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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  
**2012**  
**Open to Public Inspection**

**A For the 2012 calendar year, or tax year beginning 10-01-2012, 2012, and ending 09-30-2013**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: COVE'S EDGE INC  
 Doing Business As: \_\_\_\_\_  
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 26 SCHOONER STREET  
 City or town, state or country, and ZIP + 4: DAMARISCOTTA, ME 04543

**D** Employer identification number: 01-0382340

**E** Telephone number: (207) 563-4600

**F** Name and address of principal officer: JAMES DONOVAN, 26 SCHOONER STREET, DAMARISCOTTA, ME 04543

**G** Gross receipts \$ 15,767,136

**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)  501(c) ( ) (insert no )  4947(a)(1) or  527

**J** Website: ▶ WWW.LCHCARE.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_  
**L** Year of formation: 1981 **M** State of legal domicile: ME

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities COVE'S EDGE, INC WILL UPHOLD THE TRUST PLACED IN US BY ASSURING - THE BEST AND MOST COMPASSIONATE SKILLED NURSING, LONG TERM-CARE, ASSISTED LIVING AND ADULT DAY CARE SERVICES FROM WELL TRAINED PROFESSIONALS - THAT THE INDEPENDENCE AND DIGNITY OF OUR PATIENTS, RESIDENTS, AND CLIENTS WILL ALWAYS BE RESPECTED, -AND PROMOTING OPEN COMMUNICATION IN ALL CARE DECISIONS - THAT, AS A NOT-FOR-PROFIT ORGANIZATION, WE WILL BE TRUSTWORTHY STEWARDS OF OUR RESOURCES - OUR ACTIVE PARTICIPATION AND SUPPORT OF THE MAINEHEALTH FAMILY		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	21
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	14
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	343
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	107
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	454,338
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-253,989	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	46,793	31,608
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,976,075	14,642,236
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,051	123,397
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,068,919	15,157,548
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,664,656	10,153,265
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 43,328		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,154,029	5,598,523
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	15,818,685	15,751,788	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-749,766	-594,240	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	9,835,133	9,396,131
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	6,867,631	6,756,703
		2,967,502	2,639,428

**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: 2014-06-12  
 WAYNE R PRINTY CHIEF FINANCIAL OFFICER  
 Type or print name and title

**Paid Preparer Use Only**

Pnnt/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: 2014-08-04  
 Firm's name: ▶ MAINEHEALTH Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's address: ▶ 110 FREE ST Phone no: \_\_\_\_\_  
 PORTLAND, ME 041013908

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

COVE'S EDGE, INC WILL UPHOLD THE TRUST PLACED IN US BY ASSURING - THE BEST AND MOST COMPASSIONATE SKILLED NURSING, LONG TERM-CARE, ASSISTED LIVING AND ADULT DAY CARE SERVICES FROM WELL TRAINED PROFESSIONALS -THAT THE INDEPENDENCE AND DIGNITY OF OUR PATIENTS, RESIDENTS, AND CLIENTS WILL ALWAYS BE RESPECTED, -AND PROMOTING OPEN COMMUNICATION IN ALL CARE DECISIONS -THAT, AS A NOT-FOR-PROFIT ORGANIZATION, WE WILL BE TRUSTWORTHY STEWARDS OF OUR RESOURCES -OUR ACTIVE PARTICIPATION AND SUPPORT OF THE MAINEHEALTH FAMILY

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 8,810,759 including grants of \$ ) (Revenue \$ 7,505,208 )  
LONG TERM CARE - COVE'S EDGE, INC LONG TERM CARE PROGRAM SERVICES INCLUDE A 76 BED, DUALY LICENSED FACILITY THAT PROVIDES BOTH SKILLED AND LONG TERM NURSING CARE TO ITS RESIDENTS FOR THE YEAR ENDED SEPTEMBER 30, 2013, COVE'S EDGE HAD 26,352 PATIENT DAYS OF THOSE DAYS, 24% REPRESENTED MEDICARE PATIENTS AND 58% MAINECARE SEE ATTACHED COMMUNITY BENEFIT STATEMENT

**4b** (Code ) (Expenses \$ 3,022,987 including grants of \$ ) (Revenue \$ 3,928,966 )  
HOME HEALTH - COVE'S EDGE, INC PROVIDES HOME HEALTH SERVICES UNDER ITS DBA MILES HOME HEALTH & HOSPICE SERVICES DURING THE YEAR ENDING SEPTEMBER 30, 2013, INCLUDED 12,569 PROFESSIONAL VISITS (86% MEDICARE), 22,508 PRIVATE DUTY HOURS, 4,152 HOSPICE CARE VISITS, AND 2,420 LIFELINE MONTHLY SUBSCRIBERS

**4c** (Code ) (Expenses \$ 2,113,949 including grants of \$ ) (Revenue \$ 2,670,630 )  
RESIDENTIAL CARE - COVE'S EDGE, INC PROVIDES RESIDENTIAL CARE AT ITS CHASE POINT FACILITY CHASE POINT CONSISTS OF 24 RESIDENTIAL CARE APARTMENTS AND 18 DEMENTIA CARE BEDS FOR THE YEAR ENDED SEPTEMBER 30, 2013, CHASE POINT HAD 6,739 RESIDENTIAL CARE PATIENT DAYS AND 6,443 DEMENTIA CARE PATIENT DAYS OF THE DEMENTIA CARE DAYS, 36% REPRESENTED MAINECARE PATIENTS

(Code ) (Expenses \$ 699,045 including grants of \$ ) (Revenue \$ 537,432 )  
OTHER PROGRAM SERVICES ADULT DAY CARE IS THE RESIDENTIAL OUT-PATIENT PROGRAM FOR ADULTS WITH BEHAVIORAL AND DEVELOPMENTAL DISABILITIES, AN EXTENSION OF THE IN-PATIENT DEMENTIA PROGRAM SCHOONER COVE COOPERATIVE PROVIDES MAINTENANCE AND OTHER SERVICES FOR SCHOONER COVE, A CONGREGATE LIVING FACILITY LOCATED IN DAMARISCOTTA, MAINE

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 699,045 including grants of \$ ) (Revenue \$ 537,432 )

**4e Total program service expenses** 14,646,740

**Part IV Checklist of Required Schedules**

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

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

<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>		No
<b>22</b>	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> . . . . .	<b>22</b>		No
<b>23</b>	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> . . . . .	<b>23</b>	Yes	
<b>24a</b>	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> . . . . .	<b>24a</b>	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		No
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	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> . . . . .	<b>32</b>		No
<b>33</b>	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> . . . . .	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	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> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

