

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 private foundations)

Do not enter Social Security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**  
Open to Public Inspection

**A For the 2013 calendar year, or tax year beginning 10/01/13, and ending 09/30/14**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>Maine Medical Center</b></p> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p><b>22 Bramhall Street</b></p> City or town, state or province, country, and ZIP or foreign postal code <p><b>Portland ME 04102</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>01-0238552</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>207-662-2576</b></p> <b>G</b> Gross receipts\$ <b>2063215506</b>
<b>F</b> Name and address of principal officer: <p><b>Richard W. Petersen</b>  <b>22 Bramhall Street</b>  <b>Portland ME 04102</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>www.mmc.org</b>		<b>L</b> Year of formation: <b>1951</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>M</b> State of legal domicile: <b>ME</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>See Schedule O</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	8516
	6	Total number of volunteers (estimate if necessary)	6	700
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,338,175
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
<b>Revenue</b>			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	25,340,716	22,917,442
	9	Program service revenue (Part VIII, line 2g)	819,732,865	854,624,617
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,899,856	20,059,428
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	124,973,786	118,969,427
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	991,947,223	1016570914	
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,559,800	2,511,536
	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)	505,920,920	498,412,835
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	76,492	45,000
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,665,490</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	405,468,066	419,780,071
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	913,025,278	920,749,442
	19	Revenue less expenses. Subtract line 18 from line 12	78,921,945	95,821,472
<b>Net Assets or Fund Balances</b>			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	1156161439	1226677804
	21	Total liabilities (Part X, line 26)	446,077,645	502,575,111
22	Net assets or fund balances. Subtract line 21 from line 20	710,083,794	724,102,693	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer:	Date: <b>8/11/15</b>
	Type or print name and title: <b>Lugene Inzana Sr. VP, Finance &amp; CFO</b>	

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line 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 \$ **192,869,038** including grants of\$ ) (Revenue \$ **322,904,431** )

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

**Total Patient Days - 153,579**

**See attached Community Benefit Statement.**

**4b** (Code: ) (Expenses \$ **153,680,963** including grants of\$ ) (Revenue \$ **515,202,328** )

**Operating Room and Scarborough Surgery Center**

**Total Visits - 29,100**

**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 \$ **35,972,634** including grants of\$ ) (Revenue \$ **74,617,814** )

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

**Total Visits - 86,813**

**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 \$ **374,800,417** including grants of\$ **2,511,536** ) (Revenue \$ **71,323,381** )

**4e** Total program service expenses ▶ **757,323,052**

**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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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? If "Yes," complete Schedule C, Part II	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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 or other assistance to any domestic organization or government 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 or 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 25a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

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

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1a</b>	<b>804</b>		
<b>1b</b>	<b>0</b>		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2a</b>	<b>8516</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>X</b>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>X</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>X</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>X</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

**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 or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
	<b>1a</b> 20		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 14		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?	<b>X</b>	
<b>7a</b>	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?	<b>X</b>	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>X</b>	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>12c</b>		<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>15b</b>		<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>X</b>	
<b>b</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?	<b>X</b>	
<b>16b</b>		<b>X</b>	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **ME**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website    Another's website    Upon request    Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **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 or note to any line 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	1,034,119	79,809	
(2) Richard W. Petersen President	50.00 0.00	X		X			972,161	0	65,989	
(3) Reed Quinn, M.D. Trustee	50.00 0.00	X					834,960	0	163,840	
(4) Jack McGarry Trustee	2.00 0.00	X					0	0	0	
(5) Christopher W. Emmons Trustee	2.00 0.00	X					0	0	0	
(6) Christopher Claudio Trustee	2.00 0.00	X					0	0	0	
(7) Morris Fisher Trustee	2.00 0.00	X					0	0	0	
(8) Jere G. Michelson Trustee	2.00 0.00	X					0	0	0	
(9) William A. Burke Vice Chairman	2.00 0.00	X		X			0	0	0	
(10) Frank H. Frye Chairman	2.00 0.00	X		X			0	0	0	
(11) Costas T. Lambrew, M.D. 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) <b>Susannah Swihart</b> Trustee	2.00 0.00	X						0	0	0
(13) <b>James H. Zeitlin</b> Trustee	2.00 0.00	X						0	0	0
(14) <b>Patricia B. Stogsdill, M.D.</b> Trustee	2.00 0.00	X						0	0	0
(15) <b>Heidi Hansen</b> Trustee	2.00 0.00	X						0	0	0
(16) <b>Katherine Pope, M.D.</b> Trustee	2.00 0.00	X						0	0	0
(17) <b>David E. Wennberg, M.D.</b> Trustee	2.00 0.00	X						0	0	0
(18) <b>Margaret Bush</b> Trustee	2.00 0.00	X						0	0	0
(19) <b>Elizabeth Shorr</b> Trustee	2.00 0.00	X						0	0	0
<b>1b Sub-total</b>								<b>1,807,121</b>	<b>1,034,119</b>	<b>309,638</b>
<b>c Total from continuation sheets to Part VII, Section A</b>								<b>7,626,567</b>	<b>568,048</b>	<b>627,190</b>
<b>d Total (add lines 1b and 1c)</b>								<b>9,433,688</b>	<b>1,602,167</b>	<b>936,828</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **655**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>Southern Radiology Assoc of ME</b> <b>Portland ME 04104</b>	<b>482 Congress Street</b> <b>Medical Services</b>	<b>4,003,947</b>
<b>Chest Medicine Associates</b> <b>South Portland ME 04106-2351</b>	<b>100 Foden Road, West Bldg Ste 103</b> <b>Medical Services</b>	<b>2,771,052</b>
<b>USI Insurance Services LLC</b> <b>Norfolk VA 23510</b>	<b>300 E Main ST 1300</b> <b>Insurance</b>	<b>1,402,365</b>
<b>Community Physicians of Maine</b> <b>Portland ME 04101</b>	<b>110 Free Street</b> <b>Medical Services</b>	<b>1,327,391</b>
<b>Garrand</b> <b>Portland ME 04101-2665</b>	<b>75 Washington Ave, Ste 201</b> <b>Marketing Services</b>	<b>1,300,993</b>

