

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

## 2012

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2012 calendar year, or tax year beginning** OCT 1, 2012 **and ending** SEP 30, 2013

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>Mid Coast Hospital</u>		<b>D</b> Employer identification number <u>01-0215911</u>
	Doing Business As		<b>E</b> Telephone number <u>(207) 729-0181</u>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>123 Medical Center Drive</u>	<b>G</b> Gross receipts \$ <u>140,295,912.</u>	
	City, town, or post office, state, and ZIP code <u>Brunswick, ME 04011</u>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer: <u>Lois N. Skillings same as C above</u>			
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <u>www.midcoasthealth.com</u>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <u>1991</u>	<b>M</b> State of legal domicile: <u>ME</u>

Part I Summary		Prior Year	Current Year
<b>1</b> Briefly describe the organization's mission or most significant activities: <u>Acute and specialty care hospital</u>			
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>20</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>17</u>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<u>1285</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<u>500</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>0.</u>
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<u>0.</u>
	<b>8</b> Contributions and grants (Part VIII, line 1h)		<u>1,612,976.</u>
<b>9</b> Program service revenue (Part VIII, line 2g)		<u>123,422,722.</u>	<u>132,145,006.</u>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>1,097,814.</u>	<u>2,078,490.</u>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>27,124.</u>	<u>14,883.</u>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>126,160,636.</u>	<u>136,494,576.</u>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u>21,643.</u>	<u>9,588.</u>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<u>0.</u>	<u>0.</u>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u>66,643,916.</u>	<u>70,398,524.</u>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<u>0.</u>	<u>0.</u>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0.</u>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>56,416,545.</u>	<u>60,220,079.</u>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>123,082,104.</u>	<u>130,628,191.</u>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		<u>3,078,532.</u>	<u>5,866,385.</u>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <u>147,788,861.</u>	<b>End of Year</b> <u>160,736,113.</u>
	<b>21</b> Total liabilities (Part X, line 26)	<u>50,646,641.</u>	<u>56,420,671.</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>97,142,220.</u>	<u>104,315,442.</u>

### Part II Signature Block

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

<b>Sign Here</b>	Signature of officer	Date			
	<u>Lois N. Skillings, President/CEO</u> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>Nicholas E. Porto</u>	Preparer's signature <u>[Signature]</u>	Date <u>8/12/14</u>	Check if self-employed <input type="checkbox"/>	PTIN <u>P01310283</u>
	Firm's name ▶ <u>BAKER NEWMAN &amp; NOYES</u>	Firm's EIN ▶ <u>01-0494526</u>		Phone no. <u>(207) 879-2100</u>	
Firm's address ▶ <u>BOX 507 PORTLAND, ME 04112</u>					

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

X

1 Briefly describe the organization's mission: To provide quality health care and health-related services directed toward continually improving the health and wellbeing of the patients and communities we serve. We will provide compassionate, humanistic, accessible, personal, professional, efficient, cost-effective and

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 X

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

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 \$ 112,593,633. including grants of \$ 9,588.) (Revenue \$ 132,159,889.) Acute and specialty health care services were provided to residents of the Mid-Coast Maine area. Charity care was provided to those patients who did not have the ability to pay for medical services.

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

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

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

4e Total program service expenses 112,593,633.

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

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

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 17? 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 during 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, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

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

X

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management duties, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: None
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.
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: Michael Perry - (207) 373-6000, 123 Medical Center Drive, Brunswick, ME 04011

**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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) Lenora Burke Director	0.30	X						0.	0.	0.
(2) Charles Frizzle Director	0.30	X						0.	0.	0.
(3) William S. Gardiner Director	0.30	X						0.	0.	0.
(4) Donald Gerrish Director	0.30	X						0.	0.	0.
(5) Susan Gillies Director	0.30	X						0.	0.	0.
(6) Jill Haer Director	0.30	X						0.	0.	0.
(7) Patrice Hennin Director	0.30	X						0.	0.	0.
(8) Connie Jones Director	0.30	X						0.	0.	0.
(9) Steven Levesque Director	0.30	X						0.	0.	0.
(10) Lloyd Van Lunen, M.D. Director	0.30	X						0.	0.	0.
(11) Anne Marsh Director	0.30	X						0.	0.	0.
(12) Daniel Morgenstern, M.D. (part Director	0.30	X						0.	0.	0.
(13) Douglas Niven Director	0.30	X						0.	0.	0.
(14) Abigail Manny (part year) Director/Auxiliary President	0.30	X		X				0.	0.	0.
(15) Ellen Hutchinson Director/Auxiliary President	0.30	X		X				0.	0.	0.
(16) James Mullen, M.D. President Medical Staff	0.30	X		X				17,448.	0.	0.
(17) James Rines, M.D. VP of Medical Staff	41.80	X		X				170,879.	0.	29,179.

**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 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			
(18) Ervin Snyder Chairperson	0.30	X		X				0.	0.	0.
(19) Dean Patterson Vice Chairperson	0.30	X		X				0.	0.	0.
(20) Glenn L. Hutchinson Treasurer	0.30	X		X				0.	0.	0.
(21) Charles Bridge Secretary	0.30	X		X				0.	0.	0.
(22) Lois N. Skillings President/CEO	30.50									
	9.50	X		X				0.	354,884.	70,580.
(23) Robert McCue CFO	30.50									
	9.50			X				0.	254,844.	57,286.
(24) Jonathan Telsey, M.D. Physician	41.50					X		462,454.	0.	35,080.
(25) Robert Livingston, M.D. Physician	41.50					X		438,250.	0.	24,739.
(26) R. Scott Schafer, M.D. Physician	41.50					X		316,850.	0.	35,800.
								1,405,881.	609,728.	252,664.
<b>1b Sub-total</b>								629,408.	0.	58,601.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,035,289.	609,728.	311,265.
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **70**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
Coastal Maine Emergency Physicians P.O. Box 270, South Freeport, ME 04078	ER Facility Coverage	1,096,452.
Midcoast Pediatrics, 121 Medical Center Drive, Suite 2600, Brunswick, ME 04011	Physician Coverage	712,280.
Mid Coast Anesthesia PA, 121 Medical Center Drive, Box 6, Brunswick, ME 04011	Anesthesiology Services	488,477.
Spectrum Medical Group PO Box 590, Portland, ME 04112	Physician Coverage	418,231.
CompHealth Med Staff PO Box 972670, Dallas, TX 75397-2670	Physician Coverage	405,677.

