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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

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning****and ending****B Check if applicable**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated return
☒ Amended return
☐ Application pending

Please use IRS label or print or type
See Specific Instructions**C Name of organization****ST. MARY'S REGIONAL MEDICAL CENTER**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
CAMPUS AVENUE, P.O. BOX 0291

City or town, state or country, and ZIP + 4

LEWISTON, ME 04243-0291**F Name and address of principal officer: LEO MYLES
SAME AS C ABOVE****D Employer identification number****01-0211551****E Telephone number****(207) 777-8546****G Gross receipts \$****131,640,490.****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)

H(c) Group exemption number ▶**I Tax-exempt status:** ☒ 501(c) (3) (Insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ **WWW.STMARYSMAINE.COM****K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation** **1967****M State of legal domicile** **ME****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ST. MARY'S REGIONAL MEDICAL CENTER IS A 233-BED ACUTE CARE FACILITY THAT OFFERS THE BEST OF		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of employees (Part V, line 2a)	5	973
	6	Total number of volunteers (estimate if necessary)	6	350
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	248,041.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,679,029.	Current Year 1,205,428.
	9	Program service revenue (Part VIII, line 2g)	125,951,958.	128,964,056.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	840,830.	822,306.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	544,640.	387,920.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	129,016,457.	131,379,710.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	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)	45,806,880.	47,088,395.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 172,896.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	77,229,984.	75,889,784.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	123,036,864.	122,978,179.	
19	Revenue less expenses. Subtract line 18 from line 12	5,979,593.	8,401,531.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 104,968,310.	End of Year 137,784,912.
	21	Total liabilities (Part X, line 26)	37,336,402.	58,416,509.
	22	Net assets or fund balances. Subtract line 21 from line 20	67,631,908.	79,368,403.

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

LEO MYLES, CEO

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

**WILLIAM STEELE & ASSOCIATES, P.C.
40 STARK STREET
MANCHESTER, NH 03101**Phone no ▶ **(603) 622-8881**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

916-23 23

SCANNED JAN 25 2011

Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission: **SEE SCHEDULE O FOR CONTINUATION**
ST. MARY'S REGIONAL MEDICAL CENTER IS A 233 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. MARYS REGIONAL MEDICAL CENTER OFFERS A FULL RANGE OF
- 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 \$ 7,764,890. including grants of \$) (Revenue \$ 11275518.)
BEHAVIORAL HEALTH: ST. MARYS 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 = 17,484

4b (Code:) (Expenses \$ 8,140,956. including grants of \$) (Revenue \$ 7,983,549.)
EMERGENCY CARE: ST. MARY'S REGIONAL MEDICAL CENTER OFFERS A 24-HOUR PER DAY LEVEL II EMERGENCY CARE FACILITY. SERVICES PROVIDED INCLUDE MEDICAL, SURGICAL, ETC. TOTAL VISITS = 28,088

4c (Code:) (Expenses \$ 10828164. including grants of \$) (Revenue \$ 23243230.)
SURGICAL CARE: PROVIDES ALL SERVICES (EXCEPT OPEN HEART) TO PATIENTS RANGING FROM INFANT TO GERIATRICS WHO NEED SURGICAL INTERVENTION. TOTAL HOURS = 5,921

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ 71616047. including grants of \$) (Revenue \$ 86461759.)

4e Total program service expenses ► \$ 98,350,057.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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 term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• 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>		
• 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>		
• 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>		
• 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>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII 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, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</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
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c 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
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
25b 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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	973	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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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.**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body	15	
b Enter the number of voting members that are independent	11	
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 organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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 Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does 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	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CAROLYN M KASABIAN - 207-777-8546**
P. O. BOX 291, LEWISTON, ME 04240