**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 **63**

**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) Katherine B. Coster Trustee	2.00 0.00	X						0	0	0
(13) Peter Bates, M.D. Sr VP Medical Affairs	50.00 0.00			X				508,704	0	63,880
(14) John E. Heye Reg Agent	50.00 0.00			X				454,038	0	68,896
(15) Marjorie Wiggins CNO	50.00 0.00			X				407,868	0	55,322
(16) Jeffrey Sanders COO	50.00 0.00			X				383,927	0	42,530
(17) Donald E. Quigley Asst Secrty	0.00 50.00			X				0	326,490	87,657
(18) Robert S. Frank Secretary	2.00 50.00			X				0	241,558	44,286
(19) Lugene Inzana Sr VP of Finance/CFO	50.00 0.00			X				0	0	0
<b>1b Sub-total</b>								<b>1,754,537</b>	<b>568,048</b>	<b>362,571</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (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) Robert Ecker, M.D. ..... Surgeon	50.00 0.00					X		1,266,074	0	49,957
(13) William D'Angelo, M.D. ..... Surgeon	50.00 0.00					X		1,165,330	0	55,012
(14) Joseph Alexander, M.D. ..... Surgeon	50.00 0.00					X		1,150,286	0	53,175
(15) James Wilson, M.D. ..... Surgeon	50.00 0.00					X		1,145,441	0	53,183
(16) Konrad Barth, M.D. ..... Surgeon	50.00 0.00					X		1,144,899	0	53,292
(17)										
(18)										
(19)										
<b>1b Sub-total</b> .....								<b>5,872,030</b>		<b>264,619</b>
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1a</b> Federated campaigns	<b>1a</b> 304,662					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b> 654,277					
	<b>d</b> Related organizations	<b>1d</b> 164,916					
	<b>e</b> Government grants (contributions)	<b>1e</b> 15,682,770					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 6,110,817					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	542,633					
	<b>h</b> Total. Add lines 1a-1f		22,917,442				
Program Service Revenue	<b>2a</b> Net Patient Service Revenue	Busn. Code 623000	854,624,617	854,624,617			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g</b> Total. Add lines 2a-2f		854,624,617				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		8,126,710			8,126,710	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	1058450324				
		(ii) Other	29,514				
	<b>b</b> Less: cost or other basis & sales exps.	1046513424	33,696				
	<b>c</b> Gain or (loss)	11,936,900	-4,182				
	<b>d</b> Net gain or (loss)		11,932,718	11,932,718			
	<b>8a</b> Gross income from fundraising events (not including \$ 654,277 of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	238,105				
		<b>b</b> Less: direct expenses	97,472				
<b>c</b> Net income or (loss) from fundraising events		140,633			140,633		
<b>9a</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>10a</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							
Miscellaneous Revenue		Busn. Code					
<b>11a</b> HR and IS Shared Services Rev	900099	102,465,331	102,465,331				
<b>b</b> Other Revenue	900099	16,394,935	16,394,935				
<b>c</b> Admin. Services Revenue	561000	1,338,175		1,338,175			
<b>d</b> All other revenue	900099	-1,369,647	-1,369,647				
<b>e</b> Total. Add lines 11a-11d		118,828,794					
<b>12</b> Total revenue. See instructions.		1016570914	984,047,954	1,338,175	8,267,343		

**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 or note to any line 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
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	926,736	926,736		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,584,800	1,584,800		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	4,114,304	1,049,423	3,064,881	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	88,847	88,847		
<b>7</b> Other salaries and wages	370,280,814	298,882,687	70,316,326	1,081,801
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	39,750,717	32,202,056	7,548,661	
<b>9</b> Other employee benefits	58,212,930	47,158,295	11,054,635	
<b>10</b> Payroll taxes	25,965,223	20,962,136	4,930,796	72,291
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	1,669,639		1,669,639	
<b>c</b> Accounting	1,622,306		1,622,306	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7	45,000			45,000
<b>f</b> Investment management fees	1,449,036		1,449,036	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	45,498,634	29,608,455	15,840,726	49,453
<b>12</b> Advertising and promotion	2,007,778	1,626,501	381,277	
<b>13</b> Office expenses	139,705,643	137,708,196	1,876,820	120,627
<b>14</b> Information technology	25,372,984	20,554,654	4,818,330	
<b>15</b> Royalties				
<b>16</b> Occupancy	22,625,893	18,328,819	4,296,657	417
<b>17</b> Travel	1,980,345	1,255,429	689,614	35,302
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,362,780	1,242,082	114,826	5,872
<b>20</b> Interest	3,071,762	2,488,434	583,328	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	56,562,119	45,820,973	10,741,146	
<b>23</b> Insurance	6,083,296	4,928,078	1,155,218	
<b>24</b> 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.)				
<b>a</b> Outside Medical Services	23,343,903	23,343,903		
<b>b</b> Hospital Tax	18,244,080	18,244,080		
<b>c</b> Maintenance	13,438,202	10,840,703	2,551,915	45,584
<b>d</b> Collection Fees	9,429,369		9,429,369	
<b>e</b> All other expenses	46,312,302	38,477,765	7,625,394	209,143
<b>25</b> Total functional expenses. Add lines 1 through 24e	920,749,442	757,323,052	161,760,900	1,665,490
<b>26</b> 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 or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1	Cash—non-interest bearing		1
	2	Savings and temporary cash investments	47,210,966	2 50,148,650
	3	Pledges and grants receivable, net	5,673,859	3 4,375,583
	4	Accounts receivable, net	77,134,240	4 76,098,329
	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	29,013	7 7,800
	8	Inventories for sale or use	7,748,253	8 9,555,690
	9	Prepaid expenses and deferred charges	1,671,209	9 3,462,982
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 942,593,373	
	b	Less: accumulated depreciation	10b 509,433,273	10c 433,107,557
	11	Investments—publicly traded securities	436,470,516	11 467,920,490
	12	Investments—other securities. See Part IV, line 11	44,115,955	12 67,275,713
	13	Investments—program-related. See Part IV, line 11	11,824,084	13 10,064,050
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	91,175,787	15 104,608,417
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1156161439	16 1226677804	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	75,294,050	17 73,868,953
	18	Grants payable		18
	19	Deferred revenue	3,387,399	19 4,930,916
	20	Tax-exempt bond liabilities	101,737,957	20 95,842,807
	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	981,309	23 73,929
	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	264,676,930	25 327,858,506
	26	<b>Total liabilities.</b> Add lines 17 through 25	446,077,645	26 502,575,111
<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	600,706,746	27 607,064,621
	28	Temporarily restricted net assets	82,892,228	28 90,065,588
	29	Permanently restricted net assets	26,484,820	29 26,972,484
	<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>	710,083,794	33 724,102,693	
34	<b>Total liabilities and net assets/fund balances</b>	1156161439	34 1226677804	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1016570914</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>920,749,442</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>95,821,472</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>710,083,794</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>4,581,680</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>-86,384,253</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>724,102,693</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> 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.	<b>X</b>	
<b>3a</b> 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>X</b>	
<b>b</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.	<b>X</b>	

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

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

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 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)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						

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

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

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	%

**16a 33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**17a 10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**b 10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2013.** 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—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

- ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
- ▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

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

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

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

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

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

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

Name of organization

**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) 2013

**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> 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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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? .....														

