

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 10/01/12, and ending 09/30/13

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

C Name of organization: **Maine Medical Center**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address): **22 Bramhall Street**
 City, town or post office, state, and ZIP code: **Portland ME 04102**

D Employer identification number: **01-0238552**

E Telephone number: **207-662-2576**

G Gross receipts \$: **1934425044**

F Name and address of principal officer:
Richard W. Petersen
22 Bramhall Street
Portland ME 04102

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.mmc.org**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1951** **M** State of legal domicile: **ME**

H(c) Group exemption number

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)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, line 34			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 29,095,717	Current Year 25,340,716
	9	Program service revenue (Part VIII, line 2g)	818,119,733	819,732,865
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,462,038	21,899,856
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	82,497,237	124,973,786
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	946,174,725	991,947,223
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,570,050
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)	456,757,401	505,920,920
16a		Professional fundraising fees (Part IX, column (A), line 11e)	66,515	76,492
b		Total fundraising expenses (Part IX, column (D), line 25)	1,744,764	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	409,397,617	405,468,066
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	867,791,583	913,025,278
	19	Revenue less expenses. Subtract line 18 from line 12	78,383,142	78,921,945
	20	Total assets (Part X, line 16)	Beginning of Current Year 1121281037	End of Year 1156161439
	21	Total liabilities (Part X, line 26)	530,631,360	446,077,645
	22	Net assets or fund balances. Subtract line 21 from line 20	590,649,677	710,083,794

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: *Lugene A. Inzana* Date: **8/6/14**
 Type or print name and title: **Lugene Inzana Sr. VP, Finance & CFO**

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Check if PTIN self-employed

Firm's name: **MaineHealth** Firm's EIN: _____
 Firm's address: **110 Free St Portland, ME 04101-3908** Phone no.: _____

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

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning **10/01/12**, and ending **09/30/13**

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C Name of organization Maine Medical Center</p> <p>Doing Business As</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 22 Bramhall Street</p> <p>City, town or post office, state, and ZIP code Portland ME 04102</p> <p>F Name and address of principal officer: Richard W. Petersen 22 Bramhall Street Portland ME 04102</p>	<p>D Employer identification number 01-0238552</p> <p>E Telephone number 207-662-2576</p> <p>G Gross receipts \$ 1934425044</p> <p>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p>J Website: www.mmc.org</p>		
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</p>		
		<p>L Year of formation: 1951</p>
		<p>M State of legal domicile: ME</p>

Part I Summary

Activities & Governance	<p>1 Briefly describe the organization's mission or most significant activities: See Schedule O</p> <p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> <p>3 Number of voting members of the governing body (Part VI, line 1a) 3 21</p> <p>4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17</p> <p>5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 7452</p> <p>6 Total number of volunteers (estimate if necessary) 6 709</p> <p>7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 1,454,164</p> <p>b Net unrelated business taxable income from Form 990-T, line 34 7b 0</p>	
Revenue	<p>8 Contributions and grants (Part VIII, line 1h) Prior Year 29,095,717 Current Year 25,340,716</p> <p>9 Program service revenue (Part VIII, line 2g) 818,119,733 819,732,865</p> <p>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 16,462,038 21,899,856</p> <p>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 82,497,237 124,973,786</p> <p>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 946,174,725 991,947,223</p>	
Expenses	<p>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,570,050 1,559,800</p> <p>14 Benefits paid to or for members (Part IX, column (A), line 4) 0</p> <p>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 456,757,401 505,920,920</p> <p>16a Professional fundraising fees (Part IX, column (A), line 11e) 66,515 76,492</p> <p>b Total fundraising expenses (Part IX, column (D), line 25) 1,744,764</p> <p>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 409,397,617 405,468,066</p> <p>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 867,791,583 913,025,278</p> <p>19 Revenue less expenses. Subtract line 18 from line 12 78,383,142 78,921,945</p>	
Net Assets or Fund Balances	<p>20 Total assets (Part X, line 16) Beginning of Current Year 1121281037 End of Year 1156161439</p> <p>21 Total liabilities (Part X, line 26) 530,631,360 446,077,645</p> <p>22 Net assets or fund balances. Subtract line 21 from line 20 590,649,677 710,083,794</p>	

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: **Lugene Inzana** Date: _____
 Type or print name and title: **Sr. VP, Finance & CFO**

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if PTIN self-employed

Firm's name: **MaineHealth** Firm's EIN: _____
 Firm's address: **110 Free St**
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 \$ 188,314,638 including grants of \$) (Revenue \$ 279,340,215)

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

Total Patient Days - 150,860

See attached Community Benefit Statement.

4b (Code:) (Expenses \$ 148,813,812 including grants of \$) (Revenue \$ 425,564,462)

Operating Room and Scarborough Surgery Center

Total Visits - 28,730

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

4c (Code:) (Expenses \$ 37,453,351 including grants of \$) (Revenue \$ 69,401,781)

Emergency Department and Brighton First Care (BFC)

Total Visits - 87,611

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

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

(Expenses \$ 376,879,081 including grants of \$ 1,559,800) (Revenue \$ 168,973,189)

4e Total program service expenses ▶ 751,460,882

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	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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	888		
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?	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	7452		
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 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?		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.		
	1a 21		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 17		
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?		
	10b		
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	
	12c	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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
	15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	
	16b	X	

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: ► Director of Accounting 22 Bramhall Street Portland ME 04102 207-396-6700

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) William L. Caron, Jr. Trustee	2.00 50.00	X					0	1,193,562	75,811	
(2) Richard W. Petersen President	50.00 0.00	X		X			1,190,915	0	63,106	
(3) Reed Quinn, M.D. Trustee	50.00 0.00	X					657,547	0	67,274	
(4) Samuel Broaddus, M.D. Trustee	50.00 0.00	X					389,117	0	51,298	
(5) Jack McGarry Trustee	2.00 0.00	X					0	0	0	
(6) Christopher W. Emmons Chairman	2.00 0.00	X		X			0	0	0	
(7) Christopher Claudio Trustee	2.00 0.00	X					0	0	0	
(8) Morris Fisher Trustee	2.00 0.00	X					0	0	0	
(9) Jere G. Michelson Trustee	2.00 0.00	X					0	0	0	
(10) William A. Burke Trustee	2.00 0.00	X					0	0	0	
(11) Ward I. Graffam Trustee	2.00 0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (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) Frank H. Frye	2.00									
Vice Chair	0.00	X		X			0	0	0	
(13) Costas T. Lambrew, M.D.	2.00									
Trustee	0.00	X					0	0	0	
(14) Susannah Swihart	2.00									
Trustee	0.00	X					0	0	0	
(15) James H. Zeitlin	2.00									
Trustee	0.00	X					0	0	0	
(16) Patricia B. Stogsdill, M.D.	2.00									
Trustee	0.00	X					0	0	0	
(17) Heidi Hansen	2.00									
Trustee	0.00	X					0	0	0	
(18) Katherine Pope, M.D.	2.00									
Trustee	0.00	X					0	0	0	
(19) Beth Newlands Campbell	2.00									
Trustee	0.00	X					0	0	0	
1b Sub-total							2,237,579	1,193,562	257,489	
c Total from continuation sheets to Part VII, Section A							7,523,515	349,281	570,761	
d Total (add lines 1b and 1c)							9,761,094	1,542,843	828,250	

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 **▶ 615**

	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
Langford & Low, Inc Portland ME 04104	PO Box 662 Construction	8,022,210
Huron Consulting Group, LLC Chicago IL 60689-5330	3005 Momentum Place Consulting	5,808,983
Spectrum Medical Group, PA South Portland ME 04106	324 Gannett Drive, Suite 200 Medical Services	2,664,120
Suffolk Construction Danvers MA 01923	99 Conifer Hill Drive Construction	2,600,863
Chest Medicine Associates South Portland ME 04106-2351	100 Foden Road, West Bldg Ste 103 Medical Services	2,426,969

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 **▶ 127**

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) David E. Wennberg, M.D. Trustee	2.00 0.00	X						0	0	0
(13) Margaret Bush Trustee	2.00 0.00	X						0	0	0
(14) Beth Shorr Trustee	2.00 0.00	X						0	0	0
(15) Peter Bates, M.D. CMO	50.00 0.00			X				557,918	0	67,641
(16) Marjorie Wiggins CNO	50.00 0.00			X				468,362	0	60,017
(17) John E. Heye Reg Agent	50.00 0.00			X				453,828	0	74,028
(18) Jeffrey Sanders COO	50.00 0.00			X				433,549	0	41,200
(19) Donald E. Quigley Asst Secrty	2.00 50.00			X				0	349,281	86,017
1b Sub-total								1,913,657	349,281	328,903
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) Kurt E. Klebe Secretary	2.00 0.00			X				0	0	0
(13) Joseph Alexander, M.D. Surgeon	50.00 0.00					X		1,207,081	0	50,216
(14) James Wilson, M.D. Surgeon	50.00 0.00					X		1,144,237	0	50,252
(15) Jeffrey Florman, M.D. Surgeon	50.00 0.00					X		1,116,235	0	45,679
(16) Konrad Barth, M.D. Surgeon	50.00 0.00					X		1,111,851	0	50,845
(17) Rajiv Desai, M.D. Surgeon	50.00 0.00					X		1,030,454	0	44,866
(18)										
(19)										
1b Sub-total								5,609,858		241,858
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	386,114				
	1b Membership dues					
	1c Fundraising events	696,396				
	1d Related organizations	110,785				
	1e Government grants (contributions)	18,147,311				
	1f All other contributions, gifts, grants, and similar amounts not included above	6,000,110				
	g Noncash contributions included in lines 1a-1f: \$	53,441				
	h Total. Add lines 1a-1f	25,340,716				
	Program Service Revenue	2a Net Patient Service Revenue	819,732,865	819,732,865		
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		819,732,865				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	9,252,255			9,252,255	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	954,959,052	71,235		
		(ii) Other				
	b Less: cost or other basis & sales exps.	942,300,979	81,707			
	c Gain or (loss)	12,658,073	-10,472			
	d Net gain or (loss)	12,647,601			12,647,601	
	8a Gross income from fundraising events (not including \$ 696,396 of contributions reported on line 1c). See Part IV, line 18	a	67,975			
	b Less: direct expenses	b	95,135			
c Net income or (loss) from fundraising events		-27,160			-27,160	
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	11a Other Revenue	117,780,585	117,780,585			
	b Recognized Gain on Cash Flow	5,056,850	5,056,850			
	c Admin. Services Revenue	1,454,164		1,454,164		
	d All other revenue	709,347	709,347			
	e Total. Add lines 11a-11d	125,000,946				
12 Total revenue. See instructions.	991,947,223	943,279,647	1,454,164	21,872,696		