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

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

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

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 WAYNE R PRINTY 6 ST ANDREWS LANE BOOTHBAY HARBOR, ME (207) 633-8413

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GARTH MILLER MD TRUSTEE	40 50 00	X					0	465,323	28,976	
(2) MARK FOURRE MD TRUSTEE	40 50 00	X					0	290,300	27,814	
(3) JOHN MURRAY MD TRUSTEE	40 50 00	X					0	250,109	26,033	
(4) AQUILINO ALAMO MD TRUSTEE	40 50 00	X					0	216,819	26,144	
(5) STEVEN FEDER DO TRUSTEE	40 50 00	X					0	159,524	22,705	
(6) DANIEL FRIEDLAND MD TRUSTEE	40 50 00	X					0	159,151	26,633	
(7) ROBERT MCARTOR MD TRUSTEE	40 50 00	X					0	157,259	42,548	
(8) WILLIAM LOGAN SECRETARY	40	X		X			0	0	0	
(9) PETER MUNDY CHAIRMAN	40	X		X			0	0	0	
(10) LESLIE BIRD TRUSTEE	40	X					0	0	0	
(11) MICHAEL CLARK MD TRUSTEE	40	X					0	0	0	
(12) JAMES COSGROVE TRUSTEE	40	X					0	0	0	
(13) JEFFREY CURTIS VICE-CHAIRMA	40	X		X			0	0	0	
(14) CATHERINE GREGG TRUSTEE	40	X					0	0	0	
(15) NORMAN HOCHGRAF TRUSTEE	40	X					0	0	0	
(16) DAVID LAWRENCE TRUSTEE	40	X					0	0	0	
(17) JANE HURD TRUSTEE	40	X					0	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PATRICK LYDON TREASURER	40	X		X				0	0	0
(19) BARBARA MITCHELL TRUSTEE	40	X						0	0	0
(20) JANE G SMITH TRUSTEE	40	X						0	0	0
(21) REV DR MARY JO ZIMMERLI TRUSTEE	40	X						0	0	0
(22) JAMES DONOVAN CEO LCH	3 00 50 00			X				0	334,958	29,796
(23) WAYNE PRINTY CFO	3 00 50 00			X				0	206,034	25,032
(24) JUDITH MCGUIRE SVP HH/SR SV	50 00					X		145,717	0	29,132
(25) ALAN BARKER MD FORMER TRUST	50 00						X	0	135,472	22,395
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								145,717	2,374,949	307,208

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b> _____					
	<b>b</b> Membership dues . . . . . <b>1b</b> _____					
	<b>c</b> Fundraising events . . . . . <b>1c</b> _____					
	<b>d</b> Related organizations . . . . . <b>1d</b> _____					
	<b>e</b> Government grants (contributions) <b>1e</b> _____					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> _____ 31,608					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . .		31,608			
<b>Program Service Revenue</b>	<b>2a</b> PATIENT SERVICE REVENUE	Business Code 623000	11,434,174	11,434,174		
	<b>b</b> RESIDENT SERVICE REVENUE	623000	2,753,724	2,753,724		
	<b>c</b> DIETARY AND OTHER SERVICE REV	531310	454,338		454,338	
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . .		14,642,236			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		36,861		36,861	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	696,124			
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses	609,588			
		<b>c</b> Gain or (loss)	86,536			
	<b>d</b> Net gain or (loss) . . . . .		86,536	86,536		
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b> _____				
		<b>b</b> Less direct expenses . . . . . <b>b</b> _____				
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b> _____					
	<b>b</b> Less direct expenses . . . . . <b>b</b> _____					
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> _____					
	<b>b</b> Less cost of goods sold . . . . . <b>b</b> _____					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue	Business Code					
<b>11a</b> DIETARY & OTHER SERVICE REV	722514	360,307	360,307			
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		360,307				
<b>12 Total revenue.</b> See Instructions . . . . .		15,157,548	14,634,741	454,338	36,861	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
<b>4</b>	Benefits paid to or for members.				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees.				
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b>	Other salaries and wages.	7,547,858	7,540,608	7,250	
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	196,360	196,360		
<b>9</b>	Other employee benefits.	1,851,076	1,851,076		
<b>10</b>	Payroll taxes.	557,971	557,971		
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management.				
<b>b</b>	Legal.				
<b>c</b>	Accounting.				
<b>d</b>	Lobbying.				
<b>e</b>	Professional fundraising services. See Part IV, line 17.				
<b>f</b>	Investment management fees.				
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,049,343	1,046,986	2,357	
<b>12</b>	Advertising and promotion.	10,577	10,577		
<b>13</b>	Office expenses.	1,021,308	989,429	31,879	
<b>14</b>	Information technology.	298,657		298,657	
<b>15</b>	Royalties.				
<b>16</b>	Occupancy.	336,471	336,471		
<b>17</b>	Travel.	176,008	176,008		
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b>	Conferences, conventions, and meetings.	20,921	20,921		
<b>20</b>	Interest.	201,419	201,419		
<b>21</b>	Payments to affiliates.				
<b>22</b>	Depreciation, depletion, and amortization.	596,863	596,863		
<b>23</b>	Insurance.	64,077	7,189	56,888	
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>	INTEGRATED SERVICES	1,226,842	523,480	660,034	43,328
<b>b</b>	STATE NURSING HOME TAX	523,543	523,543		
<b>c</b>	DUES & SUBSCRIPTIONS	40,354	38,699	1,655	
<b>d</b>	PATIENT ACTIVITIES	20,246	20,246		
<b>e</b>	All other expenses	11,894	8,894	3,000	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e.	15,751,788	14,646,740	1,061,720	43,328
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	620	<b>1</b>	620
	<b>2</b> Savings and temporary cash investments . . . . .	480,006	<b>2</b>	345,141
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	1,521,981	<b>4</b>	1,431,307
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	53,377	<b>8</b>	42,215
	<b>9</b> Prepaid expenses and deferred charges . . . . .	41,098	<b>9</b>	42,581
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b> 17,600,052		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 12,771,169	5,163,778	<b>10c</b> 4,828,883
	<b>11</b> Investments—publicly traded securities . . . . .	1,477,513	<b>11</b>	1,776,418
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	1,096,760	<b>15</b>	928,966
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	9,835,133	<b>16</b>	9,396,131	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	987,400	<b>17</b>	877,552
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	96,377
	<b>20</b> Tax-exempt bond liabilities . . . . .	5,071,840	<b>20</b>	4,664,214
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	808,391	<b>25</b>	1,118,560
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	6,867,631	<b>26</b>	6,756,703
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	2,548,898	<b>27</b>	2,211,271
	<b>28</b> Temporarily restricted net assets . . . . .	131,460	<b>28</b>	140,458
	<b>29</b> Permanently restricted net assets . . . . .	287,144	<b>29</b>	287,699
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	2,967,502	<b>33</b>	2,639,428	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	9,835,133	<b>34</b>	9,396,131	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	15,157,548
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	15,751,788
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-594,240
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,967,502
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	25,966
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	240,200
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,639,428