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		78,690
<b>j</b> Total. Add lines 1c through 1i			78,690
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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 - \$51,311

American Hospital Association - \$18,343

National Association of Children's Hospitals - \$8,736

Maine State Chamber of Commerce - \$300



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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, acreage restricted, number of easements on historic structures, and monitoring details.

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, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works 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:

	Amount
<b>c</b> Beginning balance	<b>1c 47,100,799</b>
<b>d</b> Additions during the year	<b>1d 17,920,339</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f 65,021,138</b>

**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
<b>1a</b> Beginning of year balance	101,567,447	95,782,213	89,682,688	91,020,571	82,336,677
<b>b</b> Contributions	487,484	1,466,069	1,459,049	540,226	1,430,663
<b>c</b> Net investment earnings, gains, and losses	10,241,284	10,519,165	10,664,178	-1,878,109	7,253,231
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	-3,000,000	-6,200,000	-6,023,702		
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	109,296,215	101,567,447	95,782,213	89,682,688	91,020,571

**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  **25.00** %
- c** Temporarily restricted endowment  **75.00** %

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  Yes  No
- (ii)** related organizations  Yes  No

**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.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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
<b>1a</b> Land		20,792,828		20,792,828
<b>b</b> Buildings		445,833,753	222,439,501	223,394,252
<b>c</b> Leasehold improvements		3,319,224	1,529,887	1,789,337
<b>d</b> Equipment		435,575,059	285,463,885	150,111,174
<b>e</b> Other		37,072,509		37,072,509

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  **433,160,100**

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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 <b>Hedge Funds</b>	<b>59,498,149</b>	<b>Market</b>
(A) <b>Limited Partnerships</b>	<b>7,777,564</b>	<b>Market</b>
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>67,275,713</b>	

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>Prepaid Capital Costs</b>	<b>63,311,566</b>
(2) <b>AR under Reimbursement Regulations</b>	<b>19,706,000</b>
(3) <b>Due from Related Parties</b>	<b>17,671,975</b>
(4) <b>Other Assets</b>	<b>2,819,995</b>
(5) <b>Charitable Remainder Trust</b>	<b>557,694</b>
(6) <b>Deferred Financing Costs</b>	<b>541,187</b>
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	<b>104,608,417</b>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>Accrued Retirement Benefits</b>	<b>170,271,394</b>
(3) <b>A/P under Reimbursement Regulations</b>	<b>52,880,000</b>
(4) <b>Notes Payable to Affiliate</b>	<b>28,885,136</b>
(5) <b>Self Insurance Reserves</b>	<b>17,681,412</b>
(6) <b>Asset Retirement Obligation</b>	<b>17,060,345</b>
(7) <b>Due to Related Parties</b>	<b>15,698,358</b>
(8) <b>Endowments Held for Members</b>	<b>12,377,991</b>
(9) <b>Swap Agreements</b>	<b>8,782,749</b>
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>327,858,506</b>

2. Liability for uncertain tax positions. 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.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information**

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**

Maine Medical Center's artwork creates a healing and comfortable environment for our patient's and their families.

**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 - Other Liabilities Continued**

Description	Book Value
-------------	------------

Leases Payable	2,902,801
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Other Liabilities	1,318,320
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**Part X - FIN 48 Footnote**

The Internal Revenue Service has previously determined that Maine Medical Center (MMC) and its subsidiaries (except Maine Medical Partners (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. MMP had significant net operating loss carryovers at September 30, 2014 and 2013. A valuation allowance has been provided for the entire deferred tax benefit for the net operating losses, due to the uncertainty of realization. MMP did not have taxable income in 2014 or 2013. Accordingly, no provision for income taxes has been made in the accompanying consolidated financial statements.

The Medical Center recognizes the effect of income tax positions only if those positions are more likely than not being sustained. Recognized income tax positions are measured at the largest amount of benefit that is greater than fifty percent likely to be realized upon settlement. Changes

**Part XIII Supplemental Information** (continued)

in measurement are reflected in the period in which the change in judgment occurs. The Medical Center did not recognize the effect of any income tax positions in either 2014 or 2013.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Maine Medical Center**

Employer identification number

**01-0238552**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
<b>Central America and The Caribbean</b>					
<b>(1)</b>	<b>0</b>	<b>0</b>	<b>Investments</b>		<b>32,262,492</b>
<b>(2)</b>					
<b>(3)</b>					
<b>(4)</b>					
<b>(5)</b>					
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a Sub-total</b> . . . .					<b>32,262,492</b>
<b>b Total from continuation sheets to Part I</b> . . . .					
<b>c Totals</b> (add lines 3a and 3b)					<b>32,262,492</b>

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

Schedule F (Form 990) 2013

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**Part I, Line 3 - Activities per Region**

Region	Expenditures	Investments
Central America and The Caribbean	\$ 0	\$ 32,262,492

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2013**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**Maine Medical Center**

Employer identification number

**01-0238552**

**Part I**

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

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

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

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

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

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

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

**Maine, Florida, New Hampshire**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>BBCH Golf</u> (event type)	<u>Radiothon/Telet</u> (event type)	<u>8</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	255,317	195,635	441,430	892,382
	2	Less: Contributions	98,567	195,635	360,075	654,277
	3	Gross income (line 1 minus line 2)	156,750		81,355	238,105
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	3,050		1,904	4,954
	6	Rent/facility costs	33,832		6,502	40,334
	7	Food and beverages	2,164	98	13,540	15,802
	8	Entertainment		1,299		1,299
	9	Other direct expenses	1,538	7,720	25,825	35,083
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					140,633

