



Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury  
Internal Revenue Service

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)

**A For the 2014 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ST. MARY'S REGIONAL MEDICAL CENTER</b>		<b>D</b> Employer identification number <b>01-0211551</b>
	Doing business as		<b>E</b> Telephone number <b>(207) 777-8546</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>CAMPUS AVENUE, P.O. BOX 0291</b>	<b>G</b> Gross receipts \$ <b>148,788,843.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>LEWISTON, ME 04243-0291</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>F</b> Name and address of principal officer: <b>LEO MYLES</b> <b>SAME AS C ABOVE</b>		<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.STMARYSMAINE.COM</b>		<b>L</b> Year of formation: <b>1967</b> <b>M</b> State of legal domicile: <b>ME</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ST. MARY'S REGIONAL MEDICAL CENTER IS A 233-LICENSED BED ACUTE CARE FACILITY THAT OFFERS THE</b>
	<b>2</b> Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>12</b>
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) <b>5</b> <b>1552</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>238</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>48,968.</b>
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <b>9,228.</b>

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h) <b>8</b>	592,632.	1,059,470.
<b>9</b> Program service revenue (Part VIII, line 2g) <b>9</b>	158,408,361.	147,042,319.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>10</b>	535,238.	637,365.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>11</b>	45,259.	25,862.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>12</b>	159,581,490.	148,765,016.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>13</b>	0.	0.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>14</b>	0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>15</b>	85,709,088.	85,675,840.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>16a</b>	0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>16b</b> <b>234,384.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>17</b>	72,757,388.	63,898,329.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>18</b>	158,466,476.	149,574,169.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>19</b>	1,115,014.	-809,153.
<b>20</b> Total assets (Part X, line 16) <b>20</b>	Beginning of Current Year 146,319,744.	End of Year 141,788,097.
<b>21</b> Total liabilities (Part X, line 26) <b>21</b>	59,606,958.	58,110,963.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>22</b>	86,712,786.	83,677,134.

**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 <i>[Signature]</i>	Date <b>8/3/15</b>
	<b>LEO MYLES, PRESIDENT &amp; CEO</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>E. DREW CHENEY</b>	Preparer's signature <i>[Signature]</i>	Date <b>07/22/15</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00182972</b>
	Firm's name <b>BAKER NEWMAN &amp; NOYES, LLC</b>	Firm's EIN <b>01-0494526</b>			
	Firm's address <b>650 ELM STREET, SUITE 302 MANCHESTER, NH 03101</b>		Phone no. <b>(800) 244-7444</b>		

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: ST. MARY'S REGIONAL MEDICAL CENTER IS A 233-LICENSED BED ACUTE CARE FACILITY THAT OFFERS THE BEST OF MEDICAL TECHNOLOGY, PREVENTIVE SERVICES AND A "WHOLE PERSON APPROACH" TO MEETING THE NEEDS OF THE ANDROSCOGGIN COUNTY AREA. ST. MARY'S REGIONAL MEDICAL CENTER OFFERS A

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 [X] No

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

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 \$ 9,239,122. Including grants of \$ ) (Revenue \$ 24,045,617.) SURGICAL CARE: PROVIDES ALL SERVICES (EXCEPT OPEN HEART) TO PATIENTS RANGING FROM INFANT TO GERIATRICS WHO NEED SURGICAL INTERVENTION. TOTAL HOURS = 5,215

4b (Code: ) (Expenses \$ 6,606,408. Including grants of \$ ) (Revenue \$ 9,646,998.) BEHAVIORAL HEALTH: ST. MARY'S OFFERS THE MOST ADVANCED BEHAVIORAL HEALTHCARE DIAGNOSTIC AND TREATMENT SERVICES FOR CHILDREN, ADOLESCENTS AND ADULTS IN BOTH INPATIENT AND OUTPATIENT PROGRAMS. INPATIENT AND OUTPATIENT TREATMENTS INCLUDE COMPREHENSIVE PSYCHIATRIC ASSESSMENT AND EVALUATIONS, EDUCATION, INDIVIDUAL AND GROUP THERAPY, INDIVIDUALIZED BIO-PSYCHOSOCIAL TREATMENT PLAN AND DISCHARGE AND AFTERCARE PLANNING. TOTAL PATIENT DAYS = 16,124

4c (Code: ) (Expenses \$ 9,160,752. Including grants of \$ ) (Revenue \$ 8,998,202.) EMERGENCY CARE: ST. MARY'S REGIONAL MEDICAL CENTER OFFERS A 24-HOUR PER DAY LEVEL II EMERGENCY CARE FACILITY. SERVICES PROVIDED INCLUDE MEDICAL AND BEHAVIORAL SERVICES. TOTAL VISITS = 32,038

4d Other program services (Describe in Schedule O.) (Expenses \$ 86,393,403. Including grants of \$ ) (Revenue \$ 104,351,502.)

4e Total program service expenses 111,399,685.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 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 "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, sub-column (e.g., 1a, 1b, 1c), Yes, and No. Contains questions 1a through 14b regarding tax compliance.

**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  X

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	15	
b	Enter the number of voting members included in line 1a, above, who are independent	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**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, address, and telephone number of the person who possesses the organization's books and records: **CAROLYN M KASABIAN - 207-777-8546**  
**96 CAMPUS AVE., LEWISTON, ME 04240**

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JUDITH ANDRUCKI ESQ. DIRECTOR	2.00	X					0.	0.	0.	
(2) MARK ANTHOINE VICE CHAIR	2.00	X		X			0.	0.	0.	
(3) JOHN CHAPMAN DIRECTOR	2.00	X					0.	0.	0.	
(4) JUSTIN CLARK, MD THRU 9/2014 DIRECTOR, TERM 9/2014	40.00	X					289,300.	0.	16,796.	
(5) MARTIN EISENSTEIN DIRECTOR	2.00	X					0.	0.	0.	
(6) DONALD FOURNIER DIRECTOR	2.00	X					0.	0.	0.	
(7) JOYCE GIBSON DIRECTOR	2.00	X					0.	0.	0.	
(8) CRAIG GUNDERSON CHAIR	2.00	X		X			0.	0.	0.	
(9) JOHN ISAACSON DIRECTOR	2.00	X					0.	0.	0.	
(10) CAROLYN KASABIAN TREASURER/SECRETARY	34.00 6.00	X		X			265,359.	0.	25,817.	
(11) MICHAEL KELLEY, MD DIRECTOR	1.00 39.00	X					0.	435,435.	20,903.	
(12) CAROLYN LEPAGE DIRECTOR	2.00	X					0.	0.	0.	
(13) LEO MYLES PRESIDENT/CEO	34.00 6.00	X		X			357,531.	0.	27,900.	
(14) JAMES PLACE, MD DIRECTOR	2.00	X					0.	0.	0.	
(15) ANNE SCHUETTINGER DIRECTOR	2.00	X					0.	0.	0.	
(16) RICK VAIL DIRECTOR	2.00	X					0.	0.	0.	
(17) SUSAN KEILER COO	35.00 5.00				X		268,747.	0.	25,467.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) IRA SHAPIRO PHYSICIAN	40.00				X			283,298.	0.	22,813.
(19) KAREN CLARK VP PATIENT CARE SERVICES	40.00				X			199,010.	0.	22,666.
(20) MARC CHRISTENSEN PHYSICIAN	40.00					X		1,228,625.	0.	20,282.
(21) WAYNE MOODY PHYSICIAN	40.00					X		841,018.	0.	24,344.
(22) MICHAEL PARKER PHYSICIAN	40.00					X		872,032.	0.	7,540.
(23) MARIA IKOSI PHYSICIAN	40.00					X		605,064.	0.	11,702.
(24) BRUCE HAMILTON-DICK PHYSICIAN	40.00					X		757,172.	0.	19,343.
<b>1b Sub-total</b>								5,967,156.	435,435.	245,573.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								5,967,156.	435,435.	245,573.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **104**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
D'YOUVILLE PAVILION 100 CAMPUS AVE, LEWISTON, ME 04243	LAUNDRY/MEAL SERVICES	4,301,779.
COVENANT HEALTH INC 100 AMES POND ROAD, TEWKSBURY, MA 01876	MANAGEMENT SERVICES	2,939,537.
SOUND PHYSICIANS OF MAINE PO BOX 742936, LOS ANGELES, CA 90074	STAFFING AGENCY	1,463,247.
ST. MARY'S ANESTHESIA PO BOX 1823, LEWISTON, ME 04240	HEALTH CARE PROFESSIONAL	1,050,750.
MAINEHEALTH 110 FREE STREET, PORTLAND, ME 04101	TECHNOLOGY SERVICES	698,036.

**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 **21**

**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	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	20,000.				
	e	Government grants (contributions)	1e	27,651.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,011,819.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		1,059,470.				
Program Service Revenue	2 a	NET PATIENT SERVICE REVENUE	Business Code 621300	138,801,966.	138,801,966.			
	b	OTHER OPERATING INCOME	621300	8,240,353.	8,240,353.			
	c							
	d							
	e							
	f	All other program service revenue	621300					
	g	Total. Add lines 2a-2f		147,042,319.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		638,086.			638,086.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a			(i) Real				
				(ii) Personal				
	b	Less: rental expenses	23,106.					
	c	Rental income or (loss)	-23,106.					
	d	Net rental income or (loss)		-23,106.			-23,106.	
	7 a			(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses	721.					
	c	Gain or (loss)	-721.					
	d	Net gain or (loss)		-721.			-721.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a					
b	Less: direct expenses		b					
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19		a					
b	Less: direct expenses		b					
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances		a					
b	Less: cost of goods sold		b					
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	LAB REVENUE	621500		48,968.		48,968.		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			48,968.				
12	Total revenue. See instructions.			148,765,016.	147,042,319.	48,968.	614,259.	