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>3b</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		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

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

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

Name of the organization  
COVE'S EDGE INC

Employer identification number  
01-0382340

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I b  Type II c  Type III - Functionally integrated d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶						

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

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2011 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶		
<b>b 33 1/3% support test—2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶		
<b>17a 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
<b>b 10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>
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<b>Explanation</b>
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2012

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
- Complete if the organization is described below. - Attach to Form 990 or Form 990-EZ.
- See separate instructions.

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

Table with 2 columns: Name of the organization (COVE'S EDGE INC) and Employer identification number (01-0382340)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		2,427
<b>j</b> Total Add lines 1c through 1i			2,427
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
	SCHEDULE C, PART II-B, LINE 1	31 00% OR 1,660 OF MEMBER DUES PAID TO MAINE HEALTH CARE ASSOCIATION (MHCA) IS ALLOCATED TO LOBBYING ACTIVITIES 31 00% OR 485 OF MEMBER DUES PAID TO AMERICAN HEALTH CARE ASSOCIATION (AHCA) IS ALLOCATED TO LOBBYING ACTIVITIES 2 80% OR 281 OF MEMBER DUES PAID TO HOME CARE & HOSPICE ALLIANCE OF MAINE IS ALLOCATED TO LOBBYING ACTIVITIES

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization COVE'S EDGE INC

Employer identification number 01-0382340

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Year'.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2b.

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> 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 XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	1,346,053	1,190,609	1,084,211	1,034,929	1,029,162
<b>b</b> Contributions	555	1,970	1,300	1,150	17,554
<b>c</b> Net investment earnings, gains, and losses	145,255	156,918	110,127	54,361	-8,402
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	-1,651			-3,967	-1,505
<b>f</b> Administrative expenses	-5,066	-3,445	-5,029	-2,262	-1,880
<b>g</b> End of year balance	1,485,148	1,346,053	1,190,609	1,084,211	1,034,929

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment 7 640 %
  - b** Permanent endowment 92 360 %
  - c** Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
<b>(i)</b> unrelated organizations	<b>3a(i)</b>	No
<b>(ii)</b> related organizations	<b>3a(ii)</b>	No
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	

**4** Describe in Part XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		846,273		846,273
<b>b</b> Buildings		11,684,535	8,270,694	3,413,841
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		3,911,267	3,450,219	461,048
<b>e</b> Other		1,157,977	1,050,256	107,721
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,828,883



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

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

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

**Part XIII Supplemental Information**

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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	BOARD DESIGNATED FUNDS - COVES CARE & THE MCLAUGHLIN FUND 1 COVES CARE FUND INTENDED USE THE INTENDED USE OF INTEREST EARNED ONLY IS EARMARKED SPECIFICALLY FOR EDUCATION FOR THE STAFF IN THE LONG TERM CARE OR ASSISTED LIVING 2 MCLAUGHLIN FUND INTENDED USE THE INTENDED USE OF INTEREST EARNED ONLY IS EARMARKED FOR THE COURTYARD UPKEEP PERMANENT ENDOWMENT - HOSPICE FUND 1 HOSPICE FUND INTENDED USE THE INTENDED USE OF 3% OF THE MARKET VALUE TO BE USED FOR MISC HOSPICE NEEDS AS APPROVED BY THE BOARD

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

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

**▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**

**▶ Attach to Form 990. ▶ See separate instructions.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COVE'S EDGE INC

**Employer identification number**

01-0382340

**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 type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input 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 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

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

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	ROBERT MCARTOR, M D 0 16,876 0
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	PART 1, LINE 4 THE NONQUALIFIED PAYMENTS ARE FROM RELATED ORGANIZATIONS WHERE THE INDIVIDUAL IS EMPLOYED

**Software ID:**  
**Software Version:**  
**EIN:** 01-0382340  
**Name:** COVE'S EDGE INC

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
GARTH MILLER MD	(i) (ii)	367,323		98,000	8,125	20,851	494,299	
MARK FOURRE MD	(i) (ii)	288,067		2,233	8,125	19,689	318,114	
JOHN MURRAY MD	(i) (ii)	234,909		15,200	6,424	19,609	276,142	
AQUILINO ALAMO MD	(i) (ii)	198,319		18,500	7,202	18,942	242,963	
STEVEN FEDER DO	(i) (ii)	139,168		20,356	5,187	17,518	182,229	
DANIEL FRIEDLAND MD	(i) (ii)	119,851		39,300	5,481	21,152	185,784	
ROBERT MCARTOR MD	(i) (ii)	135,663		21,596	13,819	28,729	199,807	
JAMES DONOVAN	(i) (ii)	253,508	41,000	40,450	8,125	21,671	364,754	
WAYNE PRINTY	(i) (ii)	185,759		20,275	6,203	18,829	231,066	
JUDITH MCGUIRE	(i) (ii)	136,606		9,111	4,678	24,454	174,849	
ALAN BARKER MD	(i) (ii)	135,472			4,523	17,872	157,867	

**Schedule K  
(Form 990)**

OMB No 1545-0047

**Supplemental Information on Tax Exempt Bonds**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COVE'S EDGE INC

Employer identification number

01-0382340

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MHHEFA REVENUE BONDS SERIES 2011A	01-0314384	560427LW4	08-31-2011	6,271,571	REFINANCE BONDS		X		X		X