**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. Subtract line 7 from line 1, column (d)				

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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Hospitals**

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

**Maine Medical Center**

Employer identification number

**01-0238552**

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) 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>b</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"/>	
<b>c</b> 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.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did 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**

<b>Financial Assistance and Means-Tested Government Programs</b>	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)			<b>17,489,445</b>		<b>17,489,445</b>	<b>1.90</b>
<b>b</b> Medicaid (from Worksheet 3, column a)			<b>98,786,561</b>	<b>77,394,953</b>	<b>21,391,608</b>	<b>2.32</b>
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			<b>116,276,006</b>	<b>77,394,953</b>	<b>38,881,053</b>	<b>4.22</b>
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			<b>358,632</b>		<b>358,632</b>	<b>0.04</b>
<b>f</b> Health professions education (from Worksheet 5)			<b>55,401,728</b>	<b>10,733,821</b>	<b>44,667,907</b>	<b>4.85</b>
<b>g</b> Subsidized health services (from Worksheet 6)			<b>42,990,641</b>		<b>42,990,641</b>	<b>4.67</b>
<b>h</b> Research (from Worksheet 7)			<b>20,034,592</b>	<b>12,160,226</b>	<b>7,874,366</b>	<b>0.86</b>
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			<b>336,541</b>		<b>336,541</b>	<b>0.04</b>
<b>j Total.</b> Other Benefits			<b>119,122,134</b>	<b>22,894,047</b>	<b>96,228,087</b>	<b>10.45</b>
<b>k Total.</b> Add lines 7d and 7j			<b>235,398,140</b>	<b>100,289,000</b>	<b>135,109,140</b>	<b>14.67</b>

**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			181,010		181,010	0.02
4 Environmental improvements						
5 Leadership development and training for community members			1,313		1,313	
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			160,274		160,274	0.02
9 Other			29,740		29,740	
10 Total			372,337		372,337	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? 1		X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	16,419,308
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	
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	208,991,381
6 Enter Medicare allowable costs of care relating to payments on line 5	6	219,816,046
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-10,824,665
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** (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

If reporting on Part V, Section B for a single hospital facility 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
<b>1</b> 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):	<b>X</b>	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The health needs of the community		
<b>f</b> <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>2</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 13</u>		
<b>3</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	<b>X</b>	
<b>4</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	<b>X</b>	
<b>5</b> 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):	<b>X</b>	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V, Section C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url):		
<b>c</b> <input checked="" type="checkbox"/> Available upon request from the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
<b>a</b> <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
<b>b</b> <input checked="" type="checkbox"/> Execution of the implementation strategy		
<b>c</b> <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
<b>d</b> <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
<b>e</b> <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b> <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
<b>g</b> <input checked="" type="checkbox"/> Prioritization of health needs in its community		
<b>h</b> <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b> <input type="checkbox"/> Other (describe in Section C)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs		<b>X</b>
<b>8a</b> 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)?		<b>X</b>
<b>b</b> If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
<b>c</b> 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? <b>\$</b>		

**Part V Facility Information (continued)**

<b>Financial Assistance Policy</b>		<b>Yes</b>	<b>No</b>
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>9</b>	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? .....	<b>X</b>	
<b>10</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? .....	<b>X</b>	
If "Yes," indicate the FPG family income limit for eligibility for free care: <b>175</b> %			
If "No," explain in Section C the criteria the hospital facility used.			
<b>11</b>	Used FPG to determine eligibility for providing discounted care? .....	<b>X</b>	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <b>225</b> %			
If "No," explain in Section C the criteria the hospital facility used.			
<b>12</b>	Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> Income level		
<b>b</b>	<input type="checkbox"/> Asset level		
<b>c</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>d</b>	<input checked="" type="checkbox"/> Insurance status		
<b>e</b>	<input type="checkbox"/> Uninsured discount		
<b>f</b>	<input type="checkbox"/> Medicaid/Medicare		
<b>g</b>	<input type="checkbox"/> State regulation		
<b>h</b>	<input type="checkbox"/> Residency		
<b>i</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>13</b>	Explained the method for applying for financial assistance? .....	<b>X</b>	
<b>14</b>	Included measures to publicize the policy within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
<b>b</b>	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
<b>c</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b>	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b>	<input checked="" type="checkbox"/> The policy was available on request		
<b>g</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
<b>15</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? .....	<b>X</b>	
<b>16</b>	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 individual's eligibility under the facility's FAP:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>17</b>	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		<b>X</b>
If "Yes," check all actions in which the hospital facility or a third party engaged:			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		

**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 individuals regarding the individuals' bills
  - d**  Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
  - e**  Other (describe in Section C)

**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
<b>19</b>	<b>X</b>	

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 Section C)
- d**  Other (describe in Section C)

**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 Section C)

<b>21</b>		<b>X</b>
<b>22</b>		<b>X</b>

**21** During the tax year, did the hospital facility charge any FAP-eligible individual 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? .....

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

**Facility 1, Maine Medical Center - 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.

**Facility 1, Maine Medical Center - 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 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.

**Facility 1, Maine Medical Center - Part V, Line 4**

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

**Facility 1, Maine Medical Center - Part V, Line 5a**

[http://www.mainehealth.com/mh\\_body.cfm?id=7301](http://www.mainehealth.com/mh_body.cfm?id=7301)

**Facility 1, Maine Medical Center - 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

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

**the importance of the issue and/or a lack of resources to address the issue.**

**Facility 1, Maine Medical Center - Part V, Line 12i**

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

**Facility 1, Maine Medical Center - 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%.**

**Part V Facility Information** (continued)**Section D. 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)
<b>1</b> MMC Scarborough Campus 100 Campus Drive	General Medical and Surgical
Scarborough ME 04074	
<b>2</b> MMC Scarborough Surgical Center 84 Campus Drive	General Medical and Surgical
Scarborough ME 04074	
<b>3</b> MMC Brighton Campus 335 Brighton Ave	Emergency Care
Portland ME 04102	
<b>4</b> Cardiology 96 Campus Drive	Cardiology
Scarborough ME 04074	
<b>5</b> McGeachy Hall 216 Vaughn Street	Mental Health Services
Portland ME 04102	
<b>6</b> MMC Clinics 22 Bramhall Street	General Medicine
Portland ME 04102	
<b>7</b> Coastal Cancer Treatment Center 175 Congress Street	Cancer Treatment Center
Bath ME 04350	
<b>8</b> MMC Family Medicine 272 Congress Street	General Medicine
Portland ME 04101	
<b>9</b> Maine Transplant Program 19 West Street	Kidney and Pancreas Transplant
Portland ME 04102	
<b>10</b> Neurosurgery & Spine and Neurology 49 Spring Street	Neurosurgery, Spine and Neurology Care
Scarborough ME 04074	