**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  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,677,856.	4,786,219.	891,637.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	66,995,324.	54,693,102.	12,302,222.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	375,867.	307,628.	68,239.	
9 Other employee benefits	12,626,793.	10,334,391.	2,292,402.	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	404,184.	330,804.	73,380.	
c Accounting	99,547.	81,474.	18,073.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	3,955,531.	2,023,475.	1,932,056.	
17 Travel	270,251.	263,983.	6,268.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	128,288.	42,997.	85,291.	
20 Interest	1,975,733.		1,975,733.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,851,458.	100,018.	4,751,440.	
23 Insurance	3,244,014.	3,198,958.	45,056.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UBI TAX	-10,352.		-10,352.	
b SUPPLIES	18,067,750.	17,579,514.	488,236.	
c PURCHASED SERVICES	9,889,164.	8,911,608.	743,172.	234,384.
d MISCELLANEOUS	6,368,078.	2,040,248.	4,327,830.	
e All other expenses SEE SCH O	14,654,683.	6,705,266.	7,949,417.	
25 Total functional expenses. Add lines 1 through 24e	149,574,169.	111,399,685.	37,940,100.	234,384.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

Check if Schedule O contains a response 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	3,469,982.	2	422,693.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	13,807,340.	4	13,857,955.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,243,364.	8	1,287,305.
	9 Prepaid expenses and deferred charges	1,379,941.	9	1,373,191.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 113,026,663.		
	b Less: accumulated depreciation	10b 58,528,955.	55,828,647.	10c 54,497,708.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	70,590,470.	15	70,349,245.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	146,319,744.	16	141,788,097.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	12,109,883.	17	14,409,111.
	18 Grants payable		18	
	19 Deferred revenue	561,886.	19	536,458.
	20 Tax-exempt bond liabilities	20,186,298.	20	18,387,404.
	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	25,227,580.	23	24,777,990.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,521,311.	25	0.
	26 <b>Total liabilities.</b> Add lines 17 through 25	59,606,958.	26	58,110,963.
<b>Net Assets or Fund Balances</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.			
	27 Unrestricted net assets	85,023,629.	27	81,670,907.
	28 Temporarily restricted net assets	992,128.	28	1,309,198.
	29 Permanently restricted net assets	697,029.	29	697,029.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 <b>Total net assets or fund balances</b>	86,712,786.	33	83,677,134.	
34 <b>Total liabilities and net assets/fund balances</b>	146,319,744.	34	141,788,097.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	148,765,016.
2	Total expenses (must equal Part IX, column (A), line 25)	2	149,574,169.
3	Revenue less expenses. Subtract line 2 from line 1	3	-809,153.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	86,712,786.
5	Net unrealized gains (losses) on investments	5	525,376.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,751,875.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	83,677,134.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ 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

**2014**

Open to Public Inspection

Name of the organization

**ST. MARY'S REGIONAL MEDICAL CENTER**

Employer identification number

**01-0211551**

**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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 Total. Add lines 1 through 3 .....						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4 .....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

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

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	14		%
15 Public support percentage from 2013 Schedule A, Part II, line 14 .....	15		%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

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

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
  - b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
  - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
  - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
  - c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
  - b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
  - c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
  - b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
  - c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11c		

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

**Section D. Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

**Section E. Type III Functionally-Integrated Supporting Organizations**

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)		
3	Excess distributions carryover, if any, to 2014:		
a			
b			
c			
d			
e	From 2013		
f	<b>Total</b> of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2014 distributable amount		
i	Carryover from 2009 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2014 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2014 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).		
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).		
7	<b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a			
b			
c			
d	Excess from 2013		
e	Excess from 2014		



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

**Schedule of Contributors**

OMB No. 1545-0047

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

**2014**

Name of the organization

ST. MARY'S REGIONAL MEDICAL CENTER

Employer identification number

01-0211551

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

**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.  
 ▶ 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

**2014**

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization **ST. MARY'S REGIONAL MEDICAL CENTER** Employer identification number **01-0211551**

**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-

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

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

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

Yes  No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		31,507.
j Total. Add lines 1c through 1i			31,507.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV** Supplemental Information

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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

**ST. MARY'S REGIONAL MEDICAL CENTER IS A MEMBER OF THE MAINE HOSPITAL**

**ASSOCIATION AND A PORTION OF THE DUES PAID IN THE AMOUNT OF \$11,307 WAS**

**USED FOR LOBBYING. ST.MARY'S ALSO PAID FMJ GOVERNMENTAL AFFAIRS**

**\$20,200 FOR LOBBYING ACTIVITY.**

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.

OMB No. 1545-0047

2014

Open to Public Inspection

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

Name of the organization

ST. MARY'S REGIONAL MEDICAL CENTER

Employer identification number

01-0211551

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Table with 2 columns: Held at the End of the Tax Year. Rows include: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,689,157.	2,239,193.	2,391,960.	1,969,636.	1,877,705.
b Contributions	1,130,245.	411,741.	695,209.	570,518.	469,782.
c Net investment earnings, gains, and losses	192.			14,238.	24,648.
d Grants or scholarships					
e Other expenditures for facilities and programs	813,368.	961,777.	847,976.	162,432.	402,501.
f Administrative expenses					
g End of year balance	2,006,226.	1,689,157.	2,239,193.	2,391,960.	1,969,634.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  0.00 %
  - b Permanent endowment  35.00 %
  - c Temporarily restricted endowment  65.00 %
- 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:
- |                             | Yes                      | No                                  |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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
1a Land		922,346.		922,346.
b Buildings		70,869,740.	27,750,572.	43,119,168.
c Leasehold improvements		538,184.	262,110.	276,074.
d Equipment		38,946,969.	30,173,250.	9,764,345.
e Other		1,749,424.	343,023.	415,775.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>54,497,708.</b>

**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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**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> (Col. (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) LTD USE ASSETS	46,190,594.
(2) DUE FROM AFFILIATES	22,716,762.
(3) OTHER ACCOUNTS RECEIVABLE	1,072,595.
(4) SETTLEMENTS W/ THIRD PARTIES	369,294.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	70,349,245.

**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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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.

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

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

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

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

**Part XIII Supplemental Information.**

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 V, LINE 4:**

CONTINUING EDUCATION

CAPITAL PURCHASES FOR SPECIFIC SPECIALITIES

**PART X, LINE 2:**

COVENANT AND ITS MEMBER ORGANIZATIONS ARE CONSIDERED NOT-FOR-PROFIT

CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT

TO SECTION 501(A) OF THE CODE, EXCEPT AS NOTED BELOW.

TAX-EXEMPT ORGANIZATIONS COULD BE REQUIRED TO RECORD AN OBLIGATION FOR

INCOME TAXES AS THE RESULT OF A TAX POSITION THEY HAVE HISTORICALLY TAKEN

Part XIII Supplemental Information (continued)

ON VARIOUS TAX EXPOSURE ITEMS INCLUDING UNRELATED BUSINESS INCOME OR TAX STATUS. UNDER GUIDANCE ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD, ASSETS AND LIABILITIES ARE ESTABLISHED FOR UNCERTAIN TAX POSITIONS TAKEN OR POSITIONS EXPECTED TO BE TAKEN IN INCOME TAX RETURNS WHEN SUCH POSITIONS ARE JUDGED TO NOT MEET THE "MORE-LIKELY-THAN-NOT" THRESHOLD, BASED UPON THE TECHNICAL MERITS OF THE POSITION. ESTIMATED INTEREST AND PENALTIES, IF APPLICABLE, RELATED TO UNCERTAIN TAX POSITIONS ARE INCLUDED AS A COMPONENT OF INCOME TAX EXPENSE.

THE SYSTEM HAS EVALUATED THE POSITION TAKEN ON ITS FILED TAX RETURNS. THE SYSTEM HAS CONCLUDED NO UNCERTAIN INCOME TAX POSITIONS EXIST AT DECEMBER 31, 2014. UNDER INTERNAL REVENUE SERVICE REGULATIONS, THE SYSTEM'S TAX YEARS FROM 2011 THROUGH 2014 ARE OPEN AND SUBJECT TO EXAMINATION.







**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; do not file with Form 990) .....  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; do not file with Form 990) .....  Yes  No

Schedule F (Form 990) 2014



**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

Name of the organization **ST. MARY'S REGIONAL MEDICAL CENTER** Employer identification number **01-0211551**

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

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

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**

	(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>Means-Tested Government Programs</b>						
a Financial Assistance at cost (from Worksheet 1)			7068063.		7068063.	4.72%
b Medicaid (from Worksheet 3, column a)			26316127.	22295227.	4020900.	2.68%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			33384190.	22295227.	11088963.	7.40%
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4)			371,335.	71,009.	300,326.	.20%
f Health professions education (from Worksheet 5)			1091917.		1091917.	.73%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			339,103.	20,000.	319,103.	.21%
j Total Other Benefits			1802355.	91,009.	1711346.	1.14%
k Total. Add lines 7d and 7j			35186545.	22386236.	12800309.	8.54%



Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 ST. MARY'S REGIONAL MEDICAL CENTER
93 CAMPUS AVE
LEWISTON, ME 042430291
38244

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

**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 letter of facility reporting group ST. MARY'S REGIONAL MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Community Health Needs Assessment		Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? .....	1		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	2		X
3 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 12 .....	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility			
b <input checked="" type="checkbox"/> Demographics of the community			
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d <input checked="" type="checkbox"/> How data was obtained			
e <input checked="" type="checkbox"/> The significant health needs of the community			
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs			
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests			
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs			
j <input type="checkbox"/> Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 13</u>			
5 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 .....	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	6a	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	6b	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.STMARYSMMAINE.COM</u>			
b <input checked="" type="checkbox"/> Other website (list url): <u>WWW.COVENANTHEALTH.NET</u>			
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility			
d <input type="checkbox"/> Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 13</u>			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	X	
a If "Yes," (list url): <u>WWW.STMARYSMMAINE.COM</u>			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b		X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a 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)? .....	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$			

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group ST. MARY'S REGIONAL MEDICAL CENTER

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of _____ %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients? .....	X	
15	Explained the method for applying for financial assistance? .....	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.STMARYSMAINE.COM</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.STMARYSMAINE.COM</u>		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

17	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 all of the actions the hospital facility or other authorized party may take upon non-payment? .....	X	
18	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:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

Name of hospital facility or letter of facility reporting group ST. MARY'S REGIONAL MEDICAL CENTER

		Yes	No
19 Did the hospital facility or other authorized 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? .....	19		X
If "Yes", check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Actions that require a legal or judicial process			
d <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> Non of these efforts were made			

**Policy Relating to Emergency Medical Care**

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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? .....	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

22 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 <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input checked="" type="checkbox"/> Other (describe in Section C)			
23 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? .....	23		X
If "Yes," explain in Section C.			
24 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? .....	24		X
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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ST. MARY'S REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 5: THE DATA USED FOR DETERMINING THE COMMUNITY HEALTH NEEDS OF ANDROSCOGGIN COUNTY WAS PRIMARILY OBTAINED FROM THE ONE-MAINE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). EASTERN MAINE HEALTH SYSTEM, MAINEGENERAL HEALTH AND MAINEHEALTH SYSTEMS COLLABORATED TO CONDUCT THE ASSESSMENT WHICH WAS PUBLISHED IN 2011. THESE HEALTH SYSTEMS CONTRACTED WITH THE UNIVERSITY OF NEW ENGLAND CENTER FOR HEALTH PLANNING, POLICY AND RESEARCH (CHPPR) AND THE UNIVERSITY OF SOUTHERN MAINE'S MUSKIE SCHOOL FOR PUBLIC HEALTH FOR PUBLIC HEALTH EXPERTISE.