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	1,559,800	1,559,800		
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	4,862,244		4,862,244	
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	368,639,595	300,159,741	67,387,318	1,092,536
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,786,697	39,051,289	8,735,408	
9 Other employee benefits	58,957,047	48,179,699	10,777,348	
10 Payroll taxes	25,675,337	20,910,200	4,693,452	71,685
11 Fees for services (non-employees):				
a Management				
b Legal	2,186,914		2,186,914	
c Accounting	1,520,416		1,520,416	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	76,492			76,492
f Investment management fees	1,194,914		1,194,914	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	47,817,957	30,283,899	17,511,559	22,499
12 Advertising and promotion	1,877,911	1,534,629	343,282	
13 Office expenses	129,585,935	127,972,679	1,514,339	98,917
14 Information technology	23,083,691	18,863,992	4,219,699	
15 Royalties				
16 Occupancy	23,192,449	18,824,727	4,239,580	128,142
17 Travel	1,584,275	920,629	634,272	29,374
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,479,590	1,411,493	65,496	2,601
20 Interest	3,367,015	2,751,525	615,490	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57,057,440	46,627,340	10,430,100	
23 Insurance	6,426,626	5,251,839	1,174,787	
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 Outside Medical Services	26,052,727	26,052,727		
b Hospital Tax	17,218,078	17,218,078		
c Maintenance	14,537,916	11,819,346	2,657,531	61,039
d Collection Fees	9,348,070		9,348,070	
e All other expenses	37,936,142	32,067,250	5,707,413	161,479
25 Total functional expenses. Add lines 1 through 24e	913,025,278	751,460,882	159,819,632	1,744,764
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) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing		1	
	2 Savings and temporary cash investments	29,199,767	2	47,210,966
	3 Pledges and grants receivable, net	5,644,775	3	5,673,859
	4 Accounts receivable, net	74,422,711	4	77,134,240
	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	189,614	7	29,013
	8 Inventories for sale or use	6,695,687	8	7,748,253
	9 Prepaid expenses and deferred charges	2,668,891	9	1,671,209
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 937,184,555		
	b Less: accumulated depreciation	10b 504,076,998	10c 433,032,546	433,107,557
	11 Investments—publicly traded securities	415,118,622	11	436,470,516
	12 Investments—other securities. See Part IV, line 11	38,207,433	12	44,115,955
	13 Investments—program-related. See Part IV, line 11	10,563,622	13	11,824,084
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	105,537,369	15	91,175,787
16 Total assets. Add lines 1 through 15 (must equal line 34)	1121281037	16	1156161439	
Liabilities	17 Accounts payable and accrued expenses	74,294,075	17	75,294,050
	18 Grants payable		18	
	19 Deferred revenue	1,078,069	19	3,387,399
	20 Tax-exempt bond liabilities	109,955,508	20	101,737,957
	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	1,873,690	23	981,309
	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	343,430,018	25	264,676,930
	26 Total liabilities. Add lines 17 through 25	530,631,360	26	446,077,645
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	487,537,746	27	600,706,746
	28 Temporarily restricted net assets	78,093,180	28	82,892,228
	29 Permanently restricted net assets	25,018,751	29	26,484,820
	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	590,649,677	33	710,083,794	
34 Total liabilities and net assets/fund balances	1121281037	34	1156161439	

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	991,947,223
2	Total expenses (must equal Part IX, column (A), line 25)	2	913,025,278
3	Revenue less expenses. Subtract line 2 from line 1	3	78,921,945
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	590,649,677
5	Net unrealized gains (losses) on investments	5	-3,219,437
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	43,731,609
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	710,083,794

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		X
2b	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	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Maine Medical Center

Employer identification number

01-0238552

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—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 <input type="checkbox"/>						

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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

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

Schedule of Contributors

OMB No. 1545-0047

2012

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

Name of the organization Maine Medical Center	Employer identification number 01-0238552
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Organization type (check one):

- | | |
|--|--|
| Filers of:

Form 990 or 990-EZ

Form 990-PF | Section:

<input checked="" type="checkbox"/> 501(c)(3) (enter number) organization

<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation

<input type="checkbox"/> 527 political organization

<input type="checkbox"/> 501(c)(3) exempt private foundation

<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation

<input type="checkbox"/> 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).

Name of organization Maine Medical Center	Employer identification number 01-0238552
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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	Bank of America 1 City Center Portland ME 04101	\$ 9,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Betty Jurgenson c/o Wells Fargo Advisors 1 North Jefferson Saint Louis MO 63103	\$ 9,875	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	AKF Group LLC 1501 Broadway, Suite 700 New York NY 10036-5505	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Children's Miracle Network 4525 S 2300 E Salt Lake City UT 84117	\$ 33,256	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Coca-Cola Bottling Company 1 Executive Park Dr. Ste 330 Bedford NH 03110	\$ 9,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Carole Helliwell, Key Bank National Association Trust Division 4900 Tiedeman Brooklyn OH 44144	\$ 67,068	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Maine Medical Center	Employer identification number 01-0238552
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Suzi D. Osher 265 Seaside Avenue Saco ME 04071	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Diversified Communications PO Box 7437 Portland ME 04112-7437	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	Dunkin' Donuts & Baski PO Box 9142 Canton MA 02021	\$ 32,619	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	Frances Hollis Brain Foundation 32 Orchard Street Portland ME 04102	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	G. Robert Tod 5 Ebb Tide Drive Cumberland Foreside ME 04110-1104	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	Garrand 75 Washington Ave Suite 201 Portland ME 04101	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Maine Medical Center	Employer identification number 01-0238552
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Ginn Family Foundation c/o Ginn Real Estate 220 Maine Mall Road So. Portland ME 04106	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	Epic Systems Corporation 1979 Milky Way Verona WI 53593	\$ 16,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	Evelyn L. Ward Key Bank 4900 Tiedeman Brooklyn OH 44144	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	FairPoint Communications, Inc. PO Box 11560 Portland ME 04104	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	Fisher Charitable Foundation, Key Bank 4900 Tiedeman Brooklyn OH 44144	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	Harold F Hutchinson 47 King Street, Apt 3 Scarborough ME 04074	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Maine Medical Center	Employer identification number 01-0238552
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Harry W. Konkell, Hawthorn PNC Family Wealth 3550 Lander Road Pepper Pike OH 44124	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	Great Bay Foundation 111 Commercial Street Portland ME 04101	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	Harper-Egginton Charitable Foundation 3737 N. Ocean Blvd Gulfstream FL 33483-7436	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	Harriet S. Burke c/o Peoples United Bank 850 Main Street, 13-507 Bridgeport CT 06604-4913	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	Hebert Construction, LLC 9 Gould Road Lewiston ME 04240	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	Maine Community Foundation 245 Main Street Ellsworth ME 04605	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Maine Medical Center	Employer identification number 01-0238552
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	Maine Elks Association 286 Highland Ave Millinocket ME 04462	\$ 186,027	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	Howard & Susan Dana Jr 41 Bowdoin Street Portland ME 04102	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	Margaret Burnham Charitable Trust c/o HM Payson One Portland Square, PO Box 31 Portland ME 04112-0031	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	James & Cecily Whiting 9 Pinehurst Lane Falmouth ME 04105	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	Marcia Willock, BNY Mellon 500 Grant Street Pittsburgh PA 15258-0001	\$ 499,753	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	John H. Willey, Hope E. Willey Estate 55 Pinrith Road Portland ME 04102	\$ 225,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **Maine Medical Center** Employer identification number **01-0238552**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	John R. McKernan 337 Foreside Road Falmouth ME 04105	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	Portland Sea Dogs PO Box 636 Portland ME 04104	\$ 10,720	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	John T. Gorman Foundation One Canal Plaza, Suite 800 Portland ME 04101	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	Katherine Stoddard Pope 327 Congress Street, Suite 200 Austin TX 78701	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	Lange Rice Charitable Lead Annuity Trust Two International Place Boston MA 02110	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	Suffolk Construction's Red and Blue Foundation 65 Allerton Street Boston MA 02119	\$ 9,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Maine Medical Center	Employer identification number 01-0238552
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	Susan Konkol Hawthorn PNC Family Wealth 3550 Lander Road Pepper Pike OH 44124	\$ 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	Laura A. Schwindt 16 Goldenrod Lane Falmouth ME 04105	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	Mark Shapp 39 Riverton Drive Portland ME 04103	\$ 6,658	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	Mary R. Hodes 671 Gouldsboro Point Road Gouldsboro ME 04607-3408	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	The Walmart Foundation 702 SW 8th Street Bentonville AR 72716-0150	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	Michael T. Goulet Foundation 19 Thunder Road Saco ME 04072	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Maine Medical Center	Employer identification number 01-0238552
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	William Herbert MMP Surgical Care 27 Murry Drive Cape Elizabeth ME 04107	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	Women's Board of Maine General Hospital 22 Bramhall Street Portland ME 04102	\$ 507,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	Allagash Brewing Company, Inc 50 Industrial Way Portland ME 04103	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	Nancy Innes, Wells Fargo Advisors, LLC One North Jefferson St. Louis MO 63103	\$ 5,002	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	Anthem Blue Cross Blue Shield PO Box 68086 Cincinnati OH 45206	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	Albert Glickman Family Foundation 9720 Wilshire Blvd Beverly Hills CA 90212	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **Maine Medical Center** Employer identification number **01-0238552**