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

• 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
MARK ANTHOINE DIRECTOR	1.50	X						0.	0.	0.
PATRICIA FINNIGAN DIRECTOR	1.50	X						0.	0.	0.
MARTIN EISENSTEIN DIRECTOR	1.50	X						0.	0.	0.
JOHN ISAACSON DIRECTOR	1.50	X						0.	0.	0.
DONALD FOURNIER DIRECTOR	1.50	X						0.	0.	0.
SHARON MILLETT CHAIR	1.50	X		X				0.	0.	0.
SR. DOROTHY COOPER DIRECTOR	1.50	X						0.	0.	0.
CAROL SABASTEANSKI DIRECTOR	1.50	X						0.	0.	0.
IRA SHAPIRO, MD DIRECTOR	1.50	X						124,200.	0.	0.
SIDNEY STEINKELER, MD DIRECTOR	40.00	X				X		386,547.	0.	41,574.
JOHN EMERSON DIRECTOR	1.50	X						0.	0.	0.
WILLIAM SCHULTZ DIRECTOR	1.50	X						0.	0.	0.
MICHAEL KELLEY, MD DIRECTOR	40.00	X						0.	264,205.	29,652.
CRAIG GUNDERSON DIRECTOR	1.50	X						0.	0.	0.
LEO MYLES CEO	40.00	X		X				0.	559,678.	36,889.
J PAUL SPELLMAN DIRECTOR	1.50	X						0.	0.	0.
DONNA STECKINO VICE CHAIR	1.50	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
JAMES CASSIDY PRESIDENT	40.00			X				0.	972,837.	32,021.
CAROLYN KASABIAN TREASURER/SECRETARY	40.00			X				0.	259,321.	28,758.
SUSAN KEILER COO	40.00				X			0.	260,650.	35,814.
AMIR MODARESSI PHYSICIAN	40.00					X		523,260.	0.	25,539.
RALPH HARDER PHYSICIAN	40.00					X		386,462.	0.	31,592.
MAHESH PANDEY PHYSICIAN	40.00					X		314,462.	0.	9,312.
MICHAEL BELL PHYSICIAN	40.00					X		310,365.	0.	16,558.
DAVID BURKE PHYSICIAN	40.00					X		309,804.	0.	25,533.
1b Total								2,355,100.	2,316,691.	313,242.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **28**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		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.

(A) Name and business address	(B) Description of services	(C) Compensation
ST MARY'S HEALTH SYSTEM CAMPUS AVE PO BOX 7291, LEWISTON, ME 04240	MGMT SERVICE AND LEASED EE'S	14,043,903.
COVENANT HEALTH SYSTEM INC 420 BEDFORD ST, LEXINGTON, MA 024201502	MANAGEMENT SERVICES	2,048,937.
COMPHEALTH MEDICAL STAFFING PO BOX 972651, DALLAS, TX 753972651	STAFFING AGENCY	1,032,504.
ST. MARY'S ANESTHESIA PO BOX 1823, LEWISTON, ME 04240	HEALTH CARE PROFESSIONAL	896,122.
DR. JAMES MACNUTT 77 BATES ST, LEWISTON, ME 04240	NEUROSURGEON	456,083.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **12**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1205428.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			1205428.			
Program Service Revenue	2 a NET PATIENT SERVICE RE	Business Code	621300	128,964,056.	128,964,056.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			128,964,056.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			819,072.			819,072.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses	400659.					
	c Rental income or (loss)	260780.					
	d Net rental income or (loss)	139879.		139,879.		139,879.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses	3,234.					
	c Gain or (loss)						
	d Net gain or (loss)	3,234.		3,234.		3,234.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
	b Less: direct expenses						
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a LAB REVENUE		621500	248,041.		248,041.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			248,041.				
12 Total revenue. See instructions			131,379,710.	128,964,056.	248,041.	962,185.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	510,747.	510,747.		
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	35,375,974.	34,632,031.	743,943.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	599,266.	581,288.	17,978.	
9 Other employee benefits	10,602,408.	10,495,077.	107,331.	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	6,996,511.		6,823,615.	172,896.
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	1,716,753.	34,004.	1,682,749.	
17 Travel	77,945.	70,597.	7,348.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	109,732.	56,817.	52,915.	
20 Interest	1,140,841.		1,140,841.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,149,947.	2,317,810.	1,832,137.	
23 Insurance	1,314,226.	1,287,588.	26,638.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>SUPPLIES</u>	19,099,306.	19,099,306.		
b <u>PURCHASED SERVICES</u>	7,511,830.	7,511,830.		
c <u>LEASED EMPLOYEES</u>	5,536,924.	3,124,380.	2,412,544.	
d <u>CCS SUBSIDY</u>	5,212,722.	5,212,722.		
e <u>OUTSIDE WORK</u>	4,582,602.	4,582,602.		
f All other expenses	18,440,445.	8,833,258.	9,607,187.	
25 Total functional expenses. Add lines 1 through 24f	122,978,179.	98,350,057.	24,455,226.	172,896.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	2,677,778.	2	5,678,030.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	12,006,164.	4	8,263,635.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,303,278.	8	1,276,512.
	9 Prepaid expenses and deferred charges	358,185.	9	1,444,673.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 77,647,800.		
	b Less: accumulated depreciation	10b 40,087,927.	10c	37,559,873.
	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	56,391,619.	15	83,562,189.
16 Total assets. Add lines 1 through 15 (must equal line 34)	104,968,310.	16	137,784,912.	
Liabilities	17 Accounts payable and accrued expenses	8,272,913.	17	7,592,966.
	18 Grants payable		18	
	19 Deferred revenue	435,831.	19	458,499.
	20 Tax-exempt bond liabilities	26,346,490.	20	25,156,733.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	2,281,168.	23	25,208,311.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	37,336,402.	26	58,416,509.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		64,562,766.	27	77,490,697.
28 Temporarily restricted net assets		2,383,080.	28	1,188,695.
29 Permanently restricted net assets		686,062.	29	689,011.
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		67,631,908.	33	79,368,403.
34 Total liabilities and net assets/fund balances		104,968,310.	34	137,784,912.