**Part II Proceeds**

	A	B	C	D				
<b>1</b> Amount of bonds retired	790,000							
<b>2</b> Amount of bonds legally defeased								
<b>3</b> Total proceeds of issue	6,271,571							
<b>4</b> Gross proceeds in reserve funds	762,649							
<b>5</b> Capitalized interest from proceeds								
<b>6</b> Proceeds in refunding escrows								
<b>7</b> Issuance costs from proceeds	63,232							
<b>8</b> Credit enhancement from proceeds								
<b>9</b> Working capital expenditures from proceeds								
<b>10</b> Capital expenditures from proceeds								
<b>11</b> Other spent proceeds	6,208,339							
<b>12</b> Other unspent proceeds								
<b>13</b> Year of substantial completion								
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue?	X							
<b>15</b> Were the bonds issued as part of an advance refunding issue?		X						
<b>16</b> Has the final allocation of proceeds been made?	X							
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

**Part III Private Business Use**

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

**Part III Private Business Use (Continued)**

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

**Part IV Arbitrage**

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

**Part IV Arbitrage (Continued)**

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

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE K	MHHEFA REVENUE BONDS SERIES 2011A SERIES 2011 BONDS WITH RESPECT TO PART I COLUMN E AND PART II LINES 112 THE INSTITUTION IS REPORTING ITS ALLOCABLE PORTION OF THIS BOND ISSUE THE REMAINDER OF WHICH IS ALLOCABLE TO AFFILIATED ENTITIES FOR PURPOSES OF PART I COLUMN I THE INSTITUTION HAS ASSUMED THAT THIS ARRANGEMENT DOES NOT CONSTITUTE A POOLED FINANCING

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization  
COVE'S EDGE INC

**Employer identification number**

01-0382340

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	COVE'S EDGE, INC WILL UPHOLD THE TRUST PLACED IN US BY ASSURING - THE BEST AND MOST COMPASSIONATE SKILLED NURSING, LONG TERM-CARE, ASSISTED LIVING AND ADULT DAY CARE SERVICES FROM WELL TRAINED PROFESSIONALS - THAT THE INDEPENDENCE AND DIGNITY OF OUR PATIENTS, RESIDENTS, AND CLIENTS WILL ALWAYS BE RESPECTED, -AND PROMOTING OPEN COMMUNICATION IN ALL CARE DECISIONS - THAT, AS A NOT-FOR-PROFIT ORGANIZATION, WE WILL BE TRUSTWORTHY STEWARDS OF OUR RESOURCES -OUR ACTIVE PARTICIPATION AND SUPPORT OF THE MAINEHEALTH FAMILY

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	OTHER PROGRAM SERVICES ADULT DAY CARE IS THE RESIDENTIAL OUT-PATIENT PROGRAM FOR ADULTS WITH BEHAVIORAL AND DEVELOPMENTAL DISABILITIES, AN EXTENSION OF THE IN-PATIENT DEMENTIA PROGRAM SCHOONER COVE COOPERATIVE PROVIDES MAINTENANCE AND OTHER SERVICES FOR SCHOONER COVE, A CONGREGATE LIVING FACILITY LOCATED IN DAMARISCOTTA, MAINE

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	LINCOLN COUNTY HEALTHCARE, INC (EIN 26-1475629) IS THE SOLE MEMBER OF COVE'S EDGE, INC MAINEHEALTH (EIN 01-0431680), AS THE SOLE MEMBER OF LCH HAS THE RIGHT TO APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BOARD OF COVE'S EDGE.

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE MEMBER ELECTS THE BOARD OF TRUSTEES. ALL OFFICERS OF THE BOARD OF TRUSTEES ARE ELECTED BY THE BOARD, AND EACH MUST BE A TRUSTEE. OFFICERS OF THE CORPORATION ARE ELECTED ANNUALLY BY THE BOARD.

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	DECISIONS OF THE GOVERNING BODY SUCH AS BUDGETS, BUSINESS STRATEGIES, SIGNIFICANT FINANCIAL COMMITMENTS, AMENDMENTS TO THE ARTICLES OF INCORPORATION, AND ELECTION OF THE PRESIDENT/CEO AMONG OTHER DECISIONS, ARE SUBJECT TO THE APPROVAL OF THE SOLE MEMBER

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE FINANCE COMMITTEE PERFORMS A DETAILED REVIEW OF THE FORM 990 THE FORM 990 IS THEN MADE AVAILABLE TO THE FULL BOARD THE CHIEF FINANCIAL OFFICER ALSO PERFORMS A DETAILED REVIEW OF THE ENTIRE FORM 990 BEFORE SIGNING AND PRIOR TO FILING

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ANY DUALITY OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON THE PART OF A TRUSTEE, PHYSICIAN, OFFICER OR MANAGER (E.G., A MEMBER OF LINCOLN COUNTY HEALTHCARE LEADERSHIP TEAM, DIRECTOR, MANAGER OR PERSON RESPONSIBLE FOR PURCHASING) MUST BE DISCLOSED TO THE APPLICABLE BOARD, BOARD COMMITTEE OR, IN THE CASE OF AN ADMINISTRATIVE DECISION THAT IS NOT SUBJECT TO BOARD OR COMMITTEE APPROVAL, TO THE MANAGER'S IMMEDIATE SUPERVISOR SUCH DISCLOSURES SHALL BE MADE A MATTER OF RECORD DISCLOSURE WILL BE MADE AT THE TIME OF INITIAL AFFILIATION WITH LINCOLN COUNTY HEALTHCARE ANNUALLY AND WHEN THE INTEREST BECOMES A MATTER FOR BOARD OR COMMITTEE ACTION OR ADMINISTRATIVE DECISION DISCLOSURE FORMS SHALL BE COMPLETED ANNUALLY BY TRUSTEES AND OFFICERS AT THE TIME OF THE ANNUAL MEETING, AND ANNUALLY BY VICE PRESIDENTS, DIRECTORS, AND MANAGERS IN CONJUNCTION WITH THEIR ANNUAL PERFORMANCE REVIEW