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
49	Nestle Waters North America Inc 900 Long Ridge Road, Building 2 Stamford CT 06902-1138	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	North East Mobile Health SVS 24 Washington Avenue Scarborough ME 04074	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	Peter Mundy PO Box 56 West Boothbay Harbor ME 04575	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	Peter W. Rand, First Clearing, LLC One North Jefferson St. Louis MO 63103	\$ 5,229	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	Robert P. Bauman, BNY Mellon 6720 SE Harbor Circle Stuart FL 34996	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	Robert W. Baker 34 Kiln Road Newcastle ME 04553	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **Maine Medical Center** Employer identification number **01-0238552**

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
55	Sam L. Cohen Foundation PO Box 1123 Portland ME 04104	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	Spencer Gifts, LLC PO Box 770001 Cincinnati OH 45277-0053	\$ 34,295	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	The Iberdrola USA Foundation, Inc 52 Farm View Drive New Gloucester ME 04260	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	The Rowe Dealerships PO Box 109 Westbrook ME 04098	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	Tides Foundation PO Box 29903 San Francisco CA 94129-0903	\$ 19,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	TruChoice Federal Credit Union 272 Park Ave Portland ME 04102	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Maine Medical Center	Employer identification number 01-0238552
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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
61	Wells Fargo Community Support Campaign 90 South 7th Street Minneapolis MN 55479	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	Westcustogo Foundation 499 Washington Blvd Jersey City NJ 07310	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	Zareen Taj Mirza 11 Spruce Lane Cumberland Foreside ME 04110	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64	Jean Nappi Revocable Trust 12210 Parker Pl, Unit 3 San Diego CA 92109	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65	Kohl's PO Box 359 Milwaukee WI 53201	\$ 105,397	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66	Linda Tallen and David Paul Kane Educational and Research Fund 433 N Camden Drive Suite 1070 Beverly Hills CA 90210	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Maine Medical Center	Employer identification number 01-0238552
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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
67	Maine Cancer Foundation 170 US Route 1, Suite 250 Falmouth ME 04105	\$ 25,536	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68	New Balance Foundation 20 Guest Street Boston MA 02135-2088	\$ 80,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	Peter I. Sheldon PO Box 1234 Windham ME 04062	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70	Pond Family Foundation 3 Canter Lane Cape Elizabeth ME 04107	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71	Richard L Hatch Estate c/o BNY Mellon BNY Mellon Center Suite 200 So. Portland ME 04106	\$ 638,239	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72	Shawnee Peak at Pleasant Mountain 119 Mountain Road Bridgton ME 04009	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Maine Medical Center	Employer identification number 01-0238552
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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
73	Spectrum Medical Group 324 Gannett Drive Suite 200 South Portland ME 04106	\$ 39,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74	TD Bank 1 Portland Square PO Box 9540 Portland ME 04112	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75	Troiano Waste Services PO Box 354 Portland ME 04104	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76	Choate, Hall & Stewart, LLP Two International Place Boston MA 02110	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77	Hannaford Brothers Co 2110 Executive Drive Salisbury NC 28146	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78	Dept. of Health and Human Services Health Resources & Services Admin. 5600 Fishers Lane Rockville MD 20857-0001	\$ 86,455	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Maine Medical Center	Employer identification number 01-0238552
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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
79	Dept. of Health and Human Services Centers for Disease Control and Prevention 2920 Brandywine Road, Mail Stop K-70 Atlanta GA 30341	\$ 180,827	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80	National Institute of Health 9000 Rockville Pike Bethesda MD 20892	\$ 8,948,056	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81	National Institute of Health NICHD 6100 Executive Blvd, MSC 7510 Bethesda MD 20892	\$ 1,075,193	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82	State of Maine, Dept of Health and Human Services 286 Water Street 11 State House Station Augusta ME 04333	\$ 292,972	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83	State of Maine, Office of Public Health and Emergency Preparedness 286 Water Street 11 State House Station Augusta ME 04333	\$ 220,966	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84	State of Maine 11 State House Station 221 State Street Augusta ME 04333	\$ 4,379,129	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Maine Medical Center

Employer identification number

01-0238552

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
85	State of Maine, Centers for Disease Control and Prevention 286 Water Street Augusta ME 04333	\$ 80,960	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86	American Heart Association 7272 Greenville Ave Dallas TX 75231	\$ 77,470	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87	American College of Radiology 1818 Market Street, Suite 1600 Philadelphia PA 19103	\$ 44,240	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88	Beth Israel Deaconess Medical Center 330 Brookline Avenue, CLS 602A Boston MA 02215	\$ 56,874	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89	Bowdoin College 4100 College Station Brunswick ME 04011	\$ 72,448	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90	City of Portland Public Health Division 389 Congress Street Portland ME 04101	\$ 5,770	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **Maine Medical Center** Employer identification number **01-0238552**

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
91	Covance Clinical Development Services 206 Carnegie Center Princeton NJ 08540	\$ 6,350	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92	Cystic Fibrosis Foundation 6931 Arlington Road Bethesda MD 20814	\$ 168,305	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93	Eastern Maine Development Corp 40 Harlow Street Bangor ME 04401	\$ 19,440	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94	Goodwill Industries of Northern New England, Workforce Solutions Div 353 Cumberland Ave, PO Box 8600 Portland ME 04101	\$ 73,180	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95	Informed Medical Decisions Foundation 40 Court Street, 3rd Floor Boston MA 02108	\$ 50,934	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96	Department of Defense 820 Chandler Street Fort Detrick MD 21702	\$ 248,650	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Maine Medical Center	Employer identification number 01-0238552
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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
97	Dartmouth College 11 Rope Ferry Road, #6210 Hanover NH 03755	\$ 40,053	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98	Georgetown University Box 571164 Washington DC 20057-1164	\$ 6,168	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99	Johns Hopkins University 733 North Broadway BRB Suite 117 Baltimore MD 21205	\$ 64,908	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100	Maine Quality Counts 16 Association Drive Manchester ME 04351	\$ 171,638	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101	Maine Cancer Foundation 170 US Route One Suite 250 Falmouth ME 04105	\$ 397,459	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102	Maine Health Access Foundation 150 Capital Street, Suite 4 Augusta ME 04330	\$ 41,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Maine Medical Center	Employer identification number 01-0238552
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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
103	MaineHealth Foundation Osteopathic Heritage Fund 110 Free Street Portland ME 04101	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
104	Maine Outdoor Heritage Fund 37 Wiscasset Road Pittston ME 04345	\$ 17,968	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
105	March of Dimes 1275 Mamaroneck Avenue White Plains NY 10605	\$ 102,083	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
106	Maine Mental Health Partners 78 Atlantic Place South Portland ME 04106	\$ 80,785	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
107	National Childhood Cancer Foundation 440 East Huntington Drive Arcadia CA 91006	\$ 61,185	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
108	Mount Sinai School of Medicine One Gustave L. Levy Place Box 3500 New York NY 10029	\$ 22,536	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **Maine Medical Center** Employer identification number **01-0238552**

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
109	National Initiative for Children's Healthcare Quality (NICHQ) 30 Winter Street, 6th Floor Boston MA 02108	\$ 36,570	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
110	MeHAF 150 Capital St, Suite 4 Augusta ME 04330	\$ 36,222	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
111	Muscular Dystrophy Association 3300 E Sunrise Drive Tucson AZ 85718	\$ 11,138	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
112	New Hampshire Department of Health and Human Services 29 Hazen Drive Concord NH 03301	\$ 139,072	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
113	Rhode Island Hospital 593 Eddy Street Providence RI 02903	\$ 12,415	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
114	Seattle Children's Hospital PO Box 5371 RC 505 Seattle WA 98145	\$ 5,348	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Maine Medical Center	Employer identification number 01-0238552
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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
115	NIH/NHGRI/SBRB 12 South Drive, Building 12A Suite 102 Bethesda MD 20892	\$ 65,968	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
116	Trustees of Columbia University Sponsored Projects Administration 722 W 168th St, 4th Floor, Room 430K New York NY 10032	\$ 182,663	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
117	The Desmond Tumor Research Foundation PO Box 273 Suffern NY 10901	\$ 31,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
118	State of New Hampshire 33 Hazen Dr Concord NH 03305	\$ 748,651	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
119	State of Vermont Department of Health PO Box 70 Burlington VT 05402	\$ 583,810	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
120	The Robert Wood Johnson Foundation PO Box 2316 Princeton NJ 08543-2316	\$ 388,966	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Maine Medical Center	Employer identification number 01-0238552
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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
121	University of Minnesota 450 McNamara Alumni Center 200 Oak St SE Minneapolis MN 55455	\$ 23,139	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
122	Tufts Medical Center 800 Washington Street Boston MA 02111	\$ 26,437	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
123	University of New England 11 Hills Beach Road Biddeford ME 04005	\$ 8,718	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
124	University of New Hampshire Sponsored Programs Administration 51 College Road Service Building Durham NH 03824	\$ 15,137	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
125	University of Toledo 3000 Arlington Ave Toledo OH 43614	\$ 13,875	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
126	University of Virginia 1011 North Emmet Street (22903) PO Box 400195 Charlottesville VA 22904-4195	\$ 17,875	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **Maine Medical Center** Employer identification number **01-0238552**