Part XI Financial Statements and Reporting

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

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

Form **990** (2009)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

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)(vii).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) ☐ A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) ☐ A family member of a person described in (i) above?

(iii) ☐ A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ **Complete if the organization is described below.**

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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), 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 payments were made. 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-.

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

Schedule C (Form 990 or 990-EZ) 2009

LHA

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

☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a 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					

Schedule C (Form 990 or 990-EZ) 2009

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)).

	(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? If "Yes," describe in Part IV	X		12,128.
j Total. Add lines 1c through 1i			12,128.
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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

PART II-B, LINE 1(I), OTHER 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 \$12,128 IS USED FOR LOBBYING.

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, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

9 In Part XIV, 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, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues 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 relating to these items:

a Revenues 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 XIV.

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 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 XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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	3069142.	3353022.			
b Contributions	656,993.	1539784.			
c Net investment earnings, gains, and losses	24,713.	17,453.			
d Grants or scholarships					
e Other expenditures for facilities and programs	1873143.	1841117.			
f Administrative expenses					
g End of year balance	1877705.	3069142.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 63.30 %
 b Permanent endowment ▶ 36.70 %
 c Term endowment ▶ _____ %

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		328,680.		328,680.
b Buildings		45,506,925.	17,635,881.	27,871,044.
c Leasehold improvements		181,074.	79,576.	101,498.
d Equipment		30,635,727.	22,299,125.	8,336,602.
e Other		995,394.	73,345.	922,049.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				37,559,873.

Schedule D (Form 990) 2009

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ►		

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ►		

(a) Description	(b) Book value
LTD USE ASSETS	51,772,257.
DUE FROM AFFILIATES	15,202,882.
OTHER ACCOUNTS RECEIVABLE	388,849.
SETTLEMENTS W/ THIRD PARTIES	16,198,201.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	83,562,189.

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)		

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02-01-10

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	131,379,710.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	122,978,179.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	8,401,531.
4	Net unrealized gains (losses) on investments	4	3,306,652.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	28,312.
9	Total adjustments (net). Add lines 4 through 8	9	3,334,964.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	11,736,495.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	133654656.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,306,652.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	3,306,652.
3	Subtract line 2e from line 1	3	130348004.
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 XIV.)	4b	1,031,706.
c	Add lines 4a and 4b	4c	1,031,706.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	131379710.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	122978179.
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	122978179.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	122978179.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, 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 XI, LINE 8 - OTHER ADJUSTMENTS:**

FUND BALANCE TRANSFERS: 1184380.

RELEASED FROM RESTRICTIONS: -1156042.

ROUNDING: -26.

Part XIV Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

TEMPORARILY RESTRICTED INVESTMENT INCOME: 24713.

DONATIONS: 1006993.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

- **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
► **Attach to Form 990.**
► **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

ST. MARY'S REGIONAL MEDICAL CENTER

Employer identification number

01-0211551

Part I Charity Care and Certain Other Community Benefits at Cost

- 1 a** Does the organization have a charity care policy? If "No," skip to question 6a
b If "Yes," is it a written policy?
- 2** If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals
☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals
☐ Generally tailored to individual hospitals
- 3** Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care:
☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %
b Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals?
If "Yes," indicate which of the following is the family income limit for eligibility for discounted care:
☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other _____ %
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.
- 4** Does the organization's policy provide free or discounted care to the "medically indigent"?
- 5 a** Does the organization budget amounts for free or discounted care provided under its charity care policy?
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?
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?
- 6 a** Does the organization prepare an annual community benefit report? .
b If "Yes," does the organization make it available to the public?

