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MMC 08/03/2010 10.02 AM

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10/01/08 , and ending 9/30/09

B Check if applicable.
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Maine Medical Center

Doing Business As:

Number and street (or P O. box if mail is not delivered to street address): 22 Bramhall Street

Room/suite:

City or town, state or country, and ZIP + 4: Portland ME 04102

D Employer Identification number: 01-0238552

E Telephone number: 207-662-2576

G Gross receipts $: 1904414322

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

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

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

J Website: ▶ www.mmc.org

H(c) Group exemption number ▶

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1951

M State of legal domicile: ME

Part I Summary

1 Briefly describe the organization's mission or most significant activities

The Maine Medical Center is a voluntary, not-for-profit community and referral hospital, dedicated to providing high quality health care

continued on Schedule O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	27
	4	Number of independent voting members of the governing body (Part VI, line 1b)	22
	5	Total number of employees (Part V, line 2a)	6673
	6	Total number of volunteers (estimate if necessary)	816
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	1,934,963
	b	Net unrelated business taxable income from Form 990-T, line 34	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	24,103,696	25,375,023
	9	Program service revenue (Part VIII, line 2g)	644,125,426	714,292,807
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,078,542	3,907,101
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,318,280	10,046,687
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	685,625,944	753,621,618
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	311,501	627,761
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	317,129,805	363,083,917
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	61,503	59,343
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,431,576		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	318,400,526	336,539,237
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	635,903,335	700,310,258
	19	Revenue less expenses Subtract line 18 from line 12	49,722,609	53,311,360

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	955,619,577	1008334801
	21	Total liabilities (Part X, line 26)	339,566,560	450,033,236
	22	Net assets or fund balances. Subtract line 21 from line 20	616,053,017	558,301,565

SCANNED AUG 25 2010

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ John E. Heye Treasurer

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MaineHealth
901 Washington Ave
Portland, ME 04103

EIN ▶

Phone no ▶ 207-771-4720

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

ME 24P

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

The Maine Medical Center is a voluntary, not-for-profit community and referral hospital, dedicated to providing high quality health care

continued on Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 163,325,622 including grants of $) (Revenue $ 255,525,771)

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

Total Patient Days - 161,958

See attached Community Benefit Statement.

4b (Code) (Expenses $ 78,364,901 including grants of $) (Revenue $ 257,302,971)

Operating Room and Scarborough Surgery Center

Total Visits - 27,382

Through its 33 operative suites, the Medical Center provides critical trauma, emergent, urgent, and elective surgical services to the community. Through its expansive array of surgical capabilities, the Medical Center provices most surgical procedures within its community as a great convenience to its patients without regard to their ability to pay.

4c (Code) (Expenses $ 29,367,152 including grants of $) (Revenue $ 58,036,900)

Emergency Department and Brighton First Care (BFC)

Total Visits - 82,125

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

4d Other program services. (Describe in Schedule O.)
(Expenses $ 358,829,007 including grants of $ 627,761) (Revenue $ 143,427,165)

4e Total program service expenses ▶ $ 629,886,682 (Must equal Part IX, Line 25, column (B))

M 3-11

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization
Maine Medical Center

Employer identification number
01-0238552

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

a [X] Mail solicitations
b [X] Email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] Special fundraising events

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

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

Maine, Florida

SCHEDULE O
(Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
Maine Medical Center

Employer identification number
01-0238552

Form 990 - Part I, Line 1 and Part III, Line 1 -

Organization's Mission or Most Significant Activites

services to all persons who seek care, regardless of their sex, race, religion, age, color, sexual orientation, national origin, or social or economic status. In addition, Maine Medical Center is committed to education at the undergraduate, graduate, post-graduate and continuing education levels for physicians, nurses and allied health personnel, and in-service training for support staff in the hospital are essential to the maintenance of quality patient care. Outreach education to other institutions and agencies is also vital to the fulfillment of the Maine Medical Center's mission. Finally, MMC supports basic and clinical research as essential to the advancement of health care at the Maine Medical Center.

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

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

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

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

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

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