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
127	University of Massachusetts Medical 333 South Street Shrewsbury MA 01545	\$ 166,686	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
128	University of Massachusetts Worcester 55 Lake Avenue North Worcester MA 01655	\$ 26,756	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
129	VA Maine Health Care Systems 1 VA Center Augusta ME 04330	\$ 113,442	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
130	Washington University One Brookings Drive St. Louis MO 63130	\$ 19,150	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
131	Women & Infants Hospital of Rhode Island 101 Dudley Street Providence RI 02905	\$ 72,003	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Maine Medical Center	Employer identification number 01-0238552
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	500 Shares of Intel Corp	\$ 9,875	12/06/12
46	72 Shares of Walmart	\$ 5,002	02/05/13
52	57 Shares of Monsanto	\$ 5,229	01/02/13
		\$	
		\$	
		\$	
		\$	

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

Maine Medical Center

Employer identification number

01-0238552

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		78,402
j Total. Add lines 1c through 1i			78,402
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

Portion of Dues paid that relate to lobbying expenses:

Maine Hospital Association - \$56,744

American Hospital Association - \$18,655

National Association of Children's Hospitals - \$2,478

Maine State Chamber of Commerce - \$525

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

Maine Medical Center

Employer identification number

01-0238552

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

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

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

Table with 3 columns: Question number, Description, Held at the End of the Tax Year. Includes questions 1-8 regarding conservation easements.

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

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

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

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

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

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

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

	Amount
1c	42,701,543
1d	4,461,641
1e	62,385
1f	47,100,799

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	95,782,213	89,682,688	91,020,571	82,336,677	82,100,837
b Contributions	1,466,069	1,459,049	540,226	1,430,663	554,091
c Net investment earnings, gains, and losses	10,519,165	10,664,178	-1,878,109	7,253,231	-318,252
d Grants or scholarships					
e Other expenditures for facilities and programs	-6,200,000	-6,023,702			
f Administrative expenses					
g End of year balance	101,567,447	95,782,213	89,682,688	91,020,571	82,336,677

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

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

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

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

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

	Yes	No
3a(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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		21,060,230		21,060,230
b Buildings		419,975,223	201,972,100	218,003,123
c Leasehold improvements		3,154,201	1,407,839	1,746,362
d Equipment		457,193,158	300,697,059	156,496,099
e Other		35,801,743		35,801,743
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				433,107,557

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

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

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

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

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

(a) Description	(b) Book value
(1) Prepaid Capital Costs	41,107,916
(2) AR under Reimbursement Regulations	24,452,000
(3) Due from Related Parties	13,150,628
(4) Other Assets	11,375,874
(5) Deferred Financing Costs	601,713
(6) Charitable Remainder Trust	487,656
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	91,175,787

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Retirement Benefits	118,184,751
(3) A/P under Reimbursement Regulations	51,860,000
(4) Due to Related Parties	32,431,417
(5) Self Insurance Reserves	17,177,356
(6) Asset Retirement Obligation	16,990,248
(7) Line of Credit	15,000,000
(8) Swap Agreements	7,836,711
(9) Leases Payable	4,048,818
(10) Other Liabilities	1,147,629
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	264,676,930

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

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

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

MMC's artwork creates a healing and comfortable environment for our patients and their families and visitors.

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

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

Part V, Line 4 - Intended Uses for Endowment Funds

Part XIII Supplemental Information (continued)

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

Part X - FIN 48 Footnote

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

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

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Maine Medical Center

Employer identification number

01-0238552

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

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

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

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

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

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

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

Maine, Florida, New Hampshire

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Radiothon/Telet (event type)	MCCP Strike Out (event type)	8 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	163,026	138,070	463,275	764,371
	2	Less: Contributions	163,026	138,070	395,300	696,396
	3	Gross income (line 1 minus line 2)			67,975	67,975
Direct Expenses	4	Cash prizes				
	5	Noncash prizes			2,447	2,447
	6	Rent/facility costs	146		36,947	37,093
	7	Food and beverages	578	9,397	3,307	13,282
	8	Entertainment	850			850
	9	Other direct expenses	2,571	6,221	32,671	41,463
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					-27,160

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

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

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE H
(Form 990)**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Maine Medical Center

Employer identification number

01-0238552

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
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: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>175%</u>	<input checked="" type="checkbox"/>	
b 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: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>225%</u>	<input checked="" type="checkbox"/>	
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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," does the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			18,757,608		18,757,608	2.05
b Medicaid (from Worksheet 3, column a)			104,270,653	80,305,083	23,965,570	2.62
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			123,028,261	80,305,083	42,723,178	4.68
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			309,154		309,154	0.03
f Health professions education (from Worksheet 5)			47,845,565	10,938,014	36,907,551	4.04
g Subsidized health services (from Worksheet 6)			41,168,174		41,168,174	4.51
h Research (from Worksheet 7)			21,892,426	14,831,229	7,061,197	0.77
i Cash and in-kind contributions for community benefit (from Worksheet 8)			206,019		206,019	0.02
j Total. Other Benefits			111,421,338	25,769,243	85,652,095	9.38
k Total. Add lines 7d and 7j			234,449,599	106,074,326	128,375,273	14.06

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			217,649		217,649	0.02
4 Environmental improvements						
5 Leadership development and training for community members			1,743		1,743	
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			160,274		160,274	0.02
9 Other						
10 Total			379,666		379,666	0.04

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.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	206,178,266
6 Enter Medicare allowable costs of care relating to payments on line 5	6	214,081,958
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-7,903,692
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

Name, address, and primary website address

1 Maine Medical Center
22 Bramhall Street
Portland ME 04102

Table with columns: ER-other, ER-24 hours, Research facility, Critical access hospital, Teaching hospital, Children's hospital, General medical & surgical, Licensed hospital, Facility reporting group. Row 1: X, X, X, X, X, X, X, X, Other (describe)

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 Maine Medical Center

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):	X	
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 checked="" 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 checked="" 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	X	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	X	
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):	X	
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		X
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
8b	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>175</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>225</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): a <input checked="" type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input checked="" type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input checked="" type="checkbox"/> Other (describe in Part VI)	X	
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): 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)	X	
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: 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)		X

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? 34

Name and address		Type of Facility (describe)
1	MMC Scarborough Campus 100 Campus Drive Scarborough ME 04074	General Medical and Surgical
2	MMC Scarborough Surgical Center 84 Campus Drive Scarborough ME 04074	General Medical and Surgical
3	MMC Brighton Campus 335 Brighton Ave Portland ME 04102	Emergency Care
4	McGeachy Hall 216 Vaughn Street Portland ME 04102	Mental Health Services
5	Cardiology 96 Campus Drive Scarborough ME 04074	Cardiology
6	MMC Clinics 22 Bramhall Street Portland ME 04102	General Medicine
7	MMC Family Medicine 272 Congress Street Portland ME 04101	General Medicine
8	Neurosurgery & Spine and Neurology 49 Spring Street Scarborough ME 04074	Neurosurgery, Spine and Neurology Care
9	Mental Health Services 66 Bramhall Street Portland ME 04102	Mental Health Services
10	Cape Elizabeth Internal Medicine 155 Spurwink Ave Cape Elizabeth ME 04107	General Medicine

Part V Facility Information (continued)

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

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

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

Name and address	Type of Facility (describe)
11 Coastal Cancer Treatment Center 175 Congress Street Bath ME 04350	Cancer Treatment Center
12 Maine Transplant Program 19 West Street Portland ME 04102	Kidney and Pancreas Transplant
13 MMC Falmouth Campus 5 Bucknam Road Falmouth ME 04105	General Medicine
14 Urology 100 Brickhill Ave, Suite 100 South Portland ME 04106	Urology
15 Women's Health, Division of Gynecologic Oncology 102 Campus Drive, Unit 116 Scarborough ME 04074	Women's Healthcare
16 MMC Pediatric Clinic 22 Bramhall Street Portland ME 04102	Pediatrics
17 Maine Institute for Sleep and Breathing Disorders 930 Congress Street Portland ME 04102	Sleep and Breathing Disorders
18 MMC Turning Point Rehab Center 96 Campus Drive Scarborough ME 04074	Rehab for Cardiac Patients
19 Orthopedics 335 Brighton Ave Portland ME 04102	Orthopedic Care
20 Endocrinology & Diabetes 175 US Route 1 Scarborough ME 04074	Endocrinology and Diabetes

Part V Facility Information (continued)

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

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

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

Name and address	Type of Facility (describe)
21 Pediatric Surgery & Specialty Care 887 Congress Street	
Portland ME 04102	Pediatrics
22 Lakes Region Primary Care 584 Roosevelt Trail	
Windham ME 04062	General Medicine
23 Otolaryngology 1250 Forest Avenue	
Portland ME 04103	Otolaryngology Services
24 Falmouth Internal/Pediatric Medicine 5 Buckman Road, Suite 2A	
Falmouth ME 04105	General Medicine
25 MMC Bariatric Surgery Clinic 12 Andover Road	
Portland ME 04102	General Medical and Surgical
26 Portland Pediatrics 1577 Congress Street	
Portland ME 04102	Pediatrics
27 Ambulatory Clinic Services 48-52 Gilman Street	
Portland ME 04102	General Medicine
28 Maine Children's Cancer Program 100 Campus Drive, Unit 107	
Scarborough ME 04074	Children's Cancer Program
29 Center for Tobacco Independence 315 Park Avenue, Second Floor	
Portland ME 04101	Tobacco Treatment Center
30 Peaks Island Family Medicine 87 Central Avenue	
Peaks Island ME 04108	General Medicine

Part VI Supplemental Information

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Part I, Line 7 and Part III, Line 8 - Costing Methodology Explanation

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

Part II - Community Building Activities

Community Support

- Maine Medical Center (MMC) is deeply involved in disaster planning at the local and state levels. One of three state Regional Resource Centers for Emergency Preparedness is located at the Medical Center, and the hospital has a full-time director of emergency preparedness.