	Yes	No
1a	X	
1b	X	
3a	X	
3b	X	
4	X	
5a	X	
5b	X	
5c		X
6a	X	
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 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			3,943,637.		3,943,637.	3.21%
b Unreimbursed Medicaid (from Worksheet 3, column a)			26,401,576.	25,320,582.	1,080,994.	.88%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			30,345,213.	25,320,582.	5,024,631.	4.09%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		14,345	310,116.		310,116.	.25%
f Health professions education (from Worksheet 5)		442	780,731.		780,731.	.63%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)		7	8,236.		8,236.	.01%
i Cash and in-kind contributions to community groups (from Worksheet 8)		6,200	352,871.		352,871.	.29%
j Total. Other Benefits		20,994	1,451,954.		1,451,954.	1.18%
k Total. Add lines 7d and 7j		20,994	31,797,167.	25,320,582.	6,476,585.	5.27%

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing		781	27,919.		27,919.	.02%
2 Economic development		2	604.		604.	.00%
3 Community support			37,380.		37,380.	.03%
4 Environmental improvements						
5 Leadership development and training for community members		672	8,720.		8,720.	.01%
6 Coalition building		1,915	15,205.		15,205.	.01%
7 Community health improvement advocacy		1,624	584,670.		584,670.	.48%
8 Workforce development		23	767,694.		767,694.	.62%
9 Other						
10 Total		5,017	1,442,192.		1,442,192.	1.17%

Part III Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

	Yes	No
1	X	

2 Enter the amount of the organization's bad debt expense (at cost)

2 1,800,927.

3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy

3 100,000.

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)

5 38,646,089.

6 Enter Medicare allowable costs of care relating to payments on line 5

6 50,541,754.

7 Subtract line 6 from line 5. This is the surplus or (shortfall)

7 <11895665.

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

Check the box that describes the method used:

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a Does the organization have a written debt collection policy?

9a X

b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI

9b X

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 UNITED AMBULANCE	AMBULANCE SERVICE	50.00%	.00%	.00%
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

932093 02-01-10

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 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 charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals 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.).
- 7 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.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART III, LINE 4: THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT
INCLUDE A FOOTNOTE THAT DESCRIBES BAD DEBT EXPENSE. THE AMOUNTS REPORTED
ABOVE ARE CALCULATED BASED ON A RATIO OF COST TO CHARGES.

PART III, LINE 8: APPROXIMATELY 33% 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: THE ORGANIZATION HAS A SEPARATE CHARITY CARE POLICY
FROM ITS CREDIT AND COLLECTION POLICIES.

PART VI, LINE 2: IN ORDER TO ENSURE OUR EFFORTS ADDRESS IDENTIFIED
NEEDS IN THE COMMUNITY, ST. MARYS HEALTH SYSTEM AND ITS SUBSIDIARIES
ELICITED THE VOICE OF THE COMMUNITY IN SEVERAL WAYS. THE INSTITUTION
HOSTED NUMEROUS FOCUS GROUPS AND COMMUNITY FORUMS WHICH FOCUSED ON
SPECIFIC DISEASE PROCESSES, SPECIFIC PATIENT POPULATIONS (SUCH AS HIGH
SCHOOL STUDENTS OR THE ELDERLY), TYPES OF MEDICAL CARE AND
PATIENT/RESIDENT/FAMILY-CENTERED CARE. OUR COMMUNITY HEALTH RISK
SCREENING PROGRAM ASSESSES PHYSICAL ACTIVITY, BLOOD PRESSURE, OBESITY,
TOBACCO USE, BLOOD GLUCOSE LEVELS AND OTHER RISK FACTORS FOR LOCAL
RESIDENTS. ST. MARYS LEADERS SERVE ON BOARDS IN MANY COMMUNITY HEALTH

Part VI Supplemental Information

ORGANIZATIONS AND THE BOARD MEMBERS INVITED TO SERVE WITH ST. MARYS ARE STRATEGICALLY SELECTED.

PATIENT SATISFACTION SURVEYS ALSO PROVIDE VALUABLE INFORMATION IN COMMUNITY BENEFIT PLANNING. A FEEDBACK LOOP HAS BEEN ESTABLISHED FOR EMPLOYEES TO IDENTIFY UNMET NEEDS OF PATIENTS.

IN ADDITION, WE UTILIZED DATA THAT IDENTIFIES KEY HEALTH ISSUES FOR THE DEMOGRAPHIC AREA WE SERVE. DATA WAS COMPILED FROM A VARIETY OF SOURCES INCLUDING HEALTHY MAINE 2010 GOALS, STATEWIDE INITIATIVES FROM THE MAINE HOSPITAL ASSOCIATION, AND COMMUNITY PARTNERSHIPS SUCH AS THE UNITED WAY, THE LEWISTON-AUBURN PUBLIC HEALTH INITIATIVE AND HEALTHY ANDROSCOGGIN. ANDROSCOGGIN COUNTY HAS SEVERAL MAJOR PUBLIC HEALTH CONCERNS.