**Part V Facility Information** (continued)**Section D. 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)
<b>11 Mental Health Services</b> 66 Bramhall Street	<b>Mental Health Services</b>
Portland ME 04102	
<b>12 Cape Elizabeth Internal Medicine</b> 155 Spurwink Ave	<b>General Medicine</b>
Cape Elizabeth ME 04107	
<b>13 Urology</b> 100 Brickhill Ave, Suite 100	<b>Urology</b>
South Portland ME 04106	
<b>14 MMC Pediatric Clinic</b> 22 Bramhall Street	<b>Pediatrics</b>
Portland ME 04102	
<b>15 MMC Falmouth Campus</b> 5 Bucknam Road	<b>General Medicine</b>
Falmouth ME 04105	
<b>16 Women's Health,</b> Division of Gynecologic Oncology 102 Campus Drive, Unit 116 Scarborough ME 04074	<b>Women's Healthcare</b>
<b>17 Maine Institute for Sleep and Breathing Disorders</b> 930 Congress Street Portland ME 04102	<b>Sleep and Breathing Disorders</b>
<b>18 MMC Turning Point Rehab Center</b> 96 Campus Drive	<b>Rehab for Cardiac Patients</b>
Scarborough ME 04074	
<b>19 Endocrinology &amp; Diabetes</b> 175 US Route 1	<b>Endocrinology and Diabetes</b>
Scarborough ME 04074	
<b>20 Orthopedics</b> 335 Brighton Ave	<b>Orthopedic Care</b>
Portland ME 04102	

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



**Part VI Supplemental Information**

Provide the following information.

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

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

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

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

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

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

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

- 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 2 - Bad Debt Expense Methodology

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 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

**Part VI Supplemental Information**

Provide the following information.

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

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 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 VI Supplemental Information**

Provide the following information.

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

**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 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**

**Part VI Supplemental Information**

Provide the following information.

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

**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.**

**Part VI, Line 2 - 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 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.**

**Part VI Supplemental Information**

Provide the following information.

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

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.

Part VI, Line 3 - 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 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

**Part VI Supplemental Information**

Provide the following information.

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

**- 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 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**

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

**Part VI, Line 4 - Community Information**

**Most of Maine Medical Center's services are found at our main campus at 22 Bramhall Street in Maine's largest city. Portland, a city of 66,000, is**

**Part VI Supplemental Information**

Provide the following information.

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

located on Maine's southern coast. The cost of living index is 115.

Services are also located at our Brighton Campus and our Family Medicine

Center, both located in Portland, as well as at our campuses in

Scarborough, the Falmouth Family Health Center, and Coastal Cancer

Treatment Center in Bath. A joint venture with Southern Maine Health Care,

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 24% 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 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.

Part VI, Line 5 - Promotion of Community Health

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

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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 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 \$41,000,853 to cover the losses related to mission-critical physician practices to ensure access for the community to such specialties as trauma surgery,

**Part VI Supplemental Information**

Provide the following information.

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

**neurosurgery, urology, various pediatric specialties, and high-risk obstetrics.**

**Part VI, Line 6 - Affiliated Health Care System**

**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 aimed at improving access to preventive and primary care services.**

**MaineHealth includes the following member organizations: Lincoln County Healthcare, Maine Medical Center, Maine Behavioral Healthcare (Spring Harbor Hospital), Pen Bay Healthcare (Pen Bay Medical Center), Southern Maine Health Care (Southern Maine Medical Center and Goodall campuses), Waldo County Healthcare (Waldo County General Hospital), Western Maine Health Care (Stephens Memorial Hospital), The Memorial Hospital**

**Part VI Supplemental Information**

Provide the following information.

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

**at North Conway, N.H., 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.**

**Part VI, Line 7 - State Filing of Community Benefit Report**

**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 eligibility for discounted care is 176% - 225%.**

**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	<b>Yale University</b> PO Box 1873 New Haven CT 06508-1873	06-0646973	501c3	223,748				<b>Research</b>
(2)	<b>Partners Healthcare Systems Inc</b> 529 Main Street Charlestown MA 02129	04-3230035	501c3	249,585				<b>Research</b>
(3)	<b>University of Michigan</b> 3003 South State Street Ann Arbor MI 48109-1274	38-6006309	501c3	217,052				<b>Research</b>
(4)	<b>The University of North Carolina</b> 104 Airport Drive, Suite 2200 Chapel Hill NC 27599-1350	56-6001393	501c3	220,320				<b>Research</b>
(5)	<b>The University of California -Davis</b> 1850 Research Park Drive Davis CA 95618-6153	94-3067788	501c3	9,993				<b>Research</b>
(6)								
(7)								
(8)								
(9)								

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

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

**Schedule I (Form 990) (2013)**

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Scholarships	161	1,584,800			
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** 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 Grants to Organizations, these represent subrecipient grants. A subrecipient agreement is signed by both MMC and the subrecipient stating the amount of the award, the award name, the name of the Federal Agency, requirements imposed by laws, regulations and the provisions of the grant agreement. The monthly subrecipient invoices are reviewed and approved by the Principal Investigator prior to payment to verify the Federal funds are used for authorized purposes and are included in the award budget.