**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 **25**

See Part VII, Section A Continuation sheets Form 990 (2012)



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 15,640.				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 1,528,378.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 712,179.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$	33,178.				
	<b>h Total.</b> Add lines 1a-1f	▶ 2,256,197.				
<b>Program Service Revenue</b>	<b>2 a</b> Net Patient Service Revenue	Business Code 621400	127,454,468.	127,454,468.		
	<b>b</b> Miscellaneous Revenue	621400	2,843,210.	2,843,210.		
	<b>c</b> Electronic Health Records Revenue	621400	1,847,328.	1,847,328.		
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f	▶ 132,145,006.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	▶ 1,287,261.			1,287,261.	
	<b>4</b> Income from investment of tax-exempt bond proceeds	▶				
	<b>5</b> Royalties	▶				
	<b>6 a</b> Gross rents	(i) Real	14,883.			
		(ii) Personal				
		<b>b</b> Less: rental expenses	0.			
		<b>c</b> Rental income or (loss)	14,883.			
	<b>d</b> Net rental income or (loss)	▶ 14,883.	14,883.			
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	4,564,130.			
		(ii) Other	15,538.			
		<b>b</b> Less: cost or other basis and sales expenses	3,782,395.	6,044.		
		<b>c</b> Gain or (loss)	781,735.	9,494.		
	<b>d</b> Net gain or (loss)	▶ 791,229.			791,229.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 15,640. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	12,897.			
		<b>b</b> Less: direct expenses	12,897.			
<b>c</b> Net income or (loss) from fundraising events		▶ 0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold					
	<b>c</b> Net income or (loss) from sales of inventory	▶				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b>	<b>a</b>					
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d	▶				
<b>12 Total revenue.</b> See instructions	▶	136,494,576.	132,159,889.	0.	2,078,490.	

**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 United States. See Part IV, line 21	9,588.	9,588.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	242,011.	233,028.	8,983.	
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	58,223,900.	51,334,045.	6,889,855.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	981,882.	789,011.	192,871.	
9 Other employee benefits	8,094,141.	6,504,210.	1,589,931.	
10 Payroll taxes	2,856,590.	2,295,470.	561,120.	
11 Fees for services (non-employees):				
a Management				
b Legal	75,904.		75,904.	
c Accounting	61,100.		61,100.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	12,406,047.	9,969,134.	2,436,913.	
12 Advertising and promotion	401,285.	322,461.	78,824.	
13 Office expenses	8,856,436.	7,116,771.	1,739,665.	
14 Information technology				
15 Royalties				
16 Occupancy	5,472,155.	4,397,262.	1,074,893.	
17 Travel	53,425.	42,931.	10,494.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,706,926.	1,371,635.	335,291.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,359,816.	4,306,990.	1,052,826.	
23 Insurance	1,672,656.	1,344,097.	328,559.	
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 Patient and Non Patient	8,560,592.	8,317,480.	243,112.	
b Provision for Bad Debts	6,431,743.	6,431,743.		
c Pharmacy Expenses	5,988,807.	4,812,429.	1,176,378.	
d Revenue Tax	2,267,831.	2,267,831.		
e All other expenses	905,356.	727,517.	177,839.	
25 Total functional expenses. Add lines 1 through 24e	130,628,191.	112,593,633.	18,034,558.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**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	
<b>Assets</b>	1	Cash - non-interest-bearing	3,161,304.	1	5,581,029.
	2	Savings and temporary cash investments	13,507,857.	2	25,668,602.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	11,940,926.	4	16,023,706.
	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 instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	2,026,841.	8	2,149,927.
	9	Prepaid expenses and deferred charges	2,456,698.	9	2,589,367.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 107,833,835.		
	b	Less: accumulated depreciation	10b 54,022,423.	10c	53,811,412.
	11	Investments - publicly traded securities	37,940,259.	11	42,832,550.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	327,155.	14	309,958.
	15	Other assets. See Part IV, line 11	20,390,535.	15	11,769,562.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	147,788,861.	16	160,736,113.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	13,125,853.	17	12,470,072.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	31,789,380.	20	31,460,200.
	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		23	
	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	5,731,408.	25	12,490,399.
	26	<b>Total liabilities.</b> Add lines 17 through 25	50,646,641.	26	56,420,671.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	80,970,585.	27	86,576,067.
	28	Temporarily restricted net assets	8,569,246.	28	9,960,251.
	29	Permanently restricted net assets	7,602,389.	29	7,779,124.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances</b>	97,142,220.	33	104,315,442.
	34	<b>Total liabilities and net assets/fund balances</b>	147,788,861.	34	160,736,113.

**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)	136,494,576.
2	Total expenses (must equal Part IX, column (A), line 25)	130,628,191.
3	Revenue less expenses. Subtract line 2 from line 1	5,866,385.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	97,142,220.
5	Net unrealized gains (losses) on investments	1,317,692.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	-10,855.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	104,315,442.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2012)