- National Disaster Drill - MMC participated in the US Department of Defense exercise titled "Vigilant Guard".

- Southern Maine Regional Resource Center for Health Emergency Preparedness - Coordinated all Emergency Preparedness Activities of the Southern 4 Counties of Maine including: York, Cumberland, Sagadahoc and Lincoln. This includes both regional Hospitals, and over 300 Medical Centers, Laboratories, Clinics Ambulatory Center, Physician Practices, Long

Part VI Supplemental Information

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

Public Healthcare Emergency Preparedness.

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

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

Leadership Development and Training for Community Members

- Doc4aDay Program

Workforce Development

- CNA Training Program

Part III, Line 4 - Bad Debt Expense Explanation

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

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

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

Bad debt expense represents healthcare services Maine Medical Center has provided without compensation. As a tax-exempt hospital, Maine Medical Center provides necessary patient care regardless of the patient's ability to pay for the services. In addition, bad debt expense also includes amounts for services provided to individuals experiencing difficult personal or economic circumstances related to a portion of our community based patient population. Their medical bills often place these individuals in untenable positions where they are not able to handle their personal debt and then their new medical debt. However, because of their income level, they do not qualify for free care. By providing necessary healthcare services to those individuals either who fail to apply for

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financial assistance or who are experiencing difficult personal or economic circumstances, Maine Medical Center believes that bad debt expense should be included as a community benefit.

Part III, Line 8 - Medicare Explanation

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

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

Part III, Line 9b - Collection Practices Explanation

Patients who qualify for financial assistance have their account balance adjusted accordingly once financial assistance has been approved. For patients that do not qualify for 100% financial assistance, the appropriate

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discount percentage is applied and the remaining balance

is billed to the responsible party. Monthly payment

arrangements can be established by the responsible party

by contacting the Patient Financial Services Customer

Service department. As a tax-exempt hospital, Maine

Medical Center provides necessary patient care regardless

of the patient's ability to pay for the services. A

portion of Maine Medical Center's bad debt

Maine Medical Center, 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 these needs.

Maine Medical Center, 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 facilities: New England

Rehabilitation Hospital, City of Portland - Health and Human Services

Department, The Opportunity Alliance, Mercy Health System, VNA Home Health

Part VI Supplemental Information

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Hospice, Maine Centers for Disease Control, United Way of Greater Portland,
Healthy Casco Bay, Maine Medical Center, MaineHealth, Spring Harbor
Community Services, Healthy Portland, and MMC Physician-Hospital
Organization.

Maine Medical Center, Line Number 1 - Part V, Line 4

The CHNA was conducted through a partnership between MaineHealth, Eastern
Maine Healthcare Systems, and MaineGeneral Health.

Maine Medical Center, Line Number 1 - Part V, Line 7

The following identified community health needs were not addressed: Access
to Care/ED Visits, Alcohol and Substance Use, Infectious
Disease/Immunizations, and Mental Health. These priorities were not
addressed due to the lack of consensus from community partners regarding
the importance of the issue and/or a lack of resources to address the
issue.

Maine Medical Center, Line Number 1 - Part V, Line 12h

Upon receipt of an application, Maine Medical Center shall determine if

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an individual seeking free care qualifies for such care and if services rendered were medically necessary.

Maine Medical Center, Line Number 1 - Part V, Line 20d

Maine Medical Center uses its charges from its Charge Description

Master to determine the full charge. Then, Maine Medical Center uses

Federal Poverty Guidelines (FPG) for providing discounted care to low

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

Needs Assessment

The OneMaine Health Collaborative (OneMaine), a partnership between

MaineHealth, Eastern Maine Healthcare Systems, and MaineGeneral Health, was

first created in 2007 as a way to share information and identify the health

needs 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

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Maine's Muskie School for Public Health and Market 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 better integration of public health and healthcare can improve access, quality, and cost effectiveness of services to 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

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

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

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

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- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's 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.).
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- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 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.

brochure explaining our billing policies and contact information.

If the patient is self pay, under insured or can not afford to pay their hospital bill, they receive a Financial Policies Book and financial counseling from the registration staff or CEA, an outside vendor who helps manage the self pay accounts. The booklet includes:

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

Self pay or underinsured patients registering in person or via a phone interview receive financial counseling including information on our financial assistance programs and MaineCare. Registration staff or CEA provide forms and assist with completing financial assistance applications and providing follow up contact information.

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

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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difficulty paying their hospital bills are visited by an Admitting Financial Counselor or CEA to discuss financial assistance programs and assist with applications.

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

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

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

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

Part VI Supplemental Information

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

Community Information

Most of Maine Medical Center's services are found at our main campus at 22 Bramhall Street in Maine's largest city. Portland, a city of 64,000, is located on Maine's southern coast. The cost of living index is 116.

Services are also located at our Brighton Campus and our Family Medicine Center, both located in Portland, as well as at our campuses in

Scarborough, the Falmouth Family Health Center, and Coastal Cancer

Treatment Center in Bath. A joint venture with Southern Maine Medical

Center and Goodall Hospital, the Cancer Care Center of York County is

located in Sanford. New England Rehabilitation Hospital of Portland, a

joint venture with HealthSouth, is located on our Brighton Campus.

Maine Medical Center is the tertiary care hospital for all of Maine, caring for nearly one of every five hospital inpatients in the state. As a

nonprofit institution, Maine Medical Center provides 22 percent of all the charity care delivered in Maine. Portland, where our main campus is

located, has a large refugee and immigrant population. While serving all

Part VI Supplemental Information

Complete this part to provide the following information.

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

Health of Community in Relation to Exempt Purpose

Maine Medical Center's day-to-day operations as a tax-exempt organization include many system-wide initiatives in Cumberland County and in the state of Maine and the Northern New England region. Clinical services range from outpatient clinics for a diverse population to full inpatient and surgical services to a regional trauma center and a neuroscience institute. Many of our services and specialties are not available elsewhere in the state or in our region. We have programs in undergraduate, graduate, post-graduate, and continuing education, engage in clinical research, and support organizations and efforts whose missions augment or complement ours. We strive to be a good "institutional citizen" of our region and state. With these programs, Maine Medical Center hopes to fill existing local gaps while making a positive impact in the communities we serve. These programs include: Subsidized Health Services, Community-Based Clinical Services, Community Education Services, Health Care Support Services, Community

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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Building Activities, Medical Education and Research. See the attached Community Benefit Report for additional information on each of these programs and services.

Maine Medical Center made a net asset transfer to its wholly owned subsidiary, Maine Medical Partners, in the amount of \$37,981,136 to cover the losses related to mission-critical physician practices to ensure access for the community to such specialties as trauma surgery, neurosurgery, urology, various pediatric specialties, and high-risk obstetrics.

Affiliated Health Care Information

MaineHealth is a not-for-profit family of leading high-quality providers and other healthcare organizations working together so their communities are the healthiest in America. Ranked among the nation's top 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 Maine regional service areas.

The collaboration of MaineHealth members makes it possible to offer an extensive range of clinical integration and community health programs, many

Part VI Supplemental Information

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aimed at improving access to preventive 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 (Stephens Memorial Hospital), HomeHealth Visiting Nurses, Maine

Physician Hospital Organization, NorDx, Synernet and MaineHealth

Accountable Care Organization. The strategic affiliates of MaineHealth are

MaineGeneral Medical Center, Mid Coast Hospital and St. Marys Regional

Medical Center.

List of States Where Community Benefit Report is Filed

Maine

Additional Information

Part I, Line 3b

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

discounted care to low income individuals. The family income limit for

Part VI Supplemental Information

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eligibility for discounted care is 176% - 225%.