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	<p>IN CONSULTATION WITH SULLIVAN COTTER, THE MAINEHEALTH EXECUTIVE COMMITTEE ESTABLISHES APPROPRIATE COMPENSATION PARAMETERS FOR EACH MEMBER ORGANIZATION'S CEO AND CERTAIN MEMBERS OF THEIR SENIOR MANAGEMENT TEAM. WORKING WITHIN THOSE PARAMETERS, THE LCH COMPENSATION COMMITTEE DETERMINES THE LEVEL OF COMPENSATION FOR ITS CEO. THE FINDINGS OF THE COMPENSATION COMMITTEE ARE MADE TRANSPARENT TO, AND VOTED ON BY, THE FULL GOVERNING BOARD. THIS "TOTAL EXECUTIVE COMPENSATION" IS FILED PUBLICLY BY THE ORGANIZATION, AND INCLUDES "TOTAL CASH COMPENSATION" AND "TOTAL VALUE OF ALL BENEFITS AND PERQUISITES ASSOCIATED WITH THE POSITION (SUCH AS HOUSING ALLOWANCES, SOCIAL CLUB MEMBERSHIPS, SIGNING BONUSES, ETC.)" THE BOARD TAKES NECESSARY ACTION TO PREVENT THE CEO FROM VOTING OR DIRECTLY PARTICIPATING IN THE FINAL COMMITTEE DETERMINATION OF (HER/HIS) OWN COMPENSATION. THE ORGANIZATION'S EXECUTIVE COMPENSATION PROCEDURE RELIES UPON APPROPRIATE DATA FOR COMPARABILITY (E.G. COMPENSATION LEVELS PAID BY BOTH TAXABLE AND TAX-EXEMPT SIMILARLY SITUATED ORGANIZATIONS AND INDEPENDENT COMPENSATION SURVEYS BY NATIONALLY RECOGNIZED INDEPENDENT FIRMS). FINALLY, THE ORGANIZATION REFRAINS FROM ALLOWING EXECUTIVE COMPENSATION TO EVER BE BASED SOLELY ON LCH'S REVENUES OR OTHER SIMILAR PROFIT-SHARING STRATEGIES.</p>

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	IN CONSULTATION WITH SULLIVAN COTTER, THE MAINE-HEALTH EXECUTIVE COMMITTEE ESTABLISHES APPROPRIATE COMPENSATION PARAMETERS FOR EACH MEMBER ORGANIZATION'S CEO AND CERTAIN MEMBERS OF THEIR SENIOR MANAGEMENT TEAM. WORKING WITHIN THOSE PARAMETERS, THE LCH COMPENSATION COMMITTEE DETERMINES THE LEVEL OF COMPENSATION FOR ITS CEO. THE FINDINGS OF THE COMPENSATION COMMITTEE ARE MADE TRANSPARENT TO, AND VOTED ON BY, THE FULL GOVERNING BOARD. THIS "TOTAL EXECUTIVE COMPENSATION" IS FILED PUBLICLY BY THE ORGANIZATION, AND INCLUDES "TOTAL CASH COMPENSATION" AND "TOTAL VALUE OF ALL BENEFITS AND PERQUISITES ASSOCIATED WITH THE POSITION (SUCH AS HOUSING ALLOWANCES, SOCIAL CLUB MEMBERSHIPS, SIGNING BONUSES, ETC.)" THE BOARD TAKES NECESSARY ACTION TO PREVENT THE CEO FROM VOTING OR DIRECTLY PARTICIPATING IN THE FINAL COMMITTEE DETERMINATION OF (HER/HIS) OWN COMPENSATION. THE ORGANIZATION'S EXECUTIVE COMPENSATION PROCEDURE RELIES UPON APPROPRIATE DATA FOR COMPARABILITY (E.G. COMPENSATION LEVELS PAID BY BOTH TAXABLE AND TAX-EXEMPT SIMILARLY SITUATED ORGANIZATIONS AND INDEPENDENT COMPENSATION SURVEYS BY NATIONALLY RECOGNIZED INDEPENDENT FIRMS). FINALLY, THE ORGANIZATION REFRAINS FROM ALLOWING EXECUTIVE COMPENSATION TO EVER BE BASED SOLELY ON LCH'S REVENUES OR OTHER SIMILAR PROFIT-SHARING STRATEGIES.

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	DOCUMENTS THAT ARE REQUIRED TO BE OPEN FOR PUBLIC INSPECTION ARE MADE AVAILABLE UPON REQUEST

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 9	EQUITY TRANSFERS 240,200

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

▶ **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.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COVE'S EDGE INC

**Employer identification number**

01-0382340

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

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

**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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> LINCOLN COUNTY MEDICAL GROUP 6 ST ANDREWS LANE BOOTHBAY HARBOR, ME 04538 26-3878235	HEALTHCARE	ME	501C3	7	LCH		No
<b>(2)</b> LINCOLN COUNTY HEALTHCARE INC LCH 6 ST ANDREWS LANE BOOTHBAY HARBOR, ME 04538 26-1475629	HEALTHCARE	ME	501C3	11C	MH		No
<b>(3)</b> MILES MEMORIAL HOSPITAL 35 MILES STREET DAMARISCOTTA, ME 04543 01-0211796	HOSPITAL	ME	501C3	3	LCH		No
<b>(4)</b> ST ANDREWS HOSPITAL 6 ST ANDREWS LANE BOOTHBAY HARBOR, ME 04538 01-0153960	HOSPITAL	ME	501C3	3	LCH		No
<b>(5)</b> MAINEHEALTH (MH) 110 FREE STREET PORTLAND, ME 04101 01-0431680	HEALTHCARE	ME	501C3	11C	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>	Yes	
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>	Yes	
<b>1s</b>	Yes	

**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	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Software ID:**  
**Software Version:**  
**EIN:** 01-0382340  
**Name:** COVE'S EDGE INC

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE R	SCHEDULE R PART II LINCOLN COUNTY MEDICAL GROUP EIN 263878235 HAS APPLIED FOR PUBLIC CHARITY TAXEXEMPT STATUS WITHIN THE DUE DATE REQUIRED TO RECEIVE IRS APPROVAL RETROACTIVE TO THE LEGAL DATE OF FORMATION

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# **Lincoln County Health Care, Inc. – FY13 Community Benefits**

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

Lincoln County Health Care, Inc.'s (LCH) day-to-day operations as a tax-exempt organization include many system-wide initiatives to provide inpatient, outpatient, chronic and acute health care services to the people of Lincoln County, Maine. With these programs, LCH hopes to fill existing local gaps, while making a positive impact in the communities we serve. This report will summarize Lincoln County Health Care Inc.'s community benefits efforts over the last year. The final section (VIII) will also provide a financial summary of charity care, bad debt, government-sponsored healthcare, and all subsidized community programs and other support.

## **II. Organizational Description and Information**

Lincoln County Health Care, Inc. is the parent company for Miles Memorial Hospital, Inc., St Andrews Hospital and Healthcare Center, Cove's Edge, Inc., and Lincoln County Medical Group, Inc.