For the Nursing Scholarships, as an application requirement, each

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

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

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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)**

**Compensation Information**

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

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**Maine Medical Center**

Employer identification number

**01-0238552**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</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>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>										
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....</p>										
<p><b>3</b> Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, 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				
<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									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> 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><b>4a</b> Receive a severance payment or change-of-control payment? .....</p>		<input checked="" type="checkbox"/>								
<p><b>4b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	<input checked="" type="checkbox"/>									
<p><b>4c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p>		<input checked="" type="checkbox"/>								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.</b></p>										
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>										
<p><b>5a</b> The organization? .....</p>		<input checked="" type="checkbox"/>								
<p><b>5b</b> Any related organization? .....</p>		<input checked="" type="checkbox"/>								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>										
<p><b>6a</b> The organization? .....</p>		<input checked="" type="checkbox"/>								
<p><b>6b</b> Any related organization? .....</p>		<input checked="" type="checkbox"/>								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>		<input checked="" type="checkbox"/>								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>		<input checked="" type="checkbox"/>								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>										

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

Schedule J (Form 990) 2013

**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 L. Caron, Jr. Trustee	(i)	0	0	0	0	0	0
	(ii)	699,295	0	334,824	59,222	20,587	1,113,928
2 Richard W. Petersen President	(i)	659,922	0	312,239	45,884	20,105	1,038,150
	(ii)	0	0	0	0	0	0
3 Reed Quinn, M.D. Trustee	(i)	663,709	106,250	65,001	143,849	19,991	998,800
	(ii)	0	0	0	0	0	0
4 Peter Bates, M.D. Sr VP Medical Affair	(i)	434,088	0	74,616	45,962	17,918	572,584
	(ii)	0	0	0	0	0	0
5 John E. Heye Reg Agent	(i)	312,917	0	141,121	52,151	16,745	522,934
	(ii)	0	0	0	0	0	0
6 Marjorie Wiggins CNO	(i)	303,423	0	104,445	45,647	9,675	463,190
	(ii)	0	0	0	0	0	0
7 Jeffrey Sanders COO	(i)	371,015	0	12,912	25,019	17,511	426,457
	(ii)	0	0	0	0	0	0
8 Donald E. Quigley Asst Secrty	(i)	0	0	0	0	0	0
	(ii)	295,817	0	30,673	71,252	16,405	414,147
9 Robert S. Frank Secretary	(i)	0	0	0	0	0	0
	(ii)	238,068	0	3,490	33,795	10,491	285,844
10 Robert Ecker, M.D. Surgeon	(i)	1,111,424	141,488	13,162	24,783	25,174	1,316,031
	(ii)	0	0	0	0	0	0
11 William D'Angelo, M.D. Surgeon	(i)	959,922	127,000	78,408	30,952	24,060	1,220,342
	(ii)	0	0	0	0	0	0
12 Joseph Alexander, M.D. Surgeon	(i)	965,519	127,000	57,767	28,817	24,358	1,203,461
	(ii)	0	0	0	0	0	0
13 James Wilson, M.D. Surgeon	(i)	965,519	127,000	52,922	28,819	24,364	1,198,624
	(ii)	0	0	0	0	0	0
14 Konrad Barth, M.D. Surgeon	(i)	960,609	127,000	57,290	28,841	24,451	1,198,191
	(ii)	0	0	0	0	0	0
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**Part III Supplemental Information**

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	315,764	0
Richard W. Petersen	0	289,556	0
Reed Quinn, M.D.	0	1,010	0
Peter Bates, M.D.	0	67,597	0
John E. Heye	0	131,523	0
Marjorie Wiggins	0	97,565	0
Jeffrey Sanders	0	12,370	0
Donald E. Quigley	0	23,603	0
Robert Ecker, M.D.	0	12,370	0
William D'Angelo, M.D.	0	74,832	0
Joseph Alexander, M.D.	0	56,321	0
James Wilson, M.D.	0	51,426	0
Konrad Barth, M.D.	0	56,044	0

**Part III - Other Additional Information**

Top management officials that are compensated by related organizations used

**Part III Supplemental Information**

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" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization

**Maine Medical Center**

Employer identification number

**01-0238552**

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> Maine Health & Higher Ed. Facilities	01-0314384	560425W48	05/22/08	107,180,000	Refund bonds issued		X		X		X
<b>B</b> Maine Health & Higher Ed. Facilities	01-0314384	560427LW4	08/31/11	17,998,986	Refund bonds issued		X		X		X
<b>C</b>											
<b>D</b>											

**Part II Proceeds**

	A		B		C		D	
1 Amount of bonds retired	16,880,000		2,025,000					
2 Amount of bonds legally defeased								
3 Total proceeds of issue	107,180,008		17,998,986					
4 Gross proceeds in reserve funds	13,134,375		1,745,306					
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	484,392		186,573					
8 Credit enhancement from proceeds	38,754							
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	4,226							
11 Other spent proceeds	106,009,079		17,812,413					
12 Other unspent proceeds								
13 Year of substantial completion	2008							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X					
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

**Part III Private Business Use**

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

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
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		<b>X</b>						
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		<b>X</b>						
<b>d</b> 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? ..								
<b>4</b> 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 %		%		%		%	
<b>5</b> 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 %		%		%		%	
<b>6</b> Total of lines 4 and 5 .....	0.00 %		%		%		%	
<b>7</b> Does the bond issue meet the private security or payment test? .....		<b>X</b>						
<b>8a</b> 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?		<b>X</b>						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....	%		%		%		%	
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> 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? .....		<b>X</b>						

**Part IV Arbitrage**

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

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X				
b Name of provider	Transamerica Life							
c Term of GIC	28.1							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6 Were any gross proceeds invested beyond an available temporary period?	X			X				
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X				

**Part V Procedures To Undertake Corrective Action**

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

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

**Schedule K - Additional Information**

**Maine Health & Higher Ed. Facilities**

Series 2011 bonds - With respect to Part I, column (e), and Part II, lines 1-12, column b, 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."

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 \$8,840,406 in a debt service reserve fund, plus \$4,293,969 of debt service fund deposits.

Part II, line 4, column B - The amount shown here consists of \$1,402,045 in a debt service reserve fund, plus \$343,261 of debt service fund deposits.

Part III has not been completed with respect to the bonds shown in column B, since the bonds being refinanced by such bonds were issued before 2003.

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).

Part IV, line 6, column A - Such amounts were appropriately yield-restricted.



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Transactions With Interested Persons**

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

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

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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**2013**

Open To Public Inspection

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.

1	(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.

1	(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	418,258	See Part V		X
(2) Morris Fisher	See Part V	1,016,434	See Part V		X
(3) Peter Bates, M.D.	See Part V	4,375,846	See Part V		X
(4) Christopher Claudio	See Part V	710,968	See Part V		X
(5) Jennifer Caron	See Part V	88,847	See Part V		X
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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.