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

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

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Maine Medical Center

Employer identification number

01-0238552

Part I General Information on Grants and Assistance

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

Yes No [X] Yes [] No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

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

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

Schedule I (Form 990) (2012)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Scholarships	160	1,559,800			
2					
3					
4					
5					
6					
7					

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

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

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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Maine Medical Center

Employer identification number

01-0238552

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>										
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>										
<p>3 Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
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<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>										
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>										
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>										
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>										
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	William I. Caron, Jr. Trustee	(i) 0 (ii) 693,849 (iii) 334,713	0 165,000	0 334,713	0 55,175	0 20,636	0 1,269,373	0 0
2	Richard W. Petersen President	(i) 0 (ii) 654,220 (iii) 374,695	0 162,000	0 374,695	0 42,885	0 20,221	0 1,254,021	0 0
3	Reed Quinn, M.D. Trustee	(i) 0 (ii) 512,100 (iii) 1,697	0 143,750	0 1,697	0 55,447	0 11,827	0 724,821	0 0
4	Samuel Broadus, M.D. Trustee	(i) 0 (ii) 371,451 (iii) 7,666	0 10,000	0 7,666	0 34,021	0 17,277	0 440,415	0 0
5	Peter Bates, M.D. CMO	(i) 0 (ii) 437,810 (iii) 58,992	0 61,116	0 58,992	0 49,685	0 17,956	0 625,559	0 0
6	Marjorie Wiggins CNO	(i) 0 (ii) 278,037 (iii) 151,328	0 38,997	0 151,328	0 50,480	0 9,537	0 528,379	0 0
7	John E. Heye Reg Agent	(i) 0 (ii) 299,778 (iii) 111,976	0 42,074	0 111,976	0 57,132	0 16,896	0 527,856	0 0
8	Jeffrey Sanders COO	(i) 0 (ii) 363,936 (iii) 1,651	0 67,962	0 1,651	0 23,665	0 17,535	0 474,749	0 0
9	Donald E. Quigley Asst Secy	(i) 0 (ii) 276,686 (iii) 36,595	0 36,000	0 36,595	0 69,579	0 16,438	0 435,298	0 0
10	Joseph Alexander, M.D. Surgeon	(i) 0 (ii) 774,773 (iii) 256,950	0 175,358	0 256,950	0 28,848	0 21,368	0 1,257,297	0 0
11	James Wilson, M.D. Surgeon	(i) 0 (ii) 601,702 (iii) 44,822	0 497,713	0 44,822	0 28,867	0 21,385	0 1,194,489	0 0
12	Jeffrey Florman, M.D. Surgeon	(i) 0 (ii) 601,577 (iii) 34,162	0 480,496	0 34,162	0 24,481	0 21,198	0 1,161,914	0 0
13	Konrad Barth, M.D. Surgeon	(i) 0 (ii) 597,613 (iii) 50,499	0 463,739	0 50,499	0 29,095	0 21,750	0 1,162,696	0 0
14	Rajiv Desai, M.D. Surgeon	(i) 0 (ii) 596,966 (iii) 42,123	0 391,365	0 42,123	0 23,367	0 21,499	0 1,075,320	0 0
15		(i) 0 (ii) 0 (iii) 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
16		(i) 0 (ii) 0 (iii) 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0

Part III Supplemental Information

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

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

	Severance	Nonqualified Equity-based
William L. Caron, Jr.	0	322,266
Richard W. Petersen	0	362,373
Samuel Broadus, M.D.	0	3,130
Peter Bates, M.D.	0	55,428
Marjorie Wiggins	0	147,689
John E. Heye	0	108,412
Jeffrey Sanders	0	1,111
Donald E. Quigley	0	29,797
Joseph Alexander, M.D.	0	255,673
James Wilson, M.D.	0	43,977
Jeffrey Florman, M.D.	0	33,587
Konrad Barth, M.D.	0	49,222
Rajiv Desai, M.D.	0	40,846

Part III - Other Additional Information

Top management officials that are compensated by related organizations used

Schedule J (Form 990) 2012 **01-0238552**

Maine Medical Center

Part III Supplemental Information

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

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

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Maine Medical Center

Employer identification number

01-0238552

Part I Bond Issues

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

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired			13,810,000	21,260,000				
2 Amount of bonds legally defeased							1,385,000	
3 Total proceeds of issue			107,180,008	25,985,000			17,998,986	
4 Gross proceeds in reserve funds			12,743,836	4,954,673			1,745,141	
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds			484,392	163,914			186,573	
8 Credit enhancement from proceeds			38,754	9,396				
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			4,226					
11 Other spent proceeds			106,009,079	25,811,690			17,812,413	
12 Other unspent proceeds								
13 Year of substantial completion	2008							

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

Part III Private Business Use

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2 Are there any lease arrangements that may result in private business use of bond-financed property?								

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
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.		0.00 %						%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.		0.00 %						%
6 Total of lines 4 and 5		0.00 %						%
7 Does the bond issue meet the private security or payment test?		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						
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	X			
b Exception to rebate?			X		X			
c No rebate due?			X		X			
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X				X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X				X	
b Name of provider	See Part VI Morgan Stanley							
c Term of hedge	6.0							
d Was the hedge superintegrated?		X		X				
e Was the hedge terminated?		X		X				

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)?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
b Name of provider	Transamerica Life Transamerica Life							
c Term of GIC	28.1		6.0					
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
6 Were any gross proceeds invested beyond an available temporary period?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
7 Has the organization established written procedures to monitor the requirements of section 148?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				

Part V Procedures To Undertake Corrective Action

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

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

Schedule K - Date Rebate Computation Performed

Maine Health & Higher Ed. Facilities Authority 08/10/09

Schedule K - Additional Information

Maine Health & Higher Ed. Facilities Authority

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

Part II, line 4, column A - The amount shown here consists of \$8,895,951 in a debt service reserve fund, plus \$3,847,885 of debt service fund deposits.

Part IV, lines 4b and 4c, column A - There are three separate hedging contracts identified with these bonds, with Morgan Stanley Capital Services Inc. (term 28.1 years), Merrill Lynch Capital Services Inc. (term 18.1 years), and Morgan Stanley Capital Services Inc. (term 28.1 years).

Maine Health & Higher Ed. Facilities Authority

Part II, line 4, column B - The amount shown here consists of \$2,614,827 in a debt service reserve fund, plus \$2,339,846 of debt service fund deposits.

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

Part IV, line 2c, column B - The first computation date for these bonds ended 7/1/2009, and calculation was performed 8/10/2009.

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

Part IV, line 6 columns A and B - Such amounts were appropriately yield-restricted.

Maine Health & Higher Ed. Facilities Authority

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

Part II, line 4, column C - The amount shown here consists of \$1,402,046 in a debt service reserve fund, plus \$343,095 of debt service fund deposits.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

Open To Public Inspection

Name of the organization

Maine Medical Center

Employer identification number

01-0238552

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

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

1	(a) Name of disqualified person	(b) 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) Christopher Emmons	See Part V		See Part V		X
(2) Morris Fisher	See Part V		See Part V		X
(3) Peter Bates, M.D.	See Part V		See Part V		X
(4) David Wennberg, M.D.	See Part V		See Part V		X
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

Schedule L, Part V - Additional Information

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

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

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

David Wennberg, M.D. is a member of the Board of Trustees of Maine Medical Center as well as the President of Northern New England Accountable Care Collaborative (NNEACC). NNEACC was founded by three healthcare systems, including MaineHealth (Maine Medical Center's parent). All transactions

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

were at arms length, for fair value, and in the routine course of business.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

**Open To Public
Inspection**

▶ Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

Maine Medical Center

Employer identification number

01-0238552

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	<input checked="" type="checkbox"/>	6	795	Selling Price
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	<input checked="" type="checkbox"/>		226	Selling Price
5 Clothing and household goods	<input checked="" type="checkbox"/>		1,025	Selling Price
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	<input checked="" type="checkbox"/>	22	44,612	Fair Market Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	<input checked="" type="checkbox"/>	4	1,070	Selling Price
19 Food inventory	<input checked="" type="checkbox"/>	4	730	Selling Price
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Gifts in Kind)	<input checked="" type="checkbox"/>	11		
26 Other ▶ (Auction Items)	<input checked="" type="checkbox"/>	42	4,983	Selling Price
27 Other ▶ ()				
28 Other ▶ ()				

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

29 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		<input checked="" type="checkbox"/>
31	<input checked="" type="checkbox"/>	
32a		<input checked="" type="checkbox"/>

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

Part I, Line 33 - Explanation for Not Reporting Revenue

There were two contributions of stock that were received during FY13 as a payment on a prior year pledge. Accordingly, no additional revenue was recorded for these contributions. The contributions are included in column (b).

There were eleven gifts-in-kind of non cash contributions that were not recorded as revenue.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Maine Medical Center

Employer identification number

01-0238552

Form 990 - Organization's Mission or Most Significant Activities

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

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

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

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

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

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

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

Name of the organization

Maine Medical Center

Employer identification number

01-0238552

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

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

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

Name of the organization

Maine Medical Center

Employer identification number

01-0238552

10. The selection, annual election, evaluation, and termination of the Medical Center's CEO;

11. The authorization for the commencement of litigation by the Medical Center other than routine collection actions;

12. The adoption of the Medical Center's Bylaws and any amendments and modifications to the Medical Center's Bylaws.

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

The 990 was reviewed in detail by the Finance Committee of the Board of Trustees. The 990 was also made available to the full Board of Trustees.

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

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

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

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

Maine Medical Center uses an outside firm, Sullivan Cotter, to perform an independent benchmark analysis. They meet with the Board of Trustees Executive Compensation Committee to review the CEO's benchmark report.

The Executive Committee then deliberates on MMC's written salary and incentive compensation plan philosophy and documents before making a final

Name of the organization

Maine Medical Center

Employer identification number

01-0238552

decision. All decisions and meetings are captured in minutes. There is appropriate reporting at all levels.

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

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

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

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

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

Retirement Benefit Plan Adjustments	\$ 91,195,810
Equity Transfers to Affiliates	\$ -40,477,575
Net Assets Released from Restriction	\$ -6,986,626

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Maine Medical Center

Employer identification number

01-0238552

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

2012

Open to Public Inspection

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

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

	(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)	MaineHealth (MH) 110 Free Street Portland ME 04101 01-0431680	Healthcare	ME	501c3	11c	N/A		X
(2)	MMC Realty 22 Bramhall Street Portland ME 04102 01-0434215	Prop Mgmt	ME	501c3	11a	MMC	X	
(3)	Maine Mental Health Partners 123 Andover Road Westbrook ME 04092 26-3426990	Healthcare	ME	501c3	11c	MH		X
(4)	Lincoln County Health Care, Inc. 6 St. Andrews Lane Boothbay Harbor ME 04538 26-1475629	Healthcare	ME	501c3	11c	MH		X
(5)	Western Maine Health Care Corp 181 Main Street Norway ME 04268 01-0411788	Healthcare	ME	501c3	11c	MH		X

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Maine Medical Center

Employer identification number
01-0238552

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.)