ON A STATEWIDE BASIS, THE RESEARCH CONSULTANTS DEVELOPED AN ADVISORY COMMITTEE THAT MET TWO TIMES DURING THE ASSESSMENT RESEARCH AND DRAFTING OF THE PUBLICATION. THESE INDIVIDUALS REPRESENTED A BROAD SPECTRUM OF BACKGROUNDS, AND THEY ARE NAMED: CAROL BELL, HEALTHY MAINE PARTNERSHIP DIRECTOR; KELLY BENTLEY, HEALTHY MAINE PARTNERSHIP DIRECTOR; GAIL DANA-SACCO, WABANAKI CENTER (SERVING TRIBAL POPULATIONS); PATRICIA HART, MAINE DEVELOPMENT FOUNDATION; BARBARA LEONARD, MPH, MAINE HEALTH ACCESS FOUNDATION (PHILANTHROPIC FOUNDATION FOCUSED ON ACCESS TO CARE IN MAINE); BECCA MATUSOVICH, MAINE CENTER FOR DISEASE CONTROL; LISA MILLER, BINGHAM FOUNDATION (PHILANTHROPIC FOUNDATION); DORA ANN MILLS, MD, MAINE CENTER FOR DISEASE CONTROL; ELIZABETH MITCHELL, MAINE HEALTH MANAGEMENT COALITION (REPRESENTING THE STATE'S MAJOR EMPLOYERS, INSURERS AND PROVIDERS); TRISH RILEY, GOVERNOR'S OFFICE OF HEALTH POLICY AND FINANCE (GOHPF); BRIAN RINES, ADVISORY COMMITTEE FOR HEALTH SYSTEM DEVELOPMENT (OVERSEEN BY GOHPF); RACHEL TALBOT-ROSS, MAINE CHAPTER, NAACP; TED TRAINER, PUBLIC HEALTH COORDINATING COUNCIL SHAWN YARDLEY, CITY OF BANGOR, DEPARTMENT OF HEALTH AND WELFARE. IN THE LOCAL AREA SERVED BY THE ASSESSMENT, MULTIPLE

**Part V** Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

PARTIES WERE ENGAGED IN DISSEMINATION OF THE ASSESSMENT FINDINGS AND ESTABLISHMENT OF PRIORITIES.

AT THE LOCAL LEVEL, A GROUP OF COMMUNITY STAKEHOLDERS WORKED TOGETHER TO ANALYZE RESULTS FOR OUR COUNTY. THEY INCLUDED: BRENDA JOLY\*, MPH, PHD ASSISTANT RESEARCH PROFESSOR IN HEALTH POLICY AND MANAGEMENT PROGRAM, MUSKIE SCHOOL OF PUBLIC SERVICE, UNIVERSITY OF SOUTHERN MAINE, CYNTHIA RICE\*, DIRECTOR OF COMMUNITY HEALTH, WELLNESS AND CARDIOPULMONARY REHAB, CENTRAL MAINE MEDICAL CENTER, ELIZABETH KEENE, VP OF MISSION INTEGRATION, ST. MARY'S HEALTH SYSTEM, STEVE JOHNDRO\*, EXECUTIVE DIRECTOR, HEALTHY ANDROSCOGGIN, CATHERINE RYDER\*, EXECUTIVE DIRECTOR, TRI-COUNTY MENTAL HEALTH SERVICES, GINNY ANDREWS, NUTRITION SERVICES PROGRAM MANAGER, WESTERN MAINE COMMUNITY ACTION, BECKY GRANT, WESTERN MAINE COMMUNITY ACTION, BRENDA CZADO, DIRECTOR HOME CARE, ANDROSCOGGIN HOME CARE AND HOSPICE, CARA OUELLETTE, DIRECTOR OF OUTREACH SERVICES, SAFE VOICES, DARBY RAY, EXECUTIVE DIRECTOR, HARWOOD CENTER AT BATES COLLEGE, JOAN CHURCHILL, DIRECTOR OF RESOURCE DEVELOPMENT COMMUNITY CONCEPTS, KAREN WHITE, COMMUNITY TRANSFORMATION GRANT COORDINATOR, COMMUNITY CONCEPTS, ALEXANDER VEGUILLA- APONTE, WELLNESS AND RECOVER SERVICES COORDINATOR, TRI-COUNTY MENTAL HEALTH SERVICES. THIS GROUP BEGAN MEETING MONTHLY IN THE SPRING OF 2012 AND CONTINUES TO MEET TO REVIEW AND ANALYZE THE DATA, AS WELL AS PREPARE FOR THE NEXT CHNA.

ANDROSCOGGIN COUNTY COMMUNITY FORUMS WERE HELD IN MARCH 2013 IN LEWISTON AND POLAND, MAINE. THIRTY EIGHT COMMUNITY MEMBERS ATTENDED, INCLUDING REPRESENTATIVES FROM VULNERABLE POPULATIONS SUCH AS TRI COUNTY MENTAL HEALTH SERVICES, ADVOCATES FOR CHILDREN, PUBLIC HEALTH NURSING, AND A MEMBER OF THE SOMALI COMMUNITY.

(\* MEMBERS OF LEWISTON/AUBURN PUBLIC HEALTH STEERING COMMITTEE).

**Part V** Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

ST. MARY'S REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 6A: CENTRAL MAINE MEDICAL CENTER IN LEWISTON,  
MAINE

ST. MARY'S REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 6B: MUSKIE SCHOOL OF PUBLIC SERVICE

HEALTHY ANDROSCOGGIN

TRI-COUNTY MENTAL HEALTH SERVICES

WESTERN MAINE COMMUNITY ACTION

COMMUNITY CONCEPTS

HEALTHY MAINE PARTNERSHIP

WABANAKI CENTER

MAINE DEVELOPMENT FOUNDATION

MAINE HEALTH ACCESS FOUNDATION

MAINE CENTER FOR DISEASE CONTROL

BINGHAM FOUNDATION

MAINE HEALTH MANAGEMENT COALITION

GOVERNOR'S OFFICE OF HEALTHY POLICY

PUBLIC HEALTH COORDINATING COUNCIL

DEPARTMENT OF HEALTH AND WELFARE

ST. MARY'S REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 11: ACCESS TO CARE: ST. MARY'S HAS MADE A

**Part V** Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

COMMITMENT TO PATIENT CENTERED MEDICAL HOMES (PCMH) WHICH AIM AT PROVIDING BETTER ACCESS TO CARE. ALL OF OUR PHYSICIAN PRACTICES ARE LEVEL IV PCMHs. WE ARE PROMOTING A CULTURE OF ACCESS TO REDUCE BARRIERS FOR PATIENTS AND TO DEVELOP CENTRALIZED STANDARDIZED WORK FLOWS. WE HAVE EXPANDED HOURS OF ACCESS INTO THE EVENINGS AND ON WEEKENDS. ST. MARY'S IS ALSO PARTICIPATING IN TWO ACCOUNTABLE CARE ORGANIZATIONS (ACOs) WHICH ALSO FOCUS ON IMPROVING ACCESS FOR PATIENTS.

BECAUSE OUR GEOGRAPHIC AREA QUALIFIES AS A MEDICALLY UNDERSERVED AREA, WE FOCUS ON TRAINING ADDITIONAL HEALTH CARE PROFESSIONALS TO SERVE IN THE AREA. IN 2014 WE EXPANDED OUR PARTICIPATION IN A UNIQUE OPPORTUNITY FOR SECOND YEAR MEDICAL STUDENTS THROUGH TUFTS MEDICAL SCHOOL. IT IS A LONGITUDINAL CURRICULUM AIMED AT ENCOURAGING PHYSICIANS TO CONSIDER RURAL MEDICINE WHERE MEDICAL STUDENTS ACTUALLY LIVE ON ST. MARY'S CAMPUS FOR 9 MONTHS AND FOLLOW PATIENTS FOR THE LENGTH OF THEIR STUDIES SO THEY EXPERIENCE A VERY COMPREHENSIVE VIEW OF HEALTH CARE. ST. MARY'S MENTORED, AS WELL AS HOUSED AND FED, THREE STUDENTS IN THIS PROGRAM. THE STUDENTS EXPRESS GRATITUDE FOR SUCH A VALUABLE EXPERIENCE AND FOR THE INCREDIBLE SUPPORT AND LEARNING ENVIRONMENT OFFERED BY ST. MARY'S. ST. MARY'S ALSO OFFERS SOME UNIQUE EXPERIENCES FOR STUDENTS WITH OUR VARIED SETTINGS. THESE INCLUDE PSYCHIATRIC UNITS, THE NUTRITION CENTER AND EVEN MARKETING.

CARDIOVASCULAR DISEASE: ST. MARY'S IDENTIFIED SEVERAL REASONS FOR THE RATES OF CARDIOVASCULAR DISEASE IN THE AREA AND FOCUSED ON NUTRITION, TOBACCO CESSATION AND REDUCING CARDIAC RISKS (SUCH AS CHOLESTEROL AND HIGH BLOOD PRESSURE.) ALL STAFF IN THE PHYSICIAN NETWORK HAVE BEEN TRAINED ON TOBACCO CESSATIONS AND RESOURCES FOR PATIENTS. WE ARE EXPANDING OUTPATIENT SERVICES FOR CARDIOVASCULAR DISEASE AND ARE INITIATING A SPECIAL PROGRAM FOR HEART FAILURE, AS WELL AS A DYSPNEA CLINIC. WE DID

**Part V** Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

APPLY FOR A GRANT WITH THE OTHER LOCAL HOSPITAL TO ADDRESS FAMILIAL HYPERCHOLESTEROLIMIA. AT THE COMMUNITY LEVEL, OUR PREVENTION AND WELLNESS PROGRAM OFFERS EXERCISE CLASSES AND WE OFFER COMMUNITY HEALTH SCREENINGS AS WELL.

CANCER: ST. MARY'S CENTER FOR ONCOLOGY AND BLOOD DISORDERS DEVELOPS AND IMPLEMENTS AN ANNUAL COMMUNITY HEALTH PLAN WHICH OFFERS CANCER SCREENINGS AND EDUCATION IN THE COMMUNITY. IN 2014 WE SPONSORED CANCER PREVENTION EDUCATION SEMINARS ON LUNG CANCER, COLON CANCER, PROSTATE CANCER AND BREAST CANCER (AMONG THE TOP 5 CANCERS IN MAINE.) WE ALSO SPONSORED SEVERAL PRESENTATIONS ON SPECIALIZED TOPICS IN CANCER SUCH AS NUTRITION, GENETICS, UNDERSTANDING LAB VALUES, CARE FOR THE CAREGIVER AND EXERCISE. ST. MARY'S ALSO HOSTED "CONSIDER THE CONVERSATION", AN EVENT TO PROMOTE ADVANCE CARE PLANNING WHICH UTILIZES THE POWERFUL DOCUMENTARY, "CONSIDER THE CONVERSATION." WE PARTNERED WITH THE LOCAL HOSPICE PROGRAM TO SHOW THE FILM AND PRESENT A PANEL DISCUSSION. ABOUT 60 PEOPLE ATTENDED THIS EVENT IN THE FALL OF 2014. IN ADDITION, ST. MARY'S IMPLEMENTED A MIND-BODY MEDICINE GROUP FOR CANCER PATIENTS AND CANCER SURVIVORS WHICH WAS VERY WELL-RECEIVED.