**In the Damariscotta Region:** Miles Memorial Hospital, a 38-bed community hospital, Miles & St Andrews Home Health & Hospice, Lincoln County Medical Group, an employer of physicians and mid-level staff providing those professions to the physician practices of Miles Memorial Hospital, Cove's Edge, a skilled rehabilitation and long-term care facility, Chase Point, an assisted living facility which includes a residential and adult day care program for people living with Alzheimer's and related dementia.

**In Boothbay Harbor:** St Andrews Hospital and Healthcare Center, a 25-bed Critical Access Hospital, St Andrews Village Community, which includes assisted living, independent living, Alzheimer's care, adult day services, and long-term nursing care, Miles & St Andrews Home Health & Hospice, Lincoln County Medical Group, an employer of physicians and mid-level staff providing those professions to St Andrews Hospital emergency department and the physician practices of Miles Memorial Hospital at the John F Andrews Family Care Center, a multi-specialty medical arts facility.

Our hospitals provide a broad array of primary health care services to our region including emergency medicine, acute and rehabilitative inpatient care, laboratory, diagnostic imaging, and orthopedic surgery and general surgical services, a palliative care program, social services, rehabilitation services including physical therapy, occupational therapy, speech and language therapy, plus outpatient cardiac and pulmonary rehabilitation, and obstetrics care.

Lincoln County Health Care's mission is to ensure access to high-quality, patient-centered and affordable health care to the people of our region. As renowned rural healthcare centers, St Andrews' and Miles' primary focus is patient care, comfort, and safety provided by a personable, professional staff, utilizing the finest technology and equipment. We are active members of the MaineHealth Family of healthcare providers and function in collaboration with other member organizations throughout southern, western, and central Maine.

The Lincoln County Health Care Leadership Team, under the governance of a Board of Trustees, is responsible for the coordination, quality and efficiency of care provided.

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

The LCHC Board is made up of a diverse set of community members. Each MaineHealth Member Board requires a thorough community needs assessment and directs its organization to respond to the needs identified. MaineHealth also participates in various initiatives to help support and provide updates to community needs assessment planning. Some of these initiatives include

- Clinical Strategic Planning
- Financial Strategic Planning
- Facility Planning
- Manpower Planning
- Physician Recruitment Strategic Planning
- Emergency Preparedness Planning

Along with the internal assessments, most member organizations also review and act on many of the recommendations provided by external groups such as the Maine Center for Disease Control and Prevention and the "State Health Plan" created by the Advisory Committee for Health Systems Development.

In addition, MaineHealth and its partners in the OneMaine Health Collaborative, Eastern Maine Health System and MaineGeneral Health, released the OneMaine Health Community Health Needs Assessment Report in March 2011. The report was a comprehensive compilation and analysis containing primary and secondary health data sources. The report contained a Health Status Profile for the state as a whole and for each of Maine's sixteen counties. The primary data source was a randomized telephone survey. The sampling methodology was designed to permit comparisons at the county level. Secondary data sources include numerous state and federal sources. This report provided baseline data on hundreds of health indicators that are relevant to hospitals and communities to inform planning and evaluation activities. MaineHealth holds community forums in partnership with each member and affiliate hospital in order to increase understanding and use of the Community Needs Health Assessment and to inform identification and action on local, community-based health priorities.

Plans call for a Community Health Needs Assessment to be replicated every three years. In the summer of 2013, MaineHealth created "CHNA and Implementation Plan Reports" in collaboration with member hospitals. These detailed reports covered the time period of 2013-15 and were formally adopted by each member organization Board for submission with the FY13 990 filing – ACA compliance required these reports to be completed no later than April 2014.

### **IV. Subsidized Lincoln County Health Care Community Programs and Other Support\***

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

**Free Weekly Grief Support Group** - provided to anyone in the community who has suffered a recent loss.

**End of Life Care/Hospice Community Education** – "Consider the Conversation" movie was shown at no cost in three communities, including discussion after the film.

**VFW and American Legion Presentations** - three presentations on Veteran's benefits

**Childbirth Classes** - these are offered through the Obstetrics Unit at Miles Memorial Hospital at a subsidized cost

**Local Speaker's Bureau** - staff provided health-related presentations for nonprofit and service organizations

**Monthly Alzheimer's Support Group** - provided for free to the community

**Monthly Parkinson's Support Group** - provided for free to the community at Chase Point

**Provide Class Space for Senior College at Chase Point (no charge)**

**Provide Space and Catering for Veterans at Chase Point (no charge)**

**Damariscotta River Four Part Series** - free to the community at Schooner Cove

**Living Art-Living Well** - studio offering a four part seminar series free to the community at Schooner Cove

**Provide C.P.R. courses** - offered to local nonprofit agencies at a subsidized cost

**Provide Infant and Child C.P.R. classes** - including course materials for parents and family members at no charge

**Emergency Medical Technician Training** - Miles Memorial Hospital Emergency Department is used as a clinical training site for Emergency Medical Technician Training. "Basic" through "Advanced Intermediate"

**Provide iPads and Wireless Service to Ambulance Services** - provided iPads and wireless service to Boothbay and Damariscotta region ambulance services - to improve communication with Emergency Departments

**American Red Cross Babysitting Course** - provide babysitting skills course to children 11 years and older to provide safe babysitting care

**Lincoln County Elder Appreciation Day Flu Vaccination** - offered free flu vaccines given by staff in Boothbay

**Educational Seminars** - held at the Inn at St Andrews Village

**Food Pantry Community Benefit Luncheon**

**Seasonal Flu Vaccination** - offered at no charge to EMS and first responders

**Pharmacy Re-Stocks Ambulance Boxes (no charge)**

**Diabetes Support Group** - offered monthly

**Community Sharps Disposal Program** - offered 2 times per year at no cost

**Home Health Spectrum Generations Presentations**

**Spectrum Generations Presentations**

**Blood Pressure Screenings** - provided weekly at Arrowsmith for no charge

**Home Health & Hospice Services Presentation** - lunch and learn provided at St Andrews Village

**Telehealth Monitoring** - five monitors are provided to patients in the community with congestive heart failure to monitor their blood pressure, weight, and oxygen saturation