	(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)	Waldo County Healthcare, Inc. P.O. Box 287 Belfast ME 04915-0287 22-2864961	Healthcare	ME	501c3	11c	MH		X
(2)	Geriatric Resource Network 110 Free Street Portland ME 04101 01-0542842	Healthcare	ME	501c3	7	MH		X
(3)	HomeHealth Visiting Nurses of So ME 15 Industrial Park Drive Saco ME 04072 22-2571902	Healthcare	ME	501c3	9	MH		X
(4)	Nordx 301A US Route One Scarborough ME 04074 01-0511356	Laboratory	ME	501c3	9	MH		X
(5)	Pen Bay Healthcare 4 White Street Rockland ME 04841 22-2494475	Admin	ME	501c3	11c	MH		X

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Maine Medical Center

Employer identification number
01-0238552

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

2012

Open to Public Inspection

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

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

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	MaineHealth Cardiology 110 Free Street Portland ME 04101 45-2525629	Healthcare	ME	501c3	9	MH		X
(2)								
(3)								
(4)								
(5)								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MaineHealth Accountable Care Org 110 Free Street Portland ME 04101 45-2929273	AdminServ	ME	MH	Related	0	1,719,090	X		N/A	X		65.30
(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) Maine Medical Partners (MMP) 22 Bramhall Street Portland ME 04102 01-0442142	Healthcare	ME	MMC	C	3,139,000	34,799,000	100.000000	X	
(2) Synernet, Inc. 110 Free Street Portland ME 04101 01-0539789	AdminServ	ME	N/A	C	N/A	N/A	N/A		X
(3) Maine Physician Hospital Org. 110 Free Street Portland ME 04101 01-0527540	Healthcare	ME	N/A	C	N/A	N/A	N/A		X
(4) MMC Clinical Services Support Corp. 22 Bramhall Street Portland ME 04102 20-3656876	AdminServ	ME	MMP	C	4,296,932	6,851,928	100.000000	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(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) Southern Maine Health Care PO Box 656 Biddeford ME 04005-0626 46-1211705	Healthcare	ME	N/A	C	N/A	N/A	N/A		X
(2)									
(3)									
(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 (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
Maine Medical Partners	j	36,843,211	Fair Market Value
Maine Medical Partners	o	102,960,036	Fair Market Value
Maine Medical Partners	p	1,071,667	Fair Market Value
Maine Medical Partners	q	29,864,067	Fair Market Value
Maine Medical Partners	r	131,866,710	Fair Market Value
Maine Medical Partners	s	106,338	Fair Market Value

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?

	1a	1b	1c	1d	1e	1f	1g	1h	1i	1j	1k	1l	1m	1n	1o	1p	1q	1r	1s
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	X	X																	
b Gift, grant, or capital contribution to related organization(s)			X	X															
c Gift, grant, or capital contribution from related organization(s)																			
d Loans or loan guarantees to or for related organization(s)																			
e Loans or loan guarantees by related organization(s)																			
f Dividends from related organization(s)																			
g Sale of assets to related organization(s)																			
h Purchase of assets from related organization(s)																			
i Exchange of assets with related organization(s)																			
j Lease of facilities, equipment, or other assets to related organization(s)																			
k Lease of facilities, equipment, or other assets from related organization(s)																			
l Performance of services or membership or fundraising solicitations for related organization(s)																			
m Performance of services or membership or fundraising solicitations by related organization(s)																			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)																			
o Sharing of paid employees with related organization(s)																			
p Reimbursement paid to related organization(s) for expenses																			
q Reimbursement paid by related organization(s) for expenses																			
r Other transfer of cash or property to related organization(s)																			
s Other transfer of cash or property from related organization(s)																			

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)	MMC Realty	s	529,375	Fair Market Value
(2)	MMC Realty	k	3,321,826	Fair Market Value
(3)	MMC Realty	o	168,491	Fair Market Value
(4)	MMC Realty	q	1,901,851	Fair Market Value
(5)				
(6)				

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

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

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

Maine Medical Center

FY13 Community Benefit Report

I. Why create a Community Benefit report?

Maine Medical Center operates as a tax exempt organization and provides services across Cumberland County, the state of Maine, and Northern New England. These services include outpatient clinics for a diverse population, full inpatient and outpatient surgical services, a research institute, a simulation center, cancer institute, neuroscience institute, and The Barbara Bush Children's Hospital. Many of these services, such as the medical school and clinical research programs, are not available anywhere else in the state. Maine Medical Center also serves as the only Level 1 Trauma Center in Maine.

Maine Medical Center is a role model for the community, and pursues collaborations with organizations and initiatives whose missions augment or complement its own. As a nonprofit institution, Maine Medical Center provides nearly 23 percent of all the charity care delivered in Maine, and by practicing healthy behaviors, educating the public, and providing services for all who need them, it aims to increase the health of the population of Maine, regardless of socioeconomic factors.

This report summarizes Maine Medical Center's community benefits efforts over the last year. The final section (VIII) also provides a financial summary of charity care, bad debt, government-sponsored health care, and all subsidized community programs and other support.

II. Organizational Description and Information

Maine Medical Center is dedicated to maintaining and improving the health of the community it serves by caring for the community, educating tomorrow's caregivers and researching new ways to provide care. It proudly carries its unique responsibility as Maine's leader in patient care, education, and research. Maine Medical Center is dedicated to the traditions and ideals of not-for-profit health care, and safe, patient and family centered care is available and accessible to all who seek it. MMC is the flagship hospital of MaineHealth, a health system serving central, southern, and western Maine and one of the top 100 integrated health care systems in the country.

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

III. Community Needs Assessment

The MMC Board is made up of a diverse set of community members. Each MaineHealth Member Board requires a thorough community needs assessment and directs its organization to respond to the needs identified. MaineHealth also participates in various initiatives to help support and provide updates to community needs assessment planning. Some of these initiatives include:

- Clinical Strategic Planning
- Financial Strategic Planning

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

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

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

Plans call for a Community Health Needs Assessment to be replicated every three years. In the summer of 2013, MaineHealth created “CHNA and Implementation Plan Reports” in collaboration with member hospitals. These detailed reports covered the time period of 2013-15 and were formally adopted by each member organization Board for submission with the FY13 990 filing – ACA compliance required these reports to be completed no later than April 2014.

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

Community Health Improvement Services and Community Benefits Operations

Sagamore Village Health Center

MMC provides staff and support for clinics in a disadvantaged Portland neighborhood.

Portland Community Free Clinic

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

Medical Tent Support

MMC physicians provide medical support for local and regional running events including the Maine Marathon and Boston Marathon.

School-based Clinics

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

Health Fair at Portland Adult Education

MMC RNs planned a community health fair on MMC time. The fair covered hand hygiene, oral care, blood pressure screening and more.

Sports Medicine Game Coverage and Pre-Assessments

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

Epilepsy Support Group

This support group is available to anyone who has been diagnosed with epilepsy, as well as their family or friends.

Taxi Vouchers, Clothing, etc.

MMC provides taxi vouchers to patients who need transportation home. Also, Social Work provides petty cash and some clothing for patients.

HIM High School Career Fair

Managers and Supervisors from HIM participated in a half day High School Career Fair introducing students to careers in HIM.

Health Professions Education

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

Subsidized Health Services**Care Partners**

MMC plays two roles in this MaineHealth-sponsored program: funding and providing free care. CarePartners is a "safety net" program designed to provide care for those who cannot afford commercial insurance but are not eligible for government programs. CarePartners provides administrative support to help serve the target population, including comprehensive eligibility assessment, care management, and access to low cost or free pharmaceuticals. In addition to the free care that MMC gives as a provider in the program, we make a financial contribution to its operations.

Outpatient Clinics

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

Behavioral Health Care

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

Care Management

This program assists patients with lodging, medicine, transportation, and medical equipment.

Oncology Patient Navigators

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

Language Line and Interpretive Services

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

Palliative Care Program

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

Sign Language Interpreting Services

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

Uncompensated Care Drug Program

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

Tutoring

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

Northern New England Poison Center

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

Maine Medical Partners

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

Research

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

Cash and In-kind Contributions

Contributions

MMC makes carefully selected contributions to other nonprofit organizations whose activities augment or complement MMC's mission. Significant contributions went to the American Heart Association, Let's Go, Educated Maine and support for the Campaign for Maine's Community Colleges.

Charles A. Dana Health Education Center & East Tower Classrooms

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

United Way

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

Portland Fire Fighters

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

Community Support (Community Building Activities)

Disaster Preparation

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

National Disaster Drill

MMC participated in the US Department of Defense exercise titled "Vigilant Guard".

Maine State Chamber of Commerce

MMC is a dues paying member of the organization.

Southern Maine Regional Resource Center for Health Emergency Preparedness

The Center coordinates all Emergency Preparedness Activities for the Southern four counties of Maine, which include York, Cumberland, Sagadahoc and Lincoln. This includes 2 regional Hospitals, and over 300 Medical Centers, Laboratories, Clinics Ambulatory Center, Physician Practices Long Term Care Centers and Home Health Agencies in our region, along with Public Healthcare Emergency Preparedness.