POVERTY-RELATED PROBLEMS HAVE A SIGNIFICANT IMPACT ON THE AREA, AND SOME ISSUES SUCH AS POOR NUTRITION, INFANT MORTALITY, UNEMPLOYMENT, CHILDREN LIVING IN POVERTY AND TEEN PREGNANCY OCCUR AT A HIGHER PERCENTAGE RATE IN THIS COUNTY THAN OTHER PARTS OF THE STATE OF MAINE.

THE LEADING CAUSES OF MORTALITY IN THE ST. MARYS SERVICE AREA ARE HEART DISEASE, CANCER AND STROKE. PHYSICAL INACTIVITY, OBESITY AND THE LACK OF HEALTH CARE ACCESS WERE ALSO PROMINENT THEMES THAT AROSE AS CONCERNS FROM HEALTHY MAINE 2010 DATA, COMMUNITY HEALTH CARE PARTNERSHIP REPORTS AND PHYSICIAN FEEDBACK.

A COMMUNITY BENEFIT PLAN WAS DEVELOPED IN CONJUNCTION WITH THE COMMUNITY BENEFIT STAFF, MISSION ADVISORY COMMITTEE, SYSTEM LEADERSHIP AND SENIOR LEADERSHIP AND WAS ENDORSED BY THE BOARD OF DIRECTORS.

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

Part VI Supplemental Information

OPTIONS ON 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: ST. MARYS SERVICE AREA INCLUDES MOST OF ANDROSCOGGIN COUNTY IN SOUTH CENTRAL MAINE, WHICH IS APPROXIMATELY 42,000 HOUSEHOLDS (JUST OVER 100,000 PEOPLE) OR JUST OVER 8% OF THE POPULATION OF THE STATE OF MAINE. THE COUNTY CONTAINS MAINE'S SECOND AND FIFTH LARGEST CITIES: LEWISTON AND AUBURN. LEWISTON-AUBURN IS HOME TO A LARGE FRANCO-AMERICAN POPULATION AS WELL AS AN INCREASING NUMBER OF SOMALI AND SUDANESE IMMIGRANTS. THE DEMOGRAPHIC DISTRIBUTION IS:

AGE GROUP

0 TO 18 YEARS 26%

18 TO 64 YEARS 59%

65 YEARS AND OVER 15%

11% OF FAMILIES LIVE BELOW THE POVERTY LEVEL

RACE/ETHNICITY

WHITE 97%

BLACK/AFRICAN-AMERICAN .7%

LANGUAGE SPOKEN AT HOME

ENGLISH 85%

OTHER THAN ENGLISH 16%

PART VI, LINE 5: IN RESPONSE TO THE SIGNIFICANT NEEDS AROUND

Part VI Supplemental Information

NUTRITION, POVERTY AND FOOD ACCESS FOR THE COUNTY, ST. MARYS HEALTH SYSTEM FOUNDED THE NUTRITION CENTER OF MAINE IN 2006. THROUGH ORGANIZING, ADVOCACY AND EDUCATION, THE CENTER IS A LOCAL AND STATEWIDE RESOURCE, PROMOTING OVERALL COMMUNITY WELLNESS THROUGH NUTRITION, YOUTH DEVELOPMENT AND SUSTAINABLE URBAN AGRICULTURE PROGRAMS. MANY OF THE CONSTITUENTS ARE AT HIGH RISK FOR HUNGER, OBESITY AND NUTRITION-RELATED DISEASES. IN 2009 THE FOOD PANTRY DISTRIBUTED OVER 12,000 BOXES OF FOOD, PROVIDING ENOUGH FOOD FOR OVER 25,000 PEOPLE AND PROVIDED NUTRITIOUS SNACKS TO DAYCARE AND SCHOOL-BASED HEALTH CENTERS IN LEWISTON. EIGHTY COMMUNITY GARDENERS GREW FOOD AT LOCAL COMMUNITY GARDENS AND NINE WORKSHOPS WERE HELD TO EDUCATE GARDENERS. THE LOTS TO GARDENS PROGRAM ALSO CO-HOSTED THE 11TH ANNUAL ROOTED IN COMMUNITY NATIONAL CONFERENCE AIMED AT LEADERSHIP DEVELOPMENT FOR COMMUNITY ACTION. THE NUTRITION CENTER HELD 146 COOKING AND NUTRITION CLASSES AND INITIATED THE SOMALI NUTRITION INITIATIVE WHICH HAS ALREADY EDUCATED MORE THAN 120 SOMALI AND SOMALI-BANTU WOMEN.