DIABETES: ST. MARY'S FOCUSED ON IMPROVING ACCESS AND THE HEALTH OF OUR PATIENT POPULATION BY IMPLEMENTING POPULATION HEALTH SPECIALISTS IN OUR PRIMARY CARE NETWORK TO IDENTIFY PATIENTS WITH CHRONIC DISEASE OR GAPS IN CARE AND THEN PROVIDE FOCUSED ATTENTION ON ADDRESSING THOSE GAPS IN CARE OR MANAGING THE DISEASE-IN 2014 WE CHOSE TO FOCUS ON DIABETES MEASURES AS THIS IS A KEY IDENTIFIED COMMUNITY HEALTH ISSUE. AS A RESULT, OUR QUALITY INDICATORS SHOWED THAT WE WERE ABLE TO REDUCE THE GAP OF THOSE WITH A BLOOD SUGAR LEVEL OF GREATER THAN 9 FROM 24% TO 16% BY DECEMBER 31, 2014 (THE GOAL WAS 19%).

**Part V** Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ST. MARY'S IS DEVELOPING A REGIONAL APPROACH TO DIABETES PREVENTION WITH SOME LOCAL EMPLOYERS AND THE LOCAL YMCA. WE ARE ALSO DEVELOPING A DIABETES PREVENTION PROGRAM USING THE CENTERS OF DISEASE CONTROL CURRICULUM WHICH WILL BE IMPLEMENTED IN 2015. SOME OF THE PROGRAMMING THROUGH OUR PREVENTION AND WELLNESS DEPARTMENT IS APPLICABLE HERE AS WELL BECAUSE OF THE GOAL TO INCREASE PHYSICAL EXERCISE.

MENTAL HEALTH/SUBSTANCE ABUSE: ST. MARY'S SPECIALIZES IN BEHAVIORAL HEALTH SERVICES. WE HAVE NOW INTEGRATED A LICENSED CLINICAL SOCIAL WORKER AT ALL PRIMARY CARE PRACTICES AND THEY ARE ACTIVELY SCREENING FOR MENTAL HEALTH/SUBSTANCE ABUSE ISSUES. WE IMPLEMENTED AN INTENSIVE OUTPATIENT DAY PROGRAM DURING THE EARLY EVENING HOURS SO MORE WORKING PEOPLE COULD PARTICIPATE IN THE PROGRAM.

WE PARTICIPATE IN A PRESCRIPTION MONITORING PROGRAM TO MONITOR OPIOID USE. RECREATIONAL THERAPISTS FROM BEHAVIORAL SERVICES ARE OFFERING COMMUNITY EDUCATION SESSIONS ON STRESS TO LOCAL EMPLOYERS.

OBESITY:

LET'S GO 5-2-1-0

107 HEALTHCARE PRACTICES ACROSS MAINE, NEW HAMPSHIRE, AND MASSACHUSETTS WERE AWARDED FOR THEIR COMMITMENT TO EXCELLENCE IN CHILDHOOD OBESITY PREVENTION. THE PHYSICIANS AND OFFICE STAFF AT THESE PRACTICES ARE PRIORITIZING CHILDREN'S HEALTH IN COLLABORATION WITH LET'S GO! 5-2-1-0 AND THE HARVARD PILGRIM HEALTH CARE FOUNDATION.

LET'S GO! FOCUSES ON EDUCATING PRIMARY CARE PHYSICIANS ON CHILDHOOD OBESITY BY PROVIDING EDUCATIONAL OUTREACH, SUPPORTING MATERIALS AND TRAINING TO PHYSICIANS WORKING WITH PATIENTS AND THEIR FAMILIES ON PROMOTING HEALTHY EATING AND PHYSICAL ACTIVITY TO PREVENT CHILDHOOD OBESITY. PROVIDERS AND OFFICE STAFF AT ST. MARY'S WERE RECOGNIZED FOR

**Part V** Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

DEMONSTRATING THEIR COMMITMENT TO LET'S GO! AND THEIR COMMUNITY BY

FOLLOWING THE THREE STEPS LISTED BELOW:

1. CONNECTING TO THE COMMUNITY AND LET'S GO! BY HANGING A LET'S GO! POSTER IN THE WAITING ROOM AND ALL EXAM ROOMS WHERE PEDIATRIC PATIENTS ARE SEEN.

2. ALL PROVIDERS ARE ACCURATELY WEIGHING AND MEASURING PATIENTS BY DETERMINING BODY MASS INDEX (BMI), BMI PERCENTILE, AND WEIGHT

CLASSIFICATION FOR ALL PATIENTS AGES TWO YEARS AND OLDER AT WELL-CHILD VISITS.

3. ALL PROVIDERS ARE REGULARLY ENGAGING IN RESPECTFUL CONVERSATIONS WITH PATIENTS ABOUT WEIGHT BY USING THE 5-2-1-0 HEALTHY HABITS QUESTIONNAIRE AT WELL-CHILD VISITS.

POVERTY AND POOR NUTRITION ARE SIGNIFICANT PUBLIC HEALTH ISSUES IN THE AREA WE SERVE. ST. MARY'S SUBSIDIZES THE NUTRITION CENTER TO ADDRESS THESE NEEDS. THIS INCLUDES OUR FARMERS' MARKETS, COMMUNITY GARDENS, AND COOKING CLASSES. THE NUTRITION CENTER IS FEATURED IN THE AMERICAN HOSPITAL ASSOCIATION 2014 PUBLICATION "COMMUNITY CONNECTIONS: IDEAS & INNOVATIONS FOR HOSPITAL LEADERS" AS AN EXAMPLE OF A PROGRAM ADDRESSING THE SOCIAL, BASIC AND PERSONAL NEEDS TO IMPROVE THE LONG-TERM HEALTH OF THE COMMUNITY.

ST. MARY'S WEIGHT MANAGEMENT PROGRAM IS ALSO PROVING TO BE A VALUABLE RESOURCE FOR PATIENTS. EVALUATION SHOWS THAT THERE ARE SIGNIFICANT IMPROVEMENTS IN BMI, A1C SCORES (RELATED TO DIABETES) AND BLOOD PRESSURE. RESPIRATORY HEALTH

ST. MARY'S IS DEVELOPING A PATIENT-CENTERED SPECIALTY PRACTICE IN PULMONARY DISEASE TO HELP ADDRESS THIS. THERE IS AN ALGORITHM FOR DIAGNOSING AND TREATING COPD. WE ARE ALSO PILOTING THE USE OF SPIROMETRY IN THE PRIMARY CARE SETTING TO BETTER SERVE PATIENTS. TOBACCO CESSATION

**Part V** Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3i, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

EFFORTS ARE ALSO EXAMPLES OF INITIATIVES TO IMPROVE RESPIRATORY HEALTH.

NEEDS NOT BEING ADDRESSED AND WHY:

IN INITIAL DISCUSSION AND SUBSEQUENT PRIORITIZATION, ST. MARY'S CONSIDERED THE LEVELS TO WHICH SOME NEEDS WERE ALREADY BEING ADDRESSED IN THE SERVICE AREA. ADDITIONALLY, SOME COMMUNITY HEALTH NEEDS ARE BEYOND THE SCOPE OF EXPERTISE AND RESOURCES OF ST. MARY'S HOSPITAL. THE FOLLOWING CHART OUTLINES HOW THESE NEEDS ARE BEING ADDRESSED IN THE COMMUNITY AND ARE THEREFORE NOT PART OF ST. MARY'S PRIORITIZED STRATEGY:

IDENTIFIED COMMUNITY NEED HOW NEED IS ADDRESSED IN ANDROSCOGGIN COUNTY  
REPRODUCTIVE HEALTH-THE MAINE CENTERS FOR DISEASE CONTROL (CDC) HAS SPECIFIC PROGRAMMING TO ADDRESS REPRODUCTIVE HEALTH NEEDS

-EDUCATIONAL PRESENTATIONS WERE OFFERED AT THE COMMUNITY STAKEHOLDER GROUP TO SHARE DATA, RESOURCES AND EVIDENCE-BASED TREATMENT GUIDELINES WHICH BOTH ST. MARY'S AND CENTRAL MAINE MEDICAL CENTER SHARED WITH THEIR RESPECTIVE PROVIDERS

ORAL HEALTH-COMMUNITY CLINICAL SERVICES OFFERS AN EXISTING PEDIATRIC DENTAL CLINIC AND EXPANDED ITS PROGRAM IN 2014 (IN PARTNERSHIP WITH ST. MARY'S HEALTH SYSTEM)

-THE LOCAL COMMUNITY COLLEGE IS PARTNERING WITH THE UNIVERSITY OF NEW ENGLAND TO OFFER 2 YEAR PREPARATORY COURSES IN DENTISTRY TO ATTRACT MORE LOCAL RESIDENTS INTO DENTAL PROGRAMS (AND HOPEFULLY STAYING IN THE STATE OF MAINE TO PRACTICE DENTISTRY)

-LOCAL DENTISTS DO OFFER FREE DENTAL CLINICS ANNUALLY

ST. MARY'S REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 13H: UNINSURED DISCOUNT AND HOUSEHOLD SIZE

**Part V** Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

ST. MARY'S REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 15E: ST. MARY'S WEBSITE PROVIDES ACCESS TO THE FREE CARE APPLICATION AS WELL AS CONTRACT INFORMATION FOR ASSISTANCE IN ANSWERING ANY QUESTIONS OR IN COMPLETING THE APPLICATION

ST. MARY'S REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 16I: ST. MARY'S WEBSITE PROVIDES ACCESS TO THE FREE CARE APPLICATION AS WELL AS CONTACT INFORMATION FOR ASSISTANCE IN ANSWERING ANY QUESTIONS OR IN COMPLETING THE APPLICATION.

ST. MARY'S REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 22D: ST. MARY'S REGIONAL MEDICAL CENTER OFFERS FREE CARE FOR INDIVIDUALS UP TO 200% OF FPG AND A 50% DISCOUNT ON THE BILLED CHARGES TO ALL UNINSURED PATIENTS WHO DO NOT QUALIFY OR APPLY FOR FREE CARE.