Christopher Claudio is a member of the Board of Trustees of Maine Medical

**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**

Provide additional information for responses to questions on Schedule L (see instructions).

Center as well as CEO of Winxnet. Winxnet provides IT services to Maine Medical Center. All transactions were at arms length, for fair value, and in the routine course of business.

William Caron is an ex-officio Trustee of Maine Medical Center. His daughter in law, Jennifer Caron, is a Research Associate employed by Maine Medical Center.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

**Maine Medical Center**

Employer identification number

**01-0238552**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	<b>X</b>	<b>6</b>	<b>542,633</b>	<b>Fair Market Value</b>
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <b>Gifts in Kind</b> )	<b>X</b>	<b>3</b>		
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

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

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

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

There was one contribution of stock that was received during FY14 as a payment on a prior year pledge. Accordingly, no additional revenue was recorded for this contribution. This contribution is included in column (b).

There were 3 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

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

**2013**

▶ Attach to Form 990 or 990-EZ.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**Maine Medical Center**

Employer identification number

**01-0238552**

**Form 990 - Organization's Mission**

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

Net Assets Released from Restrictions	\$ 4,016,479
Equity Transfers to Affiliates	\$ 24,766,490
Retirement Benefit Plan Adjustments	\$ 57,601,284

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

**Maine Medical Center**

Employer identification number  
**01-0238552**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on 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" on 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) <b>MaineHealth (MH)</b> 110 Free Street Portland ME 04101 01-0431680	Healthcare	ME	501c3	11c	N/A		X
(2) <b>MMC Realty</b> 22 Bramhall Street Portland ME 04102 01-0434215	Prop Mgmt	ME	501c3	11a	MMC	X	
(3) <b>Maine Behavioral Healthcare</b> 123 Andover Road Westbrook ME 04092 26-3426990	Healthcare	ME	501c3	11c	MH		X
(4) <b>Lincoln County Health Care, Inc.</b> 6 St. Andrews Lane Boothbay Harbor ME 04538 26-1475629	Healthcare	ME	501c3	11c	MH		X
(5) <b>Western Maine Health Care Corp</b> 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

Name of the organization

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

**Maine Medical Center**

Employer identification number  
**01-0238552**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on 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" on 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) <b>Waldo County Healthcare, Inc.</b> P.O. Box 287 22-2864961 Belfast ME 04915-0287	Healthcare	ME	501c3	11c	MH		X
(2) <b>Geriatric Resource Network</b> 110 Free Street 01-0542842 Portland ME 04101	Healthcare	ME	501c3	7	MH		X
(3) <b>HomeHealth Visiting Nurses of So ME</b> 15 Industrial Park Drive 22-2571902 Saco ME 04072	Healthcare	ME	501c3	9	MH		X
(4) <b>NorDx</b> 301A US Route One 01-0511356 Scarborough ME 04074	Laboratory	ME	501c3	9	MH		X
(5) <b>Pen Bay Healthcare</b> 4 White Street 22-2494475 Rockland ME 04841	Admin	ME	501c3	11c	MH		X

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

**Maine Medical Center**

Employer identification number  
**01-0238552**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on 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" on 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) <b>MaineHealth Cardiology</b> 110 Free Street Portland ME 04101 45-2525629	Healthcare	ME	501c3	9	MH		X
(2) <b>The Memorial Hospital</b> 3073 White Mountain Highway North Conway NH 03860 02-0222156	Hospital	NH	501c3	3	MH		X
(3) <b>Southern Maine Health Care</b> PO Box 626 Biddeford ME 04005-0626 01-0179500	Healthcare	ME	501c3	3	MH		X
(4)							
(5)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) <b>MaineHealth Accountable Care Org</b> 110 Free Street Portland ME 04101 45-2929273	<b>AdminServ</b>	<b>ME</b>	<b>MH</b>	<b>Related</b>	<b>-489,444</b>	<b>7,078,358</b>		<b>X</b>	<b>N/A</b>	<b>X</b>		<b>64.27</b>
(2)												
(3)												
(4)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on 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) <b>Maine Medical Partners (MMP)</b> 22 Bramhall Street Portland ME 04102 01-0442142	<b>Healthcare</b>	<b>ME</b>	<b>MMC</b>	<b>C</b>	<b>-6,804,000</b>	<b>30,373,000</b>	<b>100.000000</b>		<b>X</b>
(2) <b>Synernet, Inc.</b> 110 Free Street Portland ME 04101 01-0539789	<b>AdminServ</b>	<b>ME</b>	<b>N/A</b>	<b>C</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>		<b>X</b>
(3) <b>Maine Physician Hospital Org.</b> 110 Free Street Portland ME 04101 01-0527540	<b>Healthcare</b>	<b>ME</b>	<b>N/A</b>	<b>C</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>		<b>X</b>
(4) <b>MMC Clinical Services Support Corp.</b> 22 Bramhall Street Portland ME 04102 20-3656876	<b>AdminServ</b>	<b>ME</b>	<b>MMP</b>	<b>C</b>	<b>4,361,356</b>	<b>6,849,784</b>	<b>100.000000</b>		<b>X</b>

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity		<b>X</b>
<b>b</b> Gift, grant, or capital contribution to related organization(s)		<b>X</b>
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<b>X</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s)	<b>X</b>	
<b>e</b> Loans or loan guarantees by related organization(s)		<b>X</b>
<b>f</b> Dividends from related organization(s)		<b>X</b>
<b>g</b> Sale of assets to related organization(s)		<b>X</b>
<b>h</b> Purchase of assets from related organization(s)		<b>X</b>
<b>i</b> Exchange of assets with related organization(s)		<b>X</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	<b>X</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	<b>X</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		<b>X</b>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		<b>X</b>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<b>X</b>
<b>o</b> Sharing of paid employees with related organization(s)	<b>X</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses	<b>X</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>X</b>	
<b>r</b> Other transfer of cash or property to related organization(s)	<b>X</b>	
<b>s</b> Other transfer of cash or property from related organization(s)	<b>X</b>	