IN ADDITION, SMHS LEADERSHIP MEMBERS SERVE ON THE LOCAL CHAMBER OF COMMERCE AND OTHER COMMUNITY COALITIONS RELATED TO COMMUNITY HEALTH SUCH AS THE MAINE HEALTHCARE ACTION TEAM AND THE MAINEHEALTH ELDER CARE TEAM, AS WELL AS WORKFORCE DEVELOPMENT PROGRAMS SUCH AS THE COLLEGE FOR ME STEERING COMMITTEE, AND THE HEALTHCARE WORKFORCE FORUM WHICH REPORTS ITS EFFORTS TO ASSURE AVAILABILITY OF A HEALTHCARE WORKFORCE TO THE STATE LEGISLATURE.

PART VI, LINE 6: EXAMPLES FROM OUR COMMUNITY BENEFIT PLAN:

OBJECTIVE 1: PROVIDE PROGRAMS AND SERVICES TO CARE FOR THE POOR AND VULNERABLE IN CENTRAL MAINE.

FACILITATE ACCESS TO HEALTH-RELATED SERVICES

PROVIDE FREE HEALTH SCREENINGS IN THE COMMUNITY

Part VI Supplemental Information

PROVIDE VACCINATION CLINICS IN THE COMMUNITY AND SCHOOL BASED CLINICS

PARTICIPATE AS A LEAD AGENCY IN COMMUNITY HEALTH SAFETY NET FOR LOCAL

PLAN TO END HOMELESSNESS

HOST COMMUNITY TOBACCO USE SUPPORT GROUP AND PROVIDE WRITTEN MATERIALS

ABOUT TOBACCO CESSATION RESOURCES IN MAINE

ADDRESS NEEDS OF MINORITY COMMUNITIES

OBJECTIVE 2: CREATE, PROMOTE AND PROVIDE EDUCATIONAL PROGRAMS TO

COMMUNITY GROUPS AND HEALTH CARE PROFESSIONALS. THESE PROGRAMS WILL

ADDRESS THE SPECIFIC HEALTH CARE NEEDS IDENTIFIED FOR CENTRAL MAINE.

PROMOTE TAKECHARGE PROGRAM AND WEAR RED CAMPAIGN FOR CARDIAC HEALTH

PROVIDE ENTREES TO HEALTH COMMUNITY EDUCATION SESSIONS ON CARDIAC HEALTH
AND ONCOLOGY

PROVIDE TOBACCO CESSATION CLASSES FOR COMMUNITY AT NO CHARGE

PROVIDE CARDIAC HEALTH EDUCATIONAL OUTREACH SESSIONS FOR HEALTH CARE
PROFESSIONALS

PARTICIPATE IN COMMUNITY LIVING WITH CANCER EVENT

PROVIDE CLINICAL PLACEMENT FOR HEALTH CARE STUDENTS FROM LOCAL AND
REGIONAL EDUCATIONAL PROGRAMS

OBJECTIVE 3: ADDRESS CRITICAL PUBLIC HEALTH CONCERNS FOR ANDROSCOGGIN
COUNTY.

A. ADDRESS CARDIAC-RELATED HEALTH CONCERNS

CONDUCT BLOOD PRESSURE SCREENINGS, COUNSELING AND EDUCATION AT COMMUNITY
SITES

HOST AN ANNUAL HEART FAIR

SPONSOR AN ANNUAL HEART WALK

B. ADDRESS CANCER-RELATED HEALTH CONCERNS

OFFER SPEAKING ENGAGEMENTS TO COMMUNITY GROUPS

PROVIDE COMMUNITY SKIN CANCER SCREENING

Part VI Supplemental Information

PROVIDE COMMUNITY PROSTATE CANCER SCREENING

PROVIDE WOMENS HEALTH SCREENING

OFFER CANCER SUPPORT GROUP

PART VI, LINE 7: ST. MARYS HEALTH SYSTEM, FOUNDED BY THE SISTERS OF CHARITY IN 1888, IS A NOT-FOR-PROFIT CATHOLIC HEALTH SYSTEM SERVING CENTRAL MAINE. ST. MARY'S HEALTH SYSTEM INCLUDES ST. MARY'S REGIONAL MEDICAL CENTER, A 233-BED ACUTE CARE FACILITY; COMMUNITY CLINICAL SERVICES, WITH PRIMARY CARE AND SPECIALTY PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, AND MIDWIVES; ST. MARY'S DYOUVILLE PAVILION, ONE OF THE LARGEST NURSING HOMES NORTH OF BOSTON, WITH 210 BEDS DEDICATED TO LONG-TERM CARE, A SECURE ALZHEIMERS UNIT, AND THE CENTER FOR TRANSITIONAL REHAB CARE; AND ST. MARY'S RESIDENCES, AN INDEPENDENT LIVING CENTER.