**Home Health Presentation** - provided to the Iris Network of Lincoln County  
**Hospice Presentation** - provided to the members of Community Death Cafes  
**Bereavement Services** - provided for 12 months to Hospice family members  
**Hospice Presentation** - provided to Safe Havens & ElderCare Network of Lincoln County staff  
**Parkinson's Support Group**  
**Independent Living Presentation** - dietician presentation done at St Andrews Village  
**Rite Aid Wellness Fair**  
**Matter of Balance Presentation**  
**Functional Movement Screens** - provided at Boothbay Region Schools  
**Pelvic Health Presentation** - provided at St Andrews Village  
**Senior Triad Health Fair** - provided dietician  
**Boothbay Region High School Health Fair** - provided dietician  
**Home Health and Hospice Diabetes Talk**  
**Lincoln County Triad Senior Appreciation Day** - provided diabetes RN  
**American Red Cross Blood Drive** - provided help at Boothbay blood drive  
**Spectrum Generations Menus** - menu review for nutritional balance and specified diets

### **Health Professions Education**

**Internships** - Lincoln County Health Care provides internship opportunities for nursing, social services, pharmacy and medical students who are completing their rural rotations  
**CNA Training** - provided three 12-week CNA classes at no charge to students  
**CNA Training** - provided CNA classes for Physical, Occupational and Speech Therapy, as well as for hospice  
**Physical Therapy Student Training & Job Shadow Experience**  
**Dietetic Technician Student Training** - provided a dietician preceptor to an SMCC dietetic technician student  
**Dietician and Nutritional Care Job Shadow Experience**  
**Insulin Administration Training** - provided to the Union Elementary School staff  
**Miles Memorial Hospital Laboratory** - provided training for 1 MLT student from the University of Maine at Augusta and also provided job shadow experiences to 20 students  
**Medical Student Training** - provided a clinical setting for medical students as they rotate through clinical services  
**Diabetes Education** - provided to the ElderCare Network of Lincoln County caregivers annually  
**ED Training for EMS personnel** - provided trauma care in-services for 40 EMS personnel  
**Miles Memorial Hospital Emergency Department** - provided job shadow experiences with doctors to 5 people, provided job shadow experiences with RNs to 2 people

**Intermediate Paramedic Training** - provided intermediate paramedic training to 10 E M S personnel

**LCH Professional Development Program** - provided scholarships and continuing education opportunities to members of the community

**Nursing School Clinical Placements** - provided 9 to 12 week clinical placements for nursing school students in long-term care and in the hospital

**Job Shadow Experience** - provided half-day to day-long experiences to community members and middle/high school students interested in pursuing a health care career

**Certified Residential Medication Aide Full Certification** - provided this 40-hour course and the re-certification course at a reduced rate to community members and area assisted living facilities

**Personal Support Specialist** - provided this 50-hour course at a reduced rate to community members and area group homes/assisted living facilities

**Career Exploration and Facility Tours** - Lincoln County Healthcare education staff provide learning experience with tours for local middle school students and local adult education program students who are exploring careers in healthcare. tours are also provided to midcoast CNA course students

**Lincoln County Healthcare Education Center** – This is a collaborative effort between Central Maine Community College and Lincoln County Healthcare, and is the first college degree program in Lincoln County. First year students have the option to earn a Licensed Practical Nursing (LPN) within a year and will have a five year grace period to complete the requirements for the RN credential, should they choose, or continue on for a second year to become a Registered Nurse. The program collaboratively works with colleges, clinical departments of the hospital, long term care facilities, MaineHealth, Lincoln Academy, and local businesses. Students receive classroom training at Central Maine Community College and in classrooms at the Lincoln County Healthcare Education Center located at 66A Chapman Street, in Damariscotta. An agreement with Lincoln Academy allows students to use their science labs for a percentage of their work. Clinical training is at Miles Memorial Hospital and at Cove's Edge. Lincoln County Healthcare provides administration services, clinical training, equipment, supplies, technical support, telecommunications, and full scholarships in support of the nursing school program.

### **Subsidized Health Services**

**Lincoln Academy School-Based Health Clinic** - Lincoln County Medical Group provides a mid-level clinician for the clinic at no charge

**Mammography Clinic** - offered once a year at a subsidized fee

**Breast Health Case Management** - these services are offered free of charge

**Hepatitis B Vaccination Program, Flu Vaccination Program, TB Testing, and Blood-Borne Pathogen and Exposure Testing** - for health care volunteers at no charge

**CarePartners Program** - administered through Lincoln County Healthcare at no cost, this program provided free medical care and medications to qualified candidates (the program administered and coordinated donated medical services)

**Sports Medicine Physical Therapy Clinic** - provided to the Boothbay Region Schools

**Free Peri-operative Classes** - for hip and knee replacement patients

**Maine Breast and Cervical Health Program** - reduced fees services for women

**Boothbay High School-Based Health Clinic** - Lincoln Medical Partners provides a Program Manager and administrative oversight at no charge. Also, the Medical Director is provided at a reduced rate

**Subsidized Community Physician Services** - Lincoln County has few private practice physicians. In order to ensure access to primary care and certain specialty care physicians, Lincoln County Healthcare employs physicians and provides their services through its hospital based practices at St. Andrew's Hospital and Miles Memorial Hospital. Services include Family Medicine, General Surgery, Orthopedic Surgery, Pediatrics, Internal Medicine, Obstetrics and Gynecology. Services are provided without regard to ability to pay. Given the demographics of Lincoln County, these services – although critical – are not self-sufficient.

### **Cash and In-kind Contributions**

**Support the American Cancer Society Making Strides against Breast Cancer** - provided volunteer leadership

**Lions Club Walk (donation of staff volunteer time)**

**Positive Matters Foundation, Holiday Wish Tags in Lincoln County** - provided volunteers and leadership to collect toys/gifts throughout Lincoln County Healthcare for area needy families

**Nursing Scholarships** - provided scholarships to nursing students of the CMCC program in Lincoln County

**Support of the Boothbay Region Ambulance Service** - provided the Medical Director and supplies, along with EMS protocol updates, and support with chart and case reviews

**Support Ambulance Services** - provided monetary support to towns of the Boothbay Region to support the local ambulance service during a period of transition in emergency room services within Lincoln County

**Donation of Equipment and Patient Care Items to Partners for World Health**

**Annual Financial Support to Lifeflight Foundation Capital Campaign**

**United Way Campaign (donation of staff volunteer time)**

### **Community Support**

**Participate and Support Disaster Preparedness in Community** - provided two employees quarterly to represent hospitals in disaster support and training

**Remembrance Gathering** - memorial service sponsored by MSAHHH in Damariscotta and Boothbay Harbor

**Meals on Wheels**

**Lincoln County Abuse Task Force** - a partnership with community groups/individuals to address any type of abuse

**COPD/Breathe Easier Support Group** - Lincoln County Healthcare education and community outreach staff provided support to market, arrange for guest speakers and facilitate monthly meetings for the community members who have COPD or support a family member or friend with COPD

### **Environmental Improvements**

**Boothbay Region Land Trust** - St Andrews Hospital is a grantee that provided approximately 25 acres of land set aside for nature trails and land preservation

### **Community Health Improvement Advocacy**

**Health Literacy Partnership** - Lincoln County Healthcare provided staff to co-develop special community health-oriented events. Lincoln County Healthcare provided funding and staffing, developed marketing materials, and supported implementation of a teen PSA video contest regarding tobacco prevention.