**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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	Maine Medical Partners	j	38,035,882	Fair Market Value
(2)	Maine Medical Partners	o	116,036,523	Fair Market Value
(3)	Maine Medical Partners	p	860,284	Fair Market Value
(4)	Maine Medical Partners	q	31,288,910	Fair Market Value
(5)	Maine Medical Partners	r	155,074,238	Fair Market Value
(6)	MMC Realty	s	8,687,903	Fair Market Value

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity		<b>X</b>
<b>b</b> Gift, grant, or capital contribution to related organization(s)		<b>X</b>
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<b>X</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s)	<b>X</b>	
<b>e</b> Loans or loan guarantees by related organization(s)		<b>X</b>
<b>f</b> Dividends from related organization(s)		<b>X</b>
<b>g</b> Sale of assets to related organization(s)		<b>X</b>
<b>h</b> Purchase of assets from related organization(s)		<b>X</b>
<b>i</b> Exchange of assets with related organization(s)		<b>X</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	<b>X</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	<b>X</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		<b>X</b>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		<b>X</b>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<b>X</b>
<b>o</b> Sharing of paid employees with related organization(s)	<b>X</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses	<b>X</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>X</b>	
<b>r</b> Other transfer of cash or property to related organization(s)	<b>X</b>	
<b>s</b> Other transfer of cash or property from related organization(s)	<b>X</b>	

**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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	<b>MMC Realty</b>	<b>k</b>	<b>3,004,123</b>	<b>Fair Market Value</b>
(2)	<b>MMC Realty</b>	<b>o</b>	<b>228,169</b>	<b>Fair Market Value</b>
(3)	<b>MMC Realty</b>	<b>q</b>	<b>1,866,080</b>	<b>Fair Market Value</b>
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 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**

## **FY2014 Community Benefit Report**

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

Maine Medical Center (MMC), recognized as the number-one ranked hospital in Maine by *U.S. News and World Report for 2014-2015*, is a complete health care resource for the people of Greater Portland and the entire state, as well as northern New England. Incorporated in 1864, MMC is the state's largest medical center, licensed for 637 beds and employing nearly 6,500 people.

Our care model includes the state's largest multispecialty medical group, Maine Medical Partners, employing more than 400 physicians. Maine Medical Partners provides a wide range of primary, specialty, and subspecialty care delivered through a network of more than 30 locations throughout greater Portland.

Maine Medical Center provides more than 20 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 the state's premier hospital, providing the widest range of safe, high-quality services available in northern New England. With our expert physicians and highly decorated nursing staff, MMC offers leading-edge care with a community hospital feel. Every day, more than 6,000 people are focused on caring for our community, educating tomorrow's caregivers, and researching new ways to provide care — all so we can help Maine become the healthiest state in the nation.

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. MMC's unique role as both a community hospital and a referral center requires an unparalleled depth and breadth of services, including an active educational program and a world-class biomedical research center. MMC is a member of the MaineHealth system, a growing family of health care services in northern New England.

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

The Maine Medical Center 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, member organizations also review and act on recommendations provided by local and state partners, such as the Maine Center for Disease Control and Prevention (MCDC).

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. Each member and affiliate hospital held community forums in partnership with local and regional organizations to increase understanding and use of the Community Needs Health Assessment and to inform action on local, community-based health priorities.

Plans call for a Community Health Needs Assessment to be replicated every three years. In late 2013, CHNA and Implementation Plan Reports were produced by each MaineHealth member hospital, in collaboration with MaineHealth. These detailed reports covered the time period of 2013-2015 and were formally adopted by each member organization Board for submission with their respective FY13 990 filings.

In 2015, a new process of conducting a statewide community health needs assessment, called the SHNAPP (Statewide Health Needs Assessment Planning Program) was launched. County-level CHNA reports will be produced in 2016; these reports will be used to inform community engagement and action by hospitals, state/local governments and other partners. MaineHealth, EMHS, CMHC and the MCDC are contributing financial support to the study and reports.

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

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

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

MMC supports staff and clinic operations 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.

**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.

**Taxi Vouchers and Clothing**

MMC provides taxi vouchers to patients who need transportation home, as well as providing petty cash and clothing for some patients.

**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**

MMC assists patients at times 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, and 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.

### **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 in FY14 went to the United Way, the American Heart Association, Let's Go, Educate Maine, and 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 and supports the annual United Way campaign.

### **Portland Area Schools**

MMC donates used computer equipment to Portland area school systems.

## **Community Support**

### **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.

### **Southern Maine Regional Resource Center for Health Emergency Preparedness**

This organization 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, Home Health Agencies in our region.

### **Clinical Pastoral Education**

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

### **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.

### **Other**

#### **Maine Medical Partners**

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

**Maine Medical Center’s Aggregate “Net Community Benefit Investment” = \$137,601,277**

\* 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.

**Behavioral 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.

**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”.

**Clinical Informatics** – The MaineHealth Informatics Committee directs the integration of MaineHealth best practices into the electronic health record to advance the practice and delivery of care to patients across all care settings. This Committee’s work will be informed by the evaluation of patient outcomes, quality measures, financial markers and clinical satisfaction.

**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.

**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.

**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 and York 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 \$35.6 million of free medications in FY14, with 11,356 applications completed for more than 5,505 patients (1,600 of them new to the program in FY14). 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 (therefore, 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.

**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 19 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 Department, etc.) and with bill/collection notices. The organization uses simple application procedures as defined by the State of Maine Department of Health and Human Services for charity care or financial assistance that do not intimidate or confuse applicants.

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

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

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

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

### **Good Governance**

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

### **Executive Compensation**

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

## VIII. Aggregate Financial Data

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

<b>1. Charity care (at cost)</b>	<u>\$17,489,445</u>
<b>2. Bad debt (at cost)</b>	<u>\$16,419,308</u>
<b>3. Government-sponsored health care (shortfall) - Unpaid cost of Medicare, MaineCare, and other hospital-specific indigent care programs</b>	<u>\$32,216,273</u>
<b>4. Net Community Benefit Investment Programs (net expense), e.g.</b>	<u>\$137,601,277</u>
- Outpatient Clinics	- Patient Navigators
- Uncompensated Care Drug Program	- Tutoring
- Interpreter Services	- Northern New England Poison Center

<b><i>Total Value of Quantifiable Benefits Provided to the Community</i></b>	<b><u>\$203,726,303</u></b>
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\*\*\* Form created based on AHA guidelines