THE NURSING HOME OFFERS HEALTH PREVENTION EDUCATION (SUCH AS FALL PREVENTION CLASSES) AND THEIR LEADERSHIP TEAM PARTICIPATES ON COMMUNITY-HEALTH RELATED BOARDS AND COALITIONS AT THE LOCAL AND STATE LEVEL.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

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 checked="" 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <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) and 501(c)(4) 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 Regs. 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part III Supplemental Information

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

PART I, LINE 1A: THE PRESIDENT, THE 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.

THE PRESIDENT RECEIVED TAX INDEMNIFICATION PAYMENTS RELATED TO A SUPPLEMENTAL RETIREMENT PLAN. THE PAYMENTS ARE REPORTED AS TAXABLE COMPENSATION AND INCLUDED IN THE REASONABLENESS REVIEW OF COMPENSATION.

THE CEO RECEIVED TAX INDEMNIFICATION PAYMENTS RELATED TO A SUPPLEMENTAL RETIREMENT PLAN. THE PAYMENTS ARE REPORTED AS TAXABLE COMPENSATION AND INCLUDED IN THE REASONABLENESS REVIEW OF COMPENSATION.

PART I, LINE 4B: JAMES CASSIDY - \$466,437

PART I, LINE 7: IN CONJUNCTION WITH ITS SOLE MEMBER, COVENANT HEALTH SYSTEMS, THE ORGANIZATION MAINTAINS AN INCENTIVE COMPENSATION PLAN FOR EXECUTIVES THAT IS ADMINISTERED BY COVENANT HEALTH SYSTEM'S COMPENSATION COMMITTEE. THE PLAN PROVIDES EXECUTIVES WITH THE OPPORTUNITY TO EARN REASONABLE INCENTIVE COMPENSATION BASED ON THE PERFORMANCE OF THE

01-0211551

Part III Supplemental Information

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

INDIVIDUAL EXECUTIVE, AS MEASURED AGAINST GOALS THAT ARE SET AT THE

BEGINNING OF THE YEAR.

Blank lines for supplemental information.

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
(Form 990)
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).
▶ Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009
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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	
						Yes	No	Yes	No
MHFEFA REVENUE BOND A SERIES 2004A	01-0314384560425TL4	06/03/04	17,835,000	ADVANCED REFUNDING			X		X
MHFEFA REVENUE BOND B SERIES 2007A	01-0314384560425V80	11/01/07	6685000	CONSTRUCTION			X		X
C									
D									
E									

Part II Proceeds

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
9 Were the bonds issued as part of a current refunding issue?	X									
10 Were the bonds issued as part of an advance refunding issue?		X								
11 Has the final allocation of proceeds been made?	X		X							
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
b Are there any research agreements with respect to the financed property which may result in private business use? ..		X		X						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	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		.00 %		.00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.00 %		.00 %		%		%		%
6 Total of lines 4 and 5		.00 %		.00 %		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X			X						
2 Is the bond issue a variable rate issue?		X		X						
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X						
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?	X		X							
b Name of provider	FSA		FSA							
c Term of GIC	30.0000000		30.0000000							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X							
5 Were any gross proceeds invested beyond an available temporary period?		X		X						
6 Did the bond issue qualify for an exception to rebate?		X		X						

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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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:

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:

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, 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 III, LINE 4D, OTHER PROGRAM SERVICES:

LABORATORY: PROVIDES TESTING FOR PATIENTS OF ALL AGES, WITH ANY
DIAGNOSIS WHO ARE TREATED BY THE INSTITUTION. THE LAB IS STAFFED 24
HRS/DAY.

ADDITIONAL SERVICES PROMOTING COMMUNITY HEALTH - THE PROVISION OF ACUTE
& SPECIALTY HEALTHCARE SERVICES TO LEWISTON/AUBURN, MAINE & SURROUNDING
AREAS IN FURTHERANCE OF THE ORGANIZATION'S CHARITABLE MISSION OF
PROMOTING A HEALING COMMUNITY. OUR SERVICES AND STAFF ARE BACKED BY
STATE OF THE ART EQUIPMENT THAT PERMITS UP-TO-DATE CARE TO BE
DELIVERED, FULFILLING OUR COMMITMENT OF PROVIDING THE HIGHEST QUALITY
OF PATIENT CARE POSSIBLE.

IN 2005, ST. MARY'S ADDED A HAITI "SPONSORSHIP PROGRAM" TO ITS HAITI

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

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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▶ Attach to Form 990.