**Healthy Lincoln County, A Healthy Maine Partnership** - Lincoln County Healthcare co-developed, provided funding and staffing, and implemented a winter community health event with "Healthy Lincoln County." Lincoln County Healthcare staff participated on their Advisory Group and on various committees.

**Let's Go! Booster Night** – Lincoln County Healthcare provides food and staff support for a healthy food night for the Boothbay High School Booster Club.

**Let's Go! Childhood Obesity Prevention Community Health Initiative** - Lincoln County Healthcare education and community outreach staff provide technical support to schools, childcare, preschools, and afterschool programs enrolled in Let's Go at no charge.

### **Workforce Development**

**High School Job Fairs and Career Days** - Human Resources and various departments at Miles Memorial Hospital presented health care career opportunities to area high schools and provided job interview training and other job-seeking skills.

<p><b>Lincoln County Health Care's Aggregate "Net Community Benefit Investment" = \$6,279,283</b></p>
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\* In addition to the aforementioned programs, Lincoln County Health Care, Inc. provides its proportional share of support for the annual budget of the following programs, through both "member dues" and "fund balance transfers." While all member organizations may not participate directly in the following initiatives, all members provide some level of financial support to help sustain and grow these MaineHealth programs.

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

**AMI/PERFUSE Program** – The AMI/PERFUSE program helps caregivers provide the highest quality care and achieve the best possible outcomes for patients who experience an acute myocardial infarction – regardless of the patient's point of entry into the MaineHealth system. A network of providers ensures that heart attack patients receive timely, evidence-based treatment.

**Chronic Disease** – The Chronic Disease program increases awareness and utilization of quality care measures for both pediatric/adult asthma, COPD, and Diabetes – this program was formerly listed separately as "Asthma", "Chronic Obstructive Pulmonary Disease" and "Diabetes".

**Emergency Medicine** – The Emergency Medicine Program improves the quality of care received by patients in the emergency departments of MaineHealth member and affiliate hospitals. The program works to streamline processes and to effectively meet the acute medical needs of patients in the ED. Program staff provide training to emergency medical personnel and work with ambulance services to inform the care provided before patients arrive at the hospital.

**Heart Failure** – The Heart Failure Program improves health outcomes for patients with heart failure by promoting best practices in care at MaineHealth hospitals and across all care settings. The program supports a comprehensive, integrated approach for patients and their families as they move from one care environment to another.

**Hospital Medicine** – The goal of this program is to enhance standardization of clinical care by supporting system level inpatient order sets. This includes formalizing the MaineHealth Order Set Review Committee entity with program plans, roles, charter, processes, tools, reports and governance.

**Infection Prevention** – The Infection Prevention Program works to reduce infection rates, improve outcomes for patients and decrease preventable hospitalizations across the MaineHealth system. The program aims to reduce hospital-acquired infections through improved hand hygiene compliance.

**Mental Health Integration** – The Mental Health Integration Program works to improve patient care by bringing mental health clinicians into medical settings, and by improving the collaboration between medical and mental health providers. The goal of the program is to help people get effective and efficient care for mental and behavioral health problems.

**Oncology** - The Oncology Program promotes high quality oncologic care across the system, ensuring easy access and effective transitions among specialists and locations. The program provides screening and treatment guidelines to clinicians, provides patient education materials to patients, improves awareness of clinical trials, improves access to genetic services and improves the overall delivery of cancer care.

**Palliative Care** - The Palliative Care Program promotes palliative care across the system. The initiative includes clinician education about palliative care including identification of patients who may benefit from palliative care, provision of palliative services for complex medical conditions, addressing ethical issues and engaging patients in discussing goals of care. The program promotes the use of Physician Orders for Life Sustaining Treatment (POLST) within each MH institution as well as community based advance directive/care planning.

**Patient Centered Medical Home** – This program supports the MaineHealth Members' strategy for creating a strong primary care network by assisting primary care practices with Patient Centered Medical Home transformation. Efforts include increasing regional capacity in quality improvement and practice redesign by offering learning collaboratives for practices, a coach development program and providing educational opportunities including the dissemination of tools and resources.

**Pharmacy and Therapeutics** - The Pharmacy and Therapeutics Program works to improve outcomes of patients in the MaineHealth system by reducing variations in care and promoting best practices. The program seeks to coordinate purchasing and performance initiatives in MaineHealth hospitals.

**Preventive Health** - The Preventive Health Program works to deliver consistent, high-quality, preventive healthcare across the MaineHealth region for adults and children by providing best-practice, evidence-based tools and support to primary care practice teams. The purpose is to provide a preventive health focus for patients and providers that helps to reduce the prevalence and severity of chronic disease.

**Surgical Quality Collaborative** – The goal of the MaineHealth Surgical Quality Collaborative is to create a collaborative encompassing surgical and quality staff from system hospitals to foster learning, measure improvement, and use empirical data to improve the quality, safety and value of surgical care.

**Telehealth** - The Telehealth Program works to improve the health status of our communities by integrating, advancing and optimizing the use of telehealth technologies. Current telehealth technologies include connections between hospitals, such as bringing specialists to rural areas, connecting providers to patients' homes and remote monitoring of patients in critical care units in most MaineHealth hospitals.

**Transitions of Care** - The Transitions of Care Program works to ensure that patients receive excellent care throughout the transition from hospital to home and to community-based providers. The program works to improve patient outcomes and reduce unnecessary readmissions by supporting best practices for provider follow-up visits, coordinating medications, patient and family education, and enhancing the communications critical for excellent care once the patient leaves the hospital.

### **Subsidized Health Services**

**CarePartners** – The program arranges the provision of donated healthcare services for low income uninsured Mainers in Cumberland, Kennebec, Lincoln, and