Clinical Pastoral Education

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

Doc4aDay

Students, chosen from underrepresented minority groups or educationally or economically disadvantaged backgrounds, receive an overview of what is involved in becoming a physician, and participate in hands on clinical activities in the simulation lab.

CNA Training Program

The CNA course is a state approved, 190-hour course which is free of charge to students accepted to the program. It includes classroom work, skills labs, and clinical experiences. The 11-week program is offered through the Center for Clinical & Professional Development with support and ongoing interaction from Human Resources. Upon course completion, students sit for the state certification exam. This initiative is a service to our community offering unique opportunities for diverse populations who otherwise might not be able to afford the education. Many CNA graduates are ultimately employed by Maine Medical Center. However, the program also provides graduates for other agencies or settings within the area. CNAs are a valued part of the nursing team at Maine Medical Center.

Surgical Tech Training Program

The MMC School of Surgical Technology prepares highly qualified and motivated students to be members of a modern surgical team.

Maine Medical Center's Aggregate "Net Community Benefit Investment" = \$87,846,305

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

Community Health Improvement Services and Community Benefit Operations

AMI/PERFUSE Program – The AMI/PERFUSE program helps caregivers provide the highest quality care and achieve the best possible outcomes for patients who experience an acute myocardial infarction – regardless of the patient's point of entry into the MaineHealth system. A network of providers ensures that heart attack patients receive timely, evidence-based treatment.

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

Emergency Medicine – The Emergency Medicine Program improves the quality of care received by patients in the emergency departments of MaineHealth member and affiliate hospitals. The program works to streamline processes and to effectively meet the acute medical needs of patients in the ED. Program staff provide training to emergency medical personnel and work with ambulance services to inform the care provided before patients arrive at the hospital.

Heart Failure – The Heart Failure Program improves health outcomes for patients with heart failure by promoting best practices in care at MaineHealth hospitals and across all care settings.

The program supports a comprehensive, integrated approach for patients and their families as they move from one care environment to another.

Hospital Medicine – The goal of this program is to enhance standardization of clinical care by supporting system level inpatient order sets. This includes formalizing the MaineHealth Order Set Review Committee entity with program plans, roles, charter, processes, tools, reports and governance.

Infection Prevention – The Infection Prevention Program works to reduce infection rates, improve outcomes for patients and decrease preventable hospitalizations across the MaineHealth system. The program aims to reduce hospital-acquired infections through improved hand hygiene compliance.

Mental Health Integration – The Mental Health Integration Program works to improve patient care by bringing mental health clinicians into medical settings, and by improving the collaboration between medical and mental health providers. The goal of the program is to help people get effective and efficient care for mental and behavioral health problems.

Oncology - The Oncology Program promotes high quality oncologic care across the system, ensuring easy access and effective transitions among specialists and locations. The program provides screening and treatment guidelines to clinicians, provides patient education materials to patients, improves awareness of clinical trials, improves access to genetic services and improves the overall delivery of cancer care.

Palliative Care - The Palliative Care Program promotes palliative care across the system. The initiative includes clinician education about palliative care including identification of patients who may benefit from palliative care, provision of palliative services for complex medical conditions, addressing ethical issues and engaging patients in discussing goals of care. The program promotes the use of Physician Orders for Life Sustaining Treatment (POLST) within each MH institution as well as community based advance directive/care planning.

Patient Centered Medical Home – This program supports the MaineHealth Members' strategy for creating a strong primary care network by assisting primary care practices with Patient Centered Medical Home transformation. Efforts include increasing regional capacity in quality improvement and practice redesign by offering learning collaboratives for practices, a coach development program and providing educational opportunities including the dissemination of tools and resources.

Pharmacy and Therapeutics - The Pharmacy and Therapeutics Program works to improve outcomes of patients in the MaineHealth system by reducing variations in care and promoting best practices. The program seeks to coordinate purchasing and performance initiatives in MaineHealth hospitals.

Preventive Health - The Preventive Health Program works to deliver consistent, high-quality, preventive healthcare across the MaineHealth region for adults and children by providing best-practice, evidence-based tools and support to primary care practice teams. The purpose is to provide a preventive health focus for patients and providers that helps to reduce the prevalence and severity of chronic disease.

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

Telehealth - The Telehealth Program works to improve the health status of our communities by integrating, advancing and optimizing the use of telehealth technologies. Current telehealth technologies include connections between hospitals, such as bringing specialists to rural areas, connecting providers to patients' homes and remote monitoring of patients in critical care units in most MaineHealth hospitals.

Transitions of Care - The Transitions of Care Program works to ensure that patients receive excellent care throughout the transition from hospital to home and to community-based providers. The program works to improve patient outcomes and reduce unnecessary readmissions by supporting best practices for provider follow-up visits, coordinating medications, patient and family education, and enhancing the communications critical for excellent care once the patient leaves the hospital.

Subsidized Health Services

CarePartners – The program arranges the provision of donated healthcare services for low income uninsured Mainers in Cumberland, Kennebec, Lincoln, and Waldo Counties. CarePartners also provides administrative support to help serve the target population, including comprehensive eligibility assessment, care management, and access to low cost or free pharmaceuticals.

MedAccess – The program provided access to approximately \$16.2 million of free medications in FY13. CarePartners provides this community resource to uninsured and underinsured community members through the Patient Assistance Programs (PAPs). In addition to this service, MedAccess offers application assistance for other prescription access programs, local low-cost generic programs, and other state and federal programs either in-person or through a toll-free number (meaning MaineHealth only counts the staff and program costs/support as a “net community benefit investment” here, and not the actual dollar figure of free medications provided through the program).

Community Support

Healthy Weight Initiative – This initiative targets both children and adults in the community. The key parts of the initiative include clinical, community, and environmental/policy interventions. MaineHealth's financial support for this initiative recognizes the importance of preventing obesity as a major driver of health care costs, a major risk factor for chronic diseases, and a well-documented community epidemic.

OneMaine Health Community Health Needs Assessment – As described earlier in Section III of this report, plans call for a Community Health Needs Assessment to be replicated every three years. In the summer of 2013, MaineHealth created “CHNA and Implementation Plan Reports” in collaboration with member hospitals. These detailed reports covered the period of 2013-2015 and were formally adopted by each member organization Board for submission with the FY13 990 filing – ACA compliance required these reports to be completed no later than April 2014.

Health Index Report – MaineHealth staff creates the Health Index report to present key factors and specific elements of the health status throughout many Maine counties, focusing on measures of health improvement and specific health outcomes/goals – nearly 2,000 copies of the health index report are distributed annually to health and other community leaders and organizations.

Child Health Program - The Child Health program is focused on increasing rates of child immunizations within the MaineHealth system and statewide through clinical, community and policy interventions. The program engages health professionals and provider organizations, community partners, family members, and local and state government in its efforts in order to meet the goal of increasing Maine's 19-35 month old vaccination rate for the standard series of seven immunizations from 67% in 2010 to 82% or higher by 2016. Amid evidence of increased vaccine refusal and delay in our communities, MaineHealth's financial support for this program underscores the importance of vaccinations as the most cost-effective health prevention activity for children and one of society's greatest public health achievements.

Partnership for Healthy Aging - PHA leads the implementation of evidence-based prevention programs for older adults (Living Well, A Matter of Balance, EnhanceWellness, EnhanceFitness, Healthy IDEAS) throughout Maine. The efforts of Elder Care Services focus upon improving transitions, prevention, and quality across the care continuum. Initiatives include Care Transitions coaching, Community Links, and Falls Prevention Tools for providers and patients.

Community Health Improvement Advocacy

MaineHealth Learning Resource Centers – With four locations in Maine, the LRCs provide patients, health care providers and community members with easy access to quality health information and a wealth of educational reference material. In addition, the LRCs offer the public over 100 unique classes taught by professionals (e.g. healthy cooking, yoga, chronic disease self-management, cancer prevention, and mental health awareness).

Parkinson's Information and Referral Center – The Center is a primary resource for people with Parkinson's disease, as well as their families and healthcare providers. Assistance includes "patron requests" for information, direct physician referrals, educational outreach to health care facilities, coordinating support groups, and specialized classes for newly-diagnosed individuals.

V. Billing and Collection Practices

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

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

bill only with prior Board approval. MMC's Board has not voted to pursue such legal action in, at the minimum, the past 18 years.

VI. Charity Care Policies

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

Maine Medical Center's employees who work in Admitting, Billing, Accounts Receivable, or Patient Services are fully informed and educated about all financial assistance policies. These staff members identify unpaid bills where persons are unable to pay, and separate these potential 'charity care' bills from other bad debt accounts.

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

VII. Good Governance and Executive Compensation Policies

Good Governance

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

Executive Compensation

Maine Medical Center has a formal written compensation policy in place. In consultation with Sullivan Cotter and Associates, the MaineHealth Board Compensation Committee establishes appropriate compensation parameters for each member organization's CEO and certain members

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

VIII. Aggregate Financial Data

Maine Medical Center's Community Benefit Summary **

1. Charity care (at cost)	<u>\$18,757,608</u>
2. Bad debt (at cost)	<u>\$17,877,877</u>
3. Government-sponsored health care (shortfall) - Unpaid cost of Medicare, MaineCare, and other hospital-specific indigent care programs	<u>\$31,869,262</u>
4. Net Community Benefit Investment Programs (net expense), e.g.	<u>\$124,012,897</u>
- Outpatient Clinics	- Patient Navigators
- Uncompensated Care Drug Program	- Tutoring
- Interpreter Services	- Northern New England Poison Center

<i>Total Value of Quantifiable Benefits Provided to the Community</i>	<u>\$192,517,644</u>
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** Form created based on AHA guidelines