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Name of the organization

ST. MARY'S REGIONAL MEDICAL CENTER

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01-0211551

MINISTRY. THIS PROGRAM SUPPORTS THE EDUCATIONAL NEEDS OF HAITIAN
SCHOOL CHILDREN WHO ATTEND SCHOOLS RUN BY THE SISTERS WHO FOUNDED ST.
MARY'S IN 1888. STAFF AND THEIR FAMILIES JOIN TO PROVIDE SCHOOL,
UNIFORMS, BOOKS, AND LUNCHES TO THESE CHILDREN.

IN ADDITION TO THE SPONSORSHIP PROGRAM, ST. MARY'S HEALTH SYSTEM
SUPPORTS A FACILITY FOR HOMELESS HAITIAN WOMEN IN JEREMIE, ALSO RUN BY
THE SISTERS OF CHARITY AND EACH YEAR A WORK TEAM FROM THE MEDICAL
CENTER GOES TO HAITI TO OFFER ASSISTANCE AND PROVIDE MEDICAL SUPPLIES
TO THE ST. BONIFACE HOSPITAL IN FONDS DES BLANCS AND AT THE ORPHANAGE
RUN BY LEWISTON NATIVE, FATHER MARC BOISVERT IN LES CAYES.

EXPENSES \$ 71616047. INCLUDING GRANTS OF \$ 0. REVENUE \$ 86461759.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS A SOLE
CORPORATE MEMBER

FORM 990, PART VI, SECTION A, LINE 7A: THE SOLE CORPORATE MEMBER WHO 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: THE BOARD OF DIRECTORS MUST REVIEW
AND APPROVE THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THIS PROCESS IS THE RESONSIBILITY
OF THE COMPLIANCE OFFICER. A FORM IS SUBMITTED TO ALL LEADERSHIP, BOARD

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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2009

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Name of the organization

ST. MARY'S REGIONAL MEDICAL CENTER

Employer identification number

01-0211551

MEMBERS, BOARD COMMITTEE MEMBERS, EMPLOYED PHYSICIANS, MEDICAL DIRECTORS
AND CERTAIN EMPLOYEES IN KEY POSITIONS ANNUALLY TO BE COMPLETED. REMINDERS
ARE SENT TO MAKE CERTAIN THAT 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 SYSTEMS' 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 OF FINANCIAL STATEMENTS.

FORM 990 PART XI, LINE 2C

AUDIT COMMITTEE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

ST. MARY'S REGIONAL MEDICAL CENTER

Employer identification number

01-0211551

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

SCHEDULE H, PART I, LINE 7A

THE SCHEDULE H HAS BEEN REVISED TO CORRECTLY REFLECT CHARITY CARE AT
COST.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

ST. MARY'S REGIONAL MEDICAL CENTER

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ST. MARY'S HEALTH SYSTEM - 22-2504349					
PO BOX 7291, CAMPUS AVENUE					
LEWISTON, ME 04240	PARENT COMPANY	MAINE	501(C)(3)	509(A)(3)	COVENANT HEALTH SYSTEMS
COMMUNITY CLINICAL SERVICES - 01-0409788					
PO BOX 7291, CAMPUS AVENUE					
LEWISTON, ME 04240	PHYSICIAN PRACTICE	MAINE	501(C)(3)	509(A)(2)	ST. MARY'S HEALTH SYSTEM
ST. MARY D'YOUVILLE PAVILION - 01-0211558					
102 CAMPUS AVE					
LEWISTON, ME 04240	NURSING HOME	MAINE	501(C)(3)	509(A)(2)	ST. MARY'S HEALTH SYSTEM
ST. MARY'S RESIDENCES - 22-2504356					
PO BOX 7291, CAMPUS AVENUE					
LEWISTON, ME 04240	LOW INCOME HOUSING	MAINE	501(C)(3)	509(A)(2)	ST. MARY'S HEALTH SYSTEM

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

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 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 other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) ST. MARY'S D'YOUVILLE PAVILION	K	245,211.
(2) ST. MARY'S D'YOUVILLE PAVILION	L	3,659,015.
(3) COMMUNITY CLINICAL SERVICES	I	405,921.
(4) COMMUNITY CLINICAL SERVICES	L	291,008.
(5) COMMUNITY CLINICAL SERVICES	K	60,000.
(6) COMMUNITY CLINICAL SERVICES	P	207,680.

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

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

[illegible]

[illegible]

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(7)	ST. MARY'S HEALTH SYSTEM	I	132,734.
(8)	ST. MARY'S HEALTH SYSTEM	L	14,096,157.
(9)	ST. MARY'S HEALTH SYSTEM	Q	3,914,893.
(10)	ST. MARY'S RESIDENCE	O	194,386.
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
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(22)			
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(24)			

Schedule R-1 (Form 990) 2009