**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, LN 7 COL(F):

WE HAVE ESTIMATED THAT 2% OF OUR BAD DEBT MAY POTENTIALLY BE FREE CARE  
ACCOUNTS HOWEVER THIS HAS NOT BEEN INCLUDED IN PART I OR PART II.

PART II, COMMUNITY BUILDING ACTIVITIES:

MANY OF ST. MARY'S COMMUNITY BUILDING ACTIVITIES CENTER AROUND EFFORTS AT  
OUR NUTRITION CENTER FOR YOUTH PROGRAMMING AND GARDENING PROGRAMS. FOR  
TEENS AGES 14 TO 20, THE LARGEST PROGRAM IS THE YOUTH GARDENER PROGRAM.  
IN THE SUMMER, 24 YOUTH PARTICIPATE IN ONE OF TWO 4-WEEK SESSIONS FOR FIVE  
DAYS A WEEK. YOUTH LEARN HOW TO GROW FOOD FOR THEMSELVES, THEIR FAMILY,  
AND THEIR COMMUNITY, AS WELL AS PARTICIPATE IN LIFE-SKILLS WORKSHOPS THAT  
FOCUS ON LEADERSHIP DEVELOPMENT, HUNGER, COMMUNITY CHANGE, AND DIVERSITY.  
IN THE SPRING AND FALL, 6-10 YOUTH WORK AFTER SCHOOL IN THE COMMUNITY  
GARDENS, SUPPORTING ADULTS AND LEADING CHILDREN. YOUTH PROGRAMS AT THE  
NUTRITION CENTER CREATE HEALTHY ENVIRONMENTS FOR YOUNG PEOPLE TO DEVELOP  
THEIR VOICES WITHIN THEIR COMMUNITY AS THEY EXPLORE AND LEARN IN URBAN AND  
SCHOOL GARDENS AND KITCHENS. YOUTH LEARN TO MAKE HEALTHY CHOICES, GROW  
AND PREPARE FOOD, AND REGULARLY EAT VEGETABLES; HAVE INCREASED WILLINGNESS

**Part VI** Supplemental Information (Continuation)

TO TRY NEW FOODS; UNDERSTAND IMPORTANCE OF TEAMWORK, COMMUNICATION, AND POSITIVE CONTRIBUTION; AND FEEL EMPOWERED TO CREATE POSITIVE CHANGE.

TEENS LEARN JOB SKILLS IN THE FIELD WHILE THEY PROVIDE A CRUCIAL SERVICE TO THE COMMUNITY-MAKING HEALTHY FOOD MORE ACCESSIBLE.

THE WINTER LEADERSHIP INTENSIVE PROGRAM RUNS FOR 4 WEEKENDS IN FEBRUARY-MARCH. YOUTH JOIN PEERS FOR COMMUNICATION/STORY-TELLING TRAINING, IN-DEPTH LEADERSHIP DEVELOPMENT AND SKILL-BUILDING.

YOUTH POWERED COOKING IS THE NUTRITION CENTER'S NEWEST YOUTH PROGRAM. YOUTH RECEIVE HANDS-ON TRAINING IN COOKING AND SERVING NUTRITIOUS FOODS WHILE DEEPENING THEIR CONNECTION TO THEIR LOCAL FOOD SYSTEM. YOUTH PARTICIPATE IN A SERIES OF SKILL-BASED WORKSHOPS THAT COVER TOPICS SUCH AS SAFE KNIFE HANDLING TECHNIQUES AND FOLLOWING AND SCALING RECIPES. PARTICIPANTS THEN HAVE THE CHANCE TO PUT THESE NEW SKILLS INTO PRACTICE AS THEY PREPARE FOOD TO BE SOLD AT THE LEWISTON WINTER FARMERS' MARKET ON THE FIRST AND THIRD SUNDAYS OF THE MONTH. MENUS INCLUDE INGREDIENTS SOURCED FROM MARKET VENDORS AND OTHER LOCAL PRODUCERS WHEN AVAILABLE. FINALLY, THE YOUTH CAMPAIGN CREW WORKS TO IDENTIFY INJUSTICE IN THE FOOD SYSTEM AND CREATE MEDIA PRODUCTS THAT SHARE THEIR VISION FOR REAL CHANGE. THROUGH BUILDING NEW RELATIONSHIPS WITH ADULT LEADERS IN THE SCHOOL SYSTEM, THE YOUTH EXPAND THEIR INFLUENCE TOWARDS INCREASED ACCESS TO GOOD FOOD IN THEIR SCHOOLS.

A KEY COMPONENT OF YOUTH PROGRAMMING IS PROVIDING OPPORTUNITIES FOR GROWTH AND LEADERSHIP. THE YOUTH INTERNSHIP PROGRAM IS AN EIGHT-MONTH AFTER-SCHOOL AND SUMMER PROGRAM, WHICH EMPLOYS UP TO FOUR ALUMNI FROM THE YOUTH GARDENER PROGRAMS. THE INTERNSHIP PROGRAM IS FOCUSED ON LEADERSHIP DEVELOPMENT AND SERVICE EXPERIENCE. INTERNS ACT AS ROLE MODELS AND LEADERS FOR THEIR PEERS BY LEADING THE YOUTH WORKSHOPS AND GARDEN WORKDAYS. BY LEADING THEIR PEERS AND BEING ADVOCATES FOR THEIR OWN NEEDS, YOUTH DEVELOP

**Part VI** Supplemental Information (Continuation)

THEIR ORGANIZING SKILLS. SOME YOUTH GROW EVEN FURTHER WITH THE ORGANIZATION AND WORK AS NUTRITION CENTER FELLOWS AFTER GRADUATING FROM HIGH SCHOOL.

ALL YOUTH PARTICIPANTS RECEIVE MODEST STIPENDS FOR PARTICIPATION IN PROGRAMS AND MEETING PROGRAM EXPECTATIONS, WHICH HELPS THEM LEARN ABOUT ACCOUNTABILITY FOR THEIR WORK AND INFUSES A "REAL WORLD" EMPLOYER/EMPLOYEE RELATIONSHIP COMPONENT INTO THE TRAINING PROGRAM.

THE ST. MARY'S NUTRITION CENTER HAS TAKEN STEPS IN RECENT YEARS TO ESTABLISH RELATIONSHIPS WITH LOCAL SCHOOLS IN ORDER TO OFFER A VARIETY OF GARDEN, COOKING, AND NUTRITION-BASED EDUCATION PROGRAMS. CHILDREN HAVE THE OPPORTUNITY TO PLANT PEAS, PREPARE KALE PESTO, AND LEARN TO "EAT YOUR COLORS," FOR EXAMPLE, THROUGH A VARIETY OF AFTER SCHOOL COOKING CLUBS, GARDEN LESSONS, CAFETERIA TASTE TESTS AND MORE. OVER THE COURSE OF THE YEAR, THE NUTRITION CENTER STAFF AND ITS FOODCORPS MEMBER OFFERED MORE THAN 250 SESSIONS, REACHING OVER 800 STUDENTS THROUGH SCHOOL-BASED PROGRAMS. SCHOOL SITES INCLUDED: LONGLEY ELEMENTARY, MONTELLO ELEMENTARY, MCMAHON ELEMENTARY, PARK AVENUE ELEMENTARY, LEWISTON MIDDLE SCHOOL, EDWARD LITTLE HIGH SCHOOL, AND AFTERSCHOOL PROGRAMS AT HILLVIEW APARTMENTS, THE LEWISTON PUBLIC LIBRARY, AND TREE STREET YOUTH. FOR EXAMPLE, AS PART OF THE STATE-WIDE HARVEST LUNCH WEEK IN SEPTEMBER, THE NUTRITION CENTER OFFERED A TASTE TEST AT THE LONGLEY ELEMENTARY CAFETERIA USING EGGPLANTS FROM THE SCHOOL GARDEN - OVER 300 STUDENTS TASTED AND RATED THE BABA GANOUSH DIP!

THE NUTRITION CENTER ALSO SUPPORTS THE ANDROSCOGGIN FARM TO SCHOOL (AF2S) NETWORK, WHICH CURRENTLY SERVES AS AN INFORMATION AND RESOURCE SHARING VENUE FOR THOSE INVOLVED OR INTERESTED IN FARM TO SCHOOL EFFORTS IN ANDROSCOGGIN COUNTY. FARM TO SCHOOL ACTIVITIES FOCUS ON SCHOOL GARDENS, NUTRITION EDUCATION, AND LOCAL FOOD PROCUREMENT BY SCHOOL CAFETERIAS.

**Part VI** Supplemental Information (Continuation)

THIS PASSIONATE GROUP OF TEACHERS, PRINCIPALS, NUTRITION EDUCATORS, COMMUNITY NONPROFITS, SCHOOL NUTRITION SERVICE DIRECTORS, PARENTS, FARMERS, AND VOLUNTEERS WORKS TO BUILD A STRONGER RELATIONSHIP BETWEEN STUDENTS AND THE FOOD THEY EAT BY DEMONSTRATING TO THEM WHAT REAL FOOD IS AND HOW IT GROWS.

## GREEN AND HEALTHY HOMES INITIATIVE (GHHI)

IN THE PAST TEN YEARS, 678 CHILDREN HAVE BEEN POISONED BY LEAD IN THE LEWISTON-AUBURN AREA, AND THERE ARE HUNDREDS OF VISITS TO THE EMERGENCY DEPARTMENT EACH YEAR TO DUE ASTHMA. IN ADDITION, NATIONALLY 40% OF ASTHMA EPISODES ARE CAUSED BY TRIGGERS IN THE HOME SUCH AS MOLD, TOBACCO SMOKE AND PESTS.

AS PART OF A POPULATION HEALTH EFFORT THAT INCLUDES A COMMUNITY COLLABORATIVE, ST. MARY'S IS A CHARTER MEMBER OF THE GREEN AND HEALTHY HOMES INITIATIVE IN MAINE. THIS MODEL IS DESIGNED TO INTEGRATE HEALTH, SAFETY, LEAD HAZARD REDUCTION, ENERGY EFFICIENCY AND WEATHERIZATION HOUSEHOLD INTERVENTIONS TO IMPROVE OUR HOUSING STOCK. 77% OF THE BUILDINGS IN LEWISTON-AUBURN WERE BUILT BEFORE 1980 WHICH MEANS THERE IS STRUCTURAL DECAY, OUTDATED HEATING SYSTEMS, LACK OF INSULATION AND ACCESSIBILITY ISSUES SO THIS IS A SERIOUS ISSUE IN OUR COMMUNITY. IN 2014 ST. MARY'S HELPED TO CREATE AND DISTRIBUTE THE GHHI COMPACT WHICH HAS NOW BEEN SIGNED BY CITY OFFICIALS, HEALTH OFFICIALS, COMMUNITY OFFICIALS AND OTHER STAKEHOLDERS TO CREATE COOPERATION ACROSS MULTIPLE SECTORS. THE NEXT STEP IS TO CREATE THE PROCESS FOR REFERRALS TO THE PROGRAM AND IDENTIFY ELIGIBILITY CRITERIA FOR PARTICIPATION-THE GOAL IS TO PILOT THIS FOR 10 HOMES IN 2015.

PART III, LINE 2:

THIS AMOUNT REPRESENTS ACCOUNTS SENT TO THE COLLECTION AGENCY MINUS

**Part VI** Supplemental Information (Continuation)

PAYMENTS THAT HAVE BEEN COLLECTED PLUS A FACTOR ESTIMATING THE SELF-PAY AMOUNTS IN ACCOUNTS RECEIVABLE THAT WILL BE UNCOLLECTIBLE.

PART III, LINE 3:

FOOTNOTE 3, PAGE 16 OF THE AUDITED FINANCIAL STATEMENTS: FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL). THE SYSTEM RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER THE REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

PART III, LINE 4:

FOOTNOTE 3, PAGE 16 OF THE AUDITED FINANCIAL STATEMENTS: FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE SYSTEM RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER THE REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

**Part VI** Supplemental Information (Continuation)

## PART III, LINE 8:

NONE WERE REPORTED BUT IT IS IMPORTANT TO NOTE THAT APPROXIMATELY 30% OF MEDICARE PATIENTS ALSO QUALIFY FOR MEDICAID. COSTING ON LINE 6 IS BASED ON RATIO OF COST TO CHARGE FROM WORKSHEET 2.

## PART III, LINE 9B:

ST. MARY'S REGIONAL MEDICAL CENTER WILL MAKE A REASONABLE EFFORT TO DETERMINE WHETHER AN INDIVIDUAL QUALIFIES FOR FINANCIAL ASSISTANCE PRIOR TO INITIATING ANY COLLECTION ACTIVITY.

## PART VI, LINE 2:

IN ADDITION TO THE OFFICIAL COMMUNITY HEALTH NEEDS ASSESSMENT REPORTED IN PART V, SECTION B, ST. MARY'S ASSESSES THE NEEDS OF OUR COMMUNITY IN AN ON-GOING BASIS THROUGH SEVERAL KEY METHODS. LEADERS ARE ACTIVE ON COMMUNITY HEALTH BOARDS INCLUDING LEWISTON-AUBURN PUBLIC HEALTH, HEALTHY ANDROSCOGGIN AND THE COMMUNITY HEALTH STAKEHOLDER GROUP; THESE MONTHLY MEETINGS ALLOW FOR CONTINUED ASSESSMENT AND SHARING OF INFORMATION. PATIENT OR RESIDENT ADVISORY PANELS ALSO HELP US ASSESS NEEDS OF PATIENTS AND THE COMMUNITY. WE ALSO WORK CLOSELY WITH COMMUNITY CLINICAL SERVICES (AN FQHC LOOK-ALIKE) TO SHARE INFORMATION ABOUT SOME OF THE HEALTH DISPARITIES EXPERIENCED BY COMMUNITY MEMBERS. ST. MARY'S WORK WITH THE LOCAL ETHNIC COMMUNITY BASED ORGANIZATIONS FOR INFORMATION AS WELL.

## PART VI, LINE 3:

ST. MARY'S REGIONAL MEDICAL CENTER PROVIDES FINANCIAL EDUCATION AT THE POINT OF REGISTRATION BY HAVING BROCHURES AVAILABLE. THESE BROCHURES PROVIDE INFORMATION ABOUT THE HOSPITAL BILL AND VARIOUS OPTIONS ON

**Part VI** Supplemental Information (Continuation)

FINANCIAL ASSISTANCE. ON THE BACKSIDE OF THE MONTHLY PATIENT STATEMENTS ALSO PROVIDES EDUCATION OF THE FINANCIAL ASSISTANCE AVAILABILITY AND OPTIONS TO THOSE WHO NEED IT.

PART VI, LINE 4:

DURING 2012-2013, A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED BY ST. MARY'S REGIONAL MEDICAL CENTER, CENTRAL MAINE MEDICAL CENTER, HEALTHY ANDROSCOGGIN AND OTHER COMMUNITY HEALTH AGENCIES.

ST. MARY'S REGIONAL MEDICAL CENTER (SMRMC) DRAWS MOST OF ITS INPATIENT AND OUTPATIENT POPULATION FROM ANDROSCOGGIN COUNTY, THEREFORE WE FOCUS ON THE NEEDS OF THIS COMMUNITY.

ANDROSCOGGIN COUNTY IS A COUNTY LOCATED IN SOUTH CENTRAL MAINE. IT CONTAINS ROUGHLY 8% OF MAINE'S 1.27 MILLION RESIDENTS. ANDROSCOGGIN COUNTY CONTAINS MAINE'S SECOND AND FIFTH LARGEST CITIES: LEWISTON (POPULATION 36,592 IN THE 2010 CENSUS) AND AUBURN (POPULATION 23,055 IN THE 2010 CENSUS) RESPECTIVELY. LOCATED ACROSS FROM EACH OTHER ON THE ANDROSCOGGIN RIVER, THE TWIN CITIES OF LEWISTON AND AUBURN ARE THE CENTRAL HUB OF THE REGION. THE COUNTY IS WORKING TO TRANSFORM THE DOWNTOWN AREA FROM VACANT TEXTILE MILLS AND ABANDONED SHOE FACTORIES TO A REGION KNOWN FOR PROGRESSIVE HEALTH CARE, TOURISM, HIGH-PRECISION MANUFACTURING, TELEMARKETING AND FINANCIAL SERVICES. LEWISTON AND AUBURN ARE ALSO HOME TO A LARGE FRANCO-AMERICAN POPULATION AS WELL AS AN INCREASING NUMBER OF SOMALI AND SUDANESE IMMIGRANTS. THE REST OF THE COUNTY IS COMPRISED OF SMALL RURAL TOWNS WITH AN AVERAGE POPULATION OF 222 PERSONS PER SQUARE MILE.

FROM THE 2010 CENSUS DATA, THE POPULATION OF ANDROSCOGGIN COUNTY IS

**Part VI** Supplemental Information (Continuation)

107,702, WITH A POVERTY RATE OF 14.3% AND MEDIAN INCOME OF \$44,470 ANNUALLY. LEWISTON'S POVERTY RATE IS EVEN HIGHER-25% AND THE RATE OF CHILDHOOD POVERTY IN LEWISTON IS 42% (ACCORDING TO THE 2011 AMERICAN COMMUNITY SURVEY).

THE COUNTY IS PRIMARILY WHITE (91.9%) WITH BLACK (3.6%) AND TWO OR MORE RACES AT 1.8%. WITH THE CONCENTRATION OF SOMALI AND SUDANESE IMMIGRANTS IN LEWISTON, THE CITY HAS A MORE SIGNIFICANT BLACK POPULATION (8%).

ANDROSCOGGIN COUNTY HAS 51.05% MALES AND 48.95% FEMALES WITH THE HIGHEST NUMBER OF PEOPLE IN THE 18-64 YEAR AGE RANGE (63.33%). HOWEVER ACCORDING TO THE 2010 CENSUS, MAINE IS THE OLDEST STATE IN THE COUNTRY AND ANDROSCOGGIN COUNTY HAS THE "OLDEST" POPULATION IN THE STATE OF MAINE. THE 2012 UNEMPLOYMENT RATE IS 7.1%. WITH 13% OF THE PRIMARY LANGUAGE SPOKEN IN THE HOME BEING OTHER THAN ENGLISH, THERE ARE A MULTITUDE OF INTERPRETATION SERVICES AVAILABLE AS WELL AS CULTURAL BROKERS HIRED BY THE LOCAL HOSPITALS TO ASSIST NEW MAINERS IN NAVIGATING THE HEALTH SYSTEMS.

LEWISTON, MAINE: 2010 CENSUS RACE BY AGE

RACE	COUNT	PERCENT
AMERICAN INDIAN AND ALASKA NATIVE ALONE	156	0.43%
ASIAN ALONE	384	1.05%
BLACK OR AFRICAN AMERICAN ALONE	3174	8.67%
NATIVE HAWAIIAN/OTHER PACIFIC NATIVE ALONE	14	0.04%
SOME OTHER RACE ALONE	219	0.60%
TWO OR MORE RACES	951	2.60%
WHITE ALONE	31,694	86.61%

LEWISTON/AUBURN QUALIFIES AS A MEDICALLY UNDERSERVED AREA DEFINED AS HAVING TOO FEW PRIMARY CARE PROVIDERS, WITH HIGH INFANT MORTALITY, HIGH

**Part VI** Supplemental Information (Continuation)

## POVERTY RATES AND/OR HIGH ELDERLY POPULATIONS

ADDITIONALLY THE COMMUNITY NEEDS INDEX (CNI) IDENTIFIES THE SEVERITY OF COMMUNITY HEALTH NEEDS FOR A SPECIFIC GEOGRAPHY BY ANALYZING THE DEGREE TO WHICH THE FOLLOWING HEALTH CARE ACCESS BARRIERS EXIST IN THE COMMUNITY: A. INCOME BARRIERS; B. EDUCATION/LITERACY BARRIERS, C. CULTURE/LANGUAGE BARRIERS, D. INSURANCE BARRIERS, AND E. HOUSING BARRIERS. THE SCORE IS A WEIGHTED AVERAGE; THE SCORE FOR ANDROSCOGGIN COUNTY IS 2.9; THE SCORE FOR THE CITY OF LEWISTON IS 4 (BASED ON SCALE OF 1-5 WITH 5 BEING THE HIGHEST NEED).

DESPITE SOME SIGNIFICANT COMMUNITY HEALTH NEEDS, ANDROSCOGGIN COUNTY HAS A STRONG COMMUNITY SPIRIT, A PRIME LOCATION WITHIN THE STATE, GROWING CULTURAL DIVERSITY AND A BEAUTIFUL NATURAL ENVIRONMENT. WE HAVE AN EXISTING NETWORK OF RESPECTED HOSPITALS, LOCAL SERVICES AGENCIES, GOVERNMENT BODIES, SCHOOL-BASED HEALTH PROGRAMS, FAITH-BASED ORGANIZATIONS, BUSINESSES AND CITIZENS WHO ARE COMMITTED TO COMMUNITY HEALTH. IN THE PAST FEW YEARS MAINE HAS SEEN THE THIRD LARGEST DECREASE IN CARDIOVASCULAR MORTALITY RATES IN THE COUNTRY AND AS A WHOLE, MAINE IS THE 9TH HEALTHIEST STATE IN THE NATION (AMERICA'S HEALTH RANKINGS, 2012.) IN 2012 MAINE ALSO HAD THE HIGHEST HEALTH RANKING AMONG STATES WITH A MEDIAN INCOME OF BELOW \$50,000 (AMERICA'S HEALTH RANKINGS, 2012.)

## PART VI, LINE 5:

ST. MARY'S REGIONAL MEDICAL CENTER AND CENTRAL MAINE MEDICAL CENTER JOINTLY OWN UNITED AMBULANCE SERVICE IN CENTRAL MAINE. INSTEAD OF SIMPLY WAITING FOR PEOPLE TO BE SICK OR INJURED AND NEED AN AMBULANCE TO TRANSPORT THEM TO THE HOSPITAL, UNITED AMBULANCE NOW OFFERS A WONDERFUL

**Part VI** Supplemental Information (Continuation)

PREVENTION AND WELLNESS SERVICE TO RESIDENTS OF THE SERVICE AREA: A HOME VISIT PROGRAM BY A COMMUNITY PARAMEDIC AIMED AT EDUCATING PEOPLE ON CHRONIC DISEASE MANAGEMENT AND PREVENTING POTENTIAL INJURIES IN THE HOME. A PERSON DOES NOT HAVE TO BE HOMEBOUND TO QUALIFY FOR THE PROGRAM. SOME OF THE SERVICES OFFERED ARE: HOME INSPECTION AND SAFETY CHECKS, REVIEW OF MEDICATIONS, CONNECTION TO LOCAL RESOURCES, SCHEDULED WELL-BEING CHECKS AND SCREENINGS FOR MENTAL STATUS, HEART RATE, BLOOD PRESSURE AND BLOOD SUGAR ANALYSIS (FOR DIAGNOSED DIABETICS.)

THE GOAL IS TO HELP PEOPLE STAY AT HOME IN THE SAFEST WAY POSSIBLE. BY GOING INTO THE HOME ENVIRONMENT THE COMMUNITY PARAMEDIC CAN PARTNER WITH THE RESIDENT TO CREATE AN INDIVIDUALIZED PLAN FOR HEALTH AND WELLNESS. ONE PERSON WITH ASTHMA AND DIABETES HAD MULTIPLE ER VISITS IN A TWO MONTH PERIOD. WHEN THE COMMUNITY PARAMEDIC HOME VISIT BEGAN, THEY WERE ABLE TO REVIEW HER MEDICATION AND EDUCATE HER ABOUT WAYS TO REDUCE TRIGGERS FOR ASTHMA IN HER HOME. SINCE THEN, THE NUMBER OF ER VISITS HAS BEEN REDUCED BY 50%. THE PATIENT IS GRATEFUL, NOT ONLY FOR THE SUPPORT AND EDUCATION, BUT ALSO BECAUSE THE SERVICE IS FREE!

THE MISSION LEADER AT ST. MARY'S PARTICIPATED ON THE PLANNING COMMITTEE FOR THE THIRD NOT HERE! CONFERENCE AGAINST HUMAN TRAFFICKING HELD IN APRIL 2014. THE CONFERENCE SOLD OUT WITH OVER 300 PARTICIPANTS AND THERE WERE NATIONAL AND INTERNATIONAL SPEAKERS AS PART OF THE PROGRAM. THE THREE CONFERENCES HAVE HELPED TO RAISE AWARENESS ABOUT THE ISSUE AND ALSO HELPED TO CHANGE STATE LAWS FOR DEALING WITH SEX TRAFFICKING IN ORDER TO PROVIDE SUPPORT TO THE VICTIMS AND TO PROSECUTE THE TRAFFICKERS UNDER STRICTER LAWS. RELIGIOUS SISTERS FROM ANOTHER AREA OF THE STATE HAVE DECIDED TO OPEN A SAFE HOUSE FOR VICTIMS AFTER BEING INSPIRED AT THE FIRST CONFERENCE.

MEMBERS OF ST. MARY'S LEADERSHIP SERVE ON MANY COMMUNITY HEALTH-RELATED

**Part VI** Supplemental Information (Continuation)

BOARDS SUCH AS THE UNITED WAY, THE RED CROSS, THE LOCAL HOSPICE AND LEWISTON-AUBURN PUBLIC HEALTH.

IN 2014, THE ST. MARY'S FOOD PANTRY DISTRIBUTED 8,493 BOXES OF FOOD, PROVIDING ENOUGH FOOD FOR TWO-DAY EMERGENCY RELIEF FOR 19,673 PEOPLE. THIS IS ROUGHLY THE SAME VOLUME AS 2013, INDICATING THAT THERE IS CONSISTENT COMMUNITY NEED. DURING THIS YEAR, THE FOOD PANTRY BEGAN A NEW INITIATIVE TO PROVIDE HEALTHIER FOOD TO CLIENTS. THE HEALTHY FOOD FUND WAS ESTABLISHED AND RESOURCES RAISED FOR THAT FUND ARE USED TO PURCHASE ONLY HEALTHY FOOD, INCLUDING PRODUCE, LEAN MEATS, EGGS, AND DAIRY. THE FOOD PANTRY ALSO PARTICIPATED IN THE MAINERS FEEDING MAINERS (MFM), A PROGRAM OF GOOD SHEPHERD FOOD BANK WHERE THE FOOD BANK PAYS THE FARMERS DIRECTLY TO GROW FOOD THAT IS THEN DELIVERED TO LOCAL PANTRIES. WE WERE ABLE TO TAKE ADVANTAGE OF THIS PROGRAM DURING THE GROWING SEASON, AND DEVELOPED RELATIONSHIPS AND WORKED OUT DELIVERY LOGISTICS WITH THE FARMERS DELIVERING TO OUR PANTRY. AS NEW AND LESS FAMILIAR PRODUCE CAME INTO THE PANTRY, WE FOUND THAT MANY CLIENTS WERE UNFAMILIAR WITH THE ITEMS AND HOW TO STORE AND PREPARE IT. WE CREATED OR ADAPTED VEGGIE TIP SHEETS, AND PAIRED THEM WITH RECIPES DEVELOPED BY OUR COOKING AND NUTRITION PROGRAMMING STAFF. THESE WERE HANDED OUT IN DISTRIBUTION BOXES TAILORED TO WHAT PRODUCE WAS AVAILABLE AT THAT TIME. IN ADDITION, WE LAUNCHED A COOKING CLASS SERIES TARGETED TO FOOD PANTRY CLIENTS-MAKING THEM EASILY ACCESSIBLE AND OFFERED AT DIFFERENT TIMES OF THE DAY AND WEEK. THROUGH THESE VARIOUS INITIATIVES, WE WERE ABLE TO DOUBLE DISTRIBUTION OF PRODUCE DURING 2014-NEARLY 30,000 POUNDS DISTRIBUTED! FINALLY, NEW DONATION AND PROCUREMENT RELATIONSHIPS WERE ESTABLISHED IN 2014 THAT ARE HELPING THE FOOD PANTRY ACCESS MORE FREE, HEALTHY FOOD, AND GET GOOD VALUE FOR PURCHASED PRODUCT, WHICH HELPS TO ADDRESS THE INCREASING GAP BETWEEN A STATIC BUDGET AND THE INCREASED COST OF FOOD.

Part VI Supplemental Information (Continuation)

PART VI, LINE 6:

ST. MARY'S HEALTH SYSTEM, A MEMBER OF COVENANT HEALTH, INCLUDES ST. MARY'S REGIONAL MEDICAL CENTER, A 233-LICENSED BED ACUTE CARE FACILITY; COMMUNITY CLINICAL SERVICES, WITH PRIMARY CARE AND BEHAVIORAL PHYSICIANS, AND NURSE PRACTITIONERS; ST. MARY'S D'YOUVILLE PAVILION, ONE OF THE LARGEST NURSING HOMES NORTH OF BOSTON, WITH 210 BEDS DEDICATED TO LONG-TERM CARE, A SECURE ALZHEIMER'S UNIT, A NEWLY OPENED REHAB SPECIALTY CARE SUITE, AND A STATE OF THE ART REHAB CENTER; ST. MARY'S RESIDENCES, AN INDEPENDENT LIVING CENTER.

OUR MISSION IS TO CONTINUE THE HEALING MINISTRY OF THE CATHOLIC CHURCH IN THE SPIRIT OF ST. MARGUERITE D'YOUVILLE BY PROVIDING PREVENTIVE, CURATIVE, RESTORATIVE, AND SUPPORTIVE SERVICES WITH COMPASSION AND RESPECT FOR EVERYONE.

WE TAKE SERIOUSLY THE "PREVENTIVE" ASPECT OF THE MISSION STATEMENT BY OFFERING PREVENTION AND WELLNESS PROGRAMS FOR THE COMMUNITY, OFFER HEALTH SCREENINGS AND WORKING TO PROVIDE ACCESS TO HEALTHY FOOD THROUGH THE NUTRITION CENTER. THE NURSING HOME OFFERS EDUCATION TO THE COMMUNITY ABOUT FALL PREVENTION, GRIEF SUPPORT AND CAREGIVER SUPPORT. HEALTH SYSTEM LEADERSHIP PARTICIPATE IN VARIOUS COMMUNITY GROUPS TO CONDUCT HEALTH CARE NEEDS ASSESSMENTS AND TO DEVELOP COMMUNITY INTERVENTIONS TO IMPROVE HEALTH.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

ME

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (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

**ST. MARY'S REGIONAL MEDICAL CENTER**

Employer identification number

**01-0211551**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" 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) |

**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

**2** 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?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <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 |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2014



ST. MARY'S REGIONAL MEDICAL CENTER

Schedule J (Form 990) 2014

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 1A:

THE PRESIDENT/CEO OR THE CFO MAY AUTHORIZE PAYMENT OF SPOUSAL TRAVEL EXPENSES. THE PAYMENT OF SUCH AMOUNTS ARE TREATED AS TAXABLE COMPENSATION AND REPORTED ON FORM W-2 OR 1099 AS REQUIRED.

PART I, LINE 7:

IN CONJUNCTION WITH ITS SOLE MEMBER, COVENANT HEALTH, THE ORGANIZATION MAINTAINS AN INCENTIVE COMPENSATION PLAN FOR EXECUTIVES THAT IS ADMINISTERED BY COVENANT HEALTH'S COMPENSATION COMMITTEE. THE PLAN PROVIDES EXECUTIVES WITH THE OPPORTUNITY TO EARN REASONABLE INCENTIVE COMPENSATION BASED ON THE PERFORMANCE OF THE INDIVIDUAL EXECUTIVE, AS MEASURED AGAINST GOALS THAT ARE SET AT THE BEGINNING OF THE YEAR.

**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. Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/forms990](http://www.irs.gov/forms990).

Name of the organization  
**ST. MARY'S REGIONAL MEDICAL CENTER**  
 Employer identification number  
**01-0211551**

**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
MHHEFA REVENUE BOND SERIES 2004A	01-0314384560425TL4		06/03/04	17835000.	ADVANCED REFUNDING		X		X		X
MHHEFA REVENUE BOND SERIES 2007A	01-0314384560425V80		11/01/07	6,685,000.	CONSTRUCTION REFINANCING OF 1999 & 2001 TAX-EXEMPT BONDS		X		X		X
MHHEFA REVENUE BOND SERIES 2010B	01-0314384560427JA5		06/24/10	7,825,000.	CONSTRUCTION OF 2004A BONDS		X		X		X
MHHEFA REVENUE BOND SERIES 2014A	01-0314384560427W77		07/24/14	8,490,000.	CONSTRUCTION OF 2004A BONDS		X		X		X

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired			7,674,620.					
2 Amount of bonds legally defeased			20,770,203.	6,853,065.	9,077,696.		9,406,745.	
3 Total proceeds of issue			1,615,380.	444,500.	603,175.		1,615,380.	
4 Gross proceeds in reserve funds							1,560,850.	
5 Capitalized interest from proceeds			237,062.	89,925.	96,465.		52,292.	
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds				6,318,640.				
11 Other spent proceeds								
12 Other unspent proceeds			2004	2009	2010	2014		
13 Year of substantial completion	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			X			X	X
15 Were the bonds issued as part of an advance refunding issue?		X		X			X	X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		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		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

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ST. MARY'S REGIONAL MEDICAL CENTER

Schedule K (Form 990) 2014

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		X
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X		X		X
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		X		X		X		X
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		X

Part IV Arbitrage

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

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ST. MARY'S REGIONAL MEDICAL CENTER

Schedule K (Form 990) 2014

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	FSA							
c Term of GIC	30.0000000		30.0000000		20.0000000		9.0000000	
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X		X		X	
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		X

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: MHHEFA REVENUE BOND SERIES 2010B  
 (F) DESCRIPTION OF PURPOSE: REFINANCING OF 1999 & 2001 TAX-EXEMPT BONDS

(A) ISSUER NAME: MHHEFA REVENUE BOND SERIES 2014A  
 (F) DESCRIPTION OF PURPOSE: REFINANCING OF 2004A BONDS

SCHEDULE K, PART IV, LINE 7 AND PART V:  
 BOTH BONDS ARE CAREFULLY AND CONSISTENTLY MONITORED FOR POTENTIAL VIOLATIONS OF FEDERAL TAX REQUIREMENTS, BUT THE PROCEDURES WERE NOT WRITTEN AS OF THE END OF THE YEAR COVERED BY THIS TAX RETURN. HOWEVER, THE ORGANIZATION IS CONSIDERING ADOPTING FORMAL POLICIES THAT SET FORTH THE ORGANIZATION'S METHODOLOGY FOR ENSURING POST-ISSUANCE COMPLIANCE WITH IRS REQUIREMENTS PERTAINING TO TAX-EXEMPT DEBT AND CONTAIN SPECIFIC LANGUAGE REGARDING ORGANIZATIONAL RESPONSIBILITY, RECORD RETENTION, PRIVATE BUSINESS USE, ARBITRAGE REBATE, AND REMEDIAL ACTION.

ALTHOUGH FORMAL POLICIES ARE NOT IN PLACE IN REGARDS TO THE REMEDIATION OF OUR BONDS, THE MONITORING REQUIREMENTS OF SECTION 148, AND PROCEDURES TO ENSURE THAT VIOLATIONS ARE TIMELY IDENTIFIED AND CORRECTED, THE ORGANIZATION HAS COMPLIANCE CHECKS IN PLACE THAT SUBSTANTIATE THESE REQUIREMENTS.

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

ST. MARY'S REGIONAL MEDICAL CENTER

Employer identification number

01-0211551

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BEST OF MEDICAL TECHNOLOGY, PREVENTIVE SERVICES AND A "WHOLE PERSON  
APPROACH" IN MEETING THE NEEDS OF THE ANDROSCOGGIN COUNTY AREA.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES TO MEET THE GROWING AND  
CHANGING NEEDS OF THE COMMUNITY. OUR PROFESSIONAL, QUALIFIED STAFF ARE  
ABLE TO DELIVER CARDIOPULMONARY, LABORATORY, NURSING, BEHAVIORAL  
SERVICES, PHYSICAL THERAPY, RADIOLOGY, SOCIAL AND SURGICAL SERVICES  
WITH THE PERSONALIZED TOUCH DESIGNED TO MAKE OUR PATIENTS FEEL MORE  
RELAXED AND AT HOME.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS A SOLE CORPORATE MEMBER, COVENANT HEALTH, INC.

FORM 990, PART VI, SECTION A, LINE 7A:

THE SOLE CORPORATE MEMBER MAY APPOINT OR REMOVE ONE OR MORE OF THE BOARD OF  
DIRECTORS

FORM 990, PART VI, SECTION A, LINE 7B:

CERTAIN DECISIONS OF THE BOARD OF DIRECTORS ARE SUBJECT TO APPROVAL BY THE  
MEMBERS

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

FORM 990 IS PROVIDED TO THE BOARD MEMBERS AND REVIEWED AT THE JUNE 2015  
MEETING.

Name of the organization

ST. MARY'S REGIONAL MEDICAL CENTER

Employer identification number

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

THIS PROCESS IS THE RESPONSIBILITY OF ORGANIZATIONAL INTEGRITY OFFICER. A FORM IS USUALLY SUBMITTED TO ALL BOARD MEMBERS, BOARD COMMITTEE MEMBERS, AND CERTAIN EMPLOYEES IN KEY POSITIONS ANNUALLY TO BE COMPLETED. REMINDERS ARE USUALLY SENT TO MAKE CERTAIN ALL CONFLICT OF INTEREST FORMS ARE RETURNED.

FORM 990, PART VI, SECTION B, LINE 15:

EVERY TWO TO THREE YEARS THE COMPENSATION COMMITTEE OF THE COVENANT HEALTH'S BOARD OF DIRECTORS ENGAGES AN EXTERNAL CONSULTANT TO PROVIDE COMPETITIVE MARKET DATA FROM VARIOUS SURVEY SOURCES, WHICH IS USED TO DEVELOP RECOMMENDATIONS FOR CHANGES TO THE COMPENSATION PROGRAM. SINCE 2003, THE COMPENSATION COMMITTEE HAS ENGAGED MERCER HUMAN RESOURCES CONSULTING TO CONDUCT THIS ANALYSIS. OBJECTIVES ARE TO ASSESS THE COMPOSITENESS OF THE CURRENT TOTAL CASH COMPENSATION LEVELS OF THE SENIOR LEADERSHIP TEAM; DEVELOP MARKET BASED COMPETITIVE SALARY RANGES FOR ALL EXECUTIVE POSITIONS AND ENSURE THAT THE ANNUAL INCENTIVE OPPORTUNITIES, IF THERE ARE ANY, ARE COMPETITIVE AND REASONABLE.

FORM 990, PART VI, SECTION C, LINE 18:

FORM 990 IS AVAILABLE ON OUR WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION PROVIDES FORM 990, FORM 990-T AND FORM 1023 TO THE PUBLIC UPON REQUEST. THE ORGANIZATION DOES NOT CURRENTLY PROVIDE ACCESS TO GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS.

Name of the organization

ST. MARY'S REGIONAL MEDICAL CENTER

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## FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

## OUTSIDE LABOR:

PROGRAM SERVICE EXPENSES	3,104,164.
MANAGEMENT AND GENERAL EXPENSES	639,996.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,744,160.

## DUES:

PROGRAM SERVICE EXPENSES	405,531.
MANAGEMENT AND GENERAL EXPENSES	2,903,049.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,308,580.

## EQUIPMENT RENTAL:

PROGRAM SERVICE EXPENSES	1,027,546.
MANAGEMENT AND GENERAL EXPENSES	1,491,367.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,518,913.

## COMPUTERS SERVICES:

PROGRAM SERVICE EXPENSES	286,819.
MANAGEMENT AND GENERAL EXPENSES	1,873,420.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,160,239.

## MINOR EQUIPMENT:

PROGRAM SERVICE EXPENSES	432,376.
MANAGEMENT AND GENERAL EXPENSES	409,278.

Name of the organization

ST. MARY'S REGIONAL MEDICAL CENTER

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01-0211551

FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	841,654.
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## LAUNDRY/LINEN:

PROGRAM SERVICE EXPENSES	634,726.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	634,726.
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## MEALS:

PROGRAM SERVICE EXPENSES	318,955.
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MANAGEMENT AND GENERAL EXPENSES	70,797.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	389,752.
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## CONSULTANTS:

PROGRAM SERVICE EXPENSES	88,435.
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MANAGEMENT AND GENERAL EXPENSES	281,978.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	370,413.
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## TELEPHONE:

PROGRAM SERVICE EXPENSES	317,183.
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MANAGEMENT AND GENERAL EXPENSES	1,875.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	319,058.
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## POSTAGE:

432212  
08-27-14

Name of the organization

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PROGRAM SERVICE EXPENSES	10,407.
MANAGEMENT AND GENERAL EXPENSES	195,905.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	206,312.

PRINTING AND PUBLICATIONS:

PROGRAM SERVICE EXPENSES	79,124.
MANAGEMENT AND GENERAL EXPENSES	81,752.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	160,876.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 14,654,683.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET TRANSFERS -2,751,875.

FORM 990 PART XI, LINE 2C

THE AUDIT COMMITTEE OF COVENANT HEALTH ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT AUDITOR.







Schedule R (Form 990) 2014 **ST. MARY'S REGIONAL MEDICAL CENTER**

**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.

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
  - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
  - b Gift, grant, or capital contribution to related organization(s)
  - c Gift, grant, or capital contribution from related organization(s)
  - d Loans or loan guarantees to or for related organization(s)
  - e Loans or loan guarantees by related organization(s)
  - f Dividends from related organization(s)
  - g Sale of assets to related organization(s)
  - h Purchase of assets from related organization(s)
  - i Exchange of assets with related organization(s)
  - j Lease of facilities, equipment, or other assets to related organization(s)
  - k Lease of facilities, equipment, or other assets from related organization(s)
  - l Performance of services or membership or fundraising solicitations for related organization(s)
  - m Performance of services or membership or fundraising solicitations by related organization(s)
  - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
  - o Sharing of paid employees with related organization(s)
  - p Reimbursement paid to related organization(s) for expenses
  - q Reimbursement paid by related organization(s) for expenses
  - r Other transfer of cash or property to related organization(s)
  - s Other transfer of cash or property from related organization(s)

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)						X
(2)						X
(3)						X
(4)						X
(5)						X
(6)						X



