SURGEON GROUP, GOODALL OUTPATIENT CLINIC (A FACILITY WHERE A VARIETY OF OUTPATIENT SERVICES ARE PERFORMED), GOODALL OUTPATIENT SERVICES-WATERBORO AND GOODALL ELDERCARE SERVICES (A LONG TERM CARE FACILITY) IN YORK COUNTY. YORK COUNTY CONSISTS OF 18 TOWNS AND CITIES LOCATED ON THE SOUTHERN MAINE COAST WITH A POPULATION OF OVER 200,000. HENRIETTA D. GOODALL HOSPITAL, INC. FURTHERS ITS MISSION AS A LEADER IN IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITY AND PROVIDES ACCESS TO NEEDED HEALTHCARE SERVICES 365 DAYS A YEAR, 24 HOURS A DAY.

Form 990, Part III, Line 4a - First Accomplishment

ASSOCIATED WITH PROVIDING THE COMMUNITY WITH A VARIETY OF SPECIAL COMPLIMENTARY EDUCATIONAL AND INFORMATIONAL SERVICES. GOODALL PROUDLY SPONSORS COMMUNITY ORGANIZATIONS, SCHOOL GROUPS, CIVIC ORGANIZATIONS AND SPECIAL EVENTS (LIKE THE LOCAL BASEBALL TEAM). GOODALL HOSPITAL SPONSORS TWO TO FOUR FREE EDUCATION EVENTS EACH MONTH OF THE YEAR ALONG WITH DOZENS OF SUPPORT GROUPS. GOODALL HOSPITAL ALSO ROUTINELY PARTICIPATES IN HEALTH FAIRS AND BUSINESS EVENTS, PERFORMING BLOOD PRESSURE CHECKS, CHOLESTEROL SCREENINGS AND CPR TRAINING. GOODALL HOSPITAL'S SENIOR ADVOCATE PROVIDES FREE ADVICE AND SERVICES TO ELDERLY MEMBERS OF THE COMMUNITY. SERVICES

Name of the organization

HENRIETTA D. GOODALL HOSPITAL, INC.

Employer identification number

01-0078060

INCLUDE HELP WITH INSURANCE AND MEDICAL ISSUES, AS WELL AS PERSONAL ISSUES INCLUDING TAX INFORMATION, FINANCES AND HOME NEEDS.

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

THE MEDICAL GROUP CONSISTS OF MANY PHYSICIANS WITH MULTI-SPECIALTY SERVICES THAT EXTEND GOODALL HOSPITAL'S EXISTING SERVICES TO KENNEBUNK, ME. THESE PHYSICIANS COMPLEMENT THE HOSPITAL IN MAINTAINING ITS MISSION TO SERVE AS A LEADER IN IMPROVING THE HEALTH AND WELL-BEING OF OUR COMMUNITY. THESE SERVICES INCLUDE (BUT ARE NOT LIMITED TO) FULL SERVICE PRIMARY CARE, WOMEN'S HEALTH, GASTROENTEROLOGY, PULMONARY MEDICINE, ORTHOPEDICS AND PAIN MANAGEMENT. THE MEDICAL GROUP PROVIDED \$4,612 IN CHARITY CARE TO THE COMMUNITY. THE NUMBER OF PATIENTS VISITS WERE 7,768.

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

THE FORM 990 WAS MADE AVAILABLE TO THE FULL BOARD OF TRUSTEES. THE CFO OF SOUTHERN MAINE HEALTH CARE REVIEWS THE FORM 990 IN DETAIL BEFORE SIGNING THE RETURN.

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

AS INDICATED IN LINE 12B, GOODALL HOSPITAL REQUIRES CURRENT AND FORMER OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES TO COMPLETE AN ANNUAL QUESTIONNAIRE CONCERNING ANY POTENTIAL CONFLICTS OF INTEREST. THE ORGANIZATION REVIEWS THE RESPONSES TO THESE DOCUMENTS AND ADDRESSES ANY ISSUES IMMEDIATELY. IN ADDITION, WE HAVE ADDED ANOTHER QUESTIONNAIRE THAT SPECIFICALLY ADDRESSES THE CONCERNS REGARDING TRANSACTIONS INVOLVING CURRENT AND FORMER OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES AND CERTAIN PARTIES THAT ARE RELATED TO THESE INDIVIDUALS.

Name of the organization

HENRIETTA D. GOODALL HOSPITAL, INC.

Employer identification number

01-0078060

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

THE BOARD OF DIRECTORS APPROVES COMPENSATION FOR THE CEO AFTER CAREFUL REVEIW OF INDUSTRY SALARY INFORMATION (COMPENSATION STUDY) WITH AN OUTSIDE COMPENSATION CONSULTANT.

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

UNDER THE GUIDANCE OF PROFESSIONAL COMPENSATION CONSULTANTS, THE HR DIRECTOR REVIEWS THE PAY MODEL WITH THE CEO AND COO TO ENSURE THAT THE ORGANIZATION IS ABLE TO RECRUIT AND RETAIN A HIGH QUALIFIED WORKFORCE, WHILE PROVIDING THE NECESSARY STRUCTURE TO EFFECTIVELY MANAGE THE COMPETETIVE ADVANTAGE OF PRODUCTIVITY, TOTAL QUALITY, CUSTOMER SERVICE AND COSTS.

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

DOCUMENTS THAT ARE REQUIRED TO BE OPEN FOR PUBLIC INSPECTION ARE MADE AVAILABLE UPON REQUEST.

Form 990, Part VII - Additional Information

CHANGE IN ACCOUNTING PERIOD

DUE TO A CHANGE IN ACCOUNTING PERIOD, THIS RETURN IS FOR THE SHORT PERIOD 6/1/2013 - 9/30/2013. BECAUSE NO CALENDAR YEAR ENDS WITHING THE TIME FRAME WE HAVE NOT INCLUDED ANY CALENDAR YEAR COMPENSATION INFORMATION FOR OFFICERS, TRUSTEES, ETC. NOR HAVE WE LISTED THE TOP FIVE INDEPENDENT CONTRACTORS. THE CALENDAR YEAR INFORMATION CAN BE FOUND ON THE 5/31/2013 FORM 990.

Name of the organization

HENRIETTA D. GOODALL HOSPITAL, INC.

Employer identification number

01-0078060

Form 990, Part IX, Line 11g - Other Fees for Services

Description

Program Service

Mgt & General

Fundraising

\$ 2,138,351

\$ 852,056

\$ 0

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

UNREALIZED GAIN ON TEMPORARY NET ASSETS

\$ 101,532

Form 990, Part XII - Additional Information

TAX RETURN IS FOR THE SHORT PERIOD 6/1/2013 - 9/30/2013. HENRIETTA D.

GOODALL HOSPITAL BALANCE SHEET WAS INCLUDED IN AUDITED CONSOLIDATED

FINANCIAL STATEMENTS AS OF 9/30/2013.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

HENRIETTA D. GOODALL HOSPITAL, INC.

Employer identification number
01-0078060

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

(1)	(a) Name, address, and EIN (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)						

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	MANOR AT PHILLIPSTOWN PLACE, INC. 25 JUNE STREET SANFORD ME 04073 01-0473857	ELDER CARE	ME	501C3	9	HD GOODALL		X
(2)	SOUTHERN MAINE HEALTH CARE P.O. BOX 626 BIDDEFORD ME 04005 01-0179500	HOSPITAL	ME	501C3	3	SMHC		X
(3)	CANCER CARE CENTER OF YORK COUNTY 22 BRAMHALL STREET PORTLAND ME 04102 20-1600381	MED SVCS	ME	501C3	3	SMHC		X
(4)	MAINEHEALTH 110 FREE STREET PORTLAND ME 04101 01-0431680	HEALTHCARE	ME	501C3	11C	N/A		X
(5)								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Preponderant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) GSM REALTY, LLC. 22 BRAMHALL STREET PORTLAND ME 04102 20-4582952	REAL EST.	ME	SMHC	Related	2,720	470,098		X			X	33.33
(2)												
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) JUNE STREET PHARMACY, LLC. 25 JUNE STREET SANFORD ME 04073 02-0765952	PHARMACY	ME	HD GOODALL	C	0	17,822	100.000000		X
(2) SOUTHERN MAINE HOSPITAL PARENT P.O. BOX 626 BIDDEFORD ME 04005 46-1211705	HEALTHCARE	ME	N/A	C	N/A	N/A	N/A		X
(3) SMMC PRIMECARE PHYSICIAN SERVICES P.O. BOX 626 BIDDEFORD ME 04005 26-3345134	MED SVCS	ME	N/A	C	N/A	N/A	N/A		X
(4)									

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Part VII

Supplemental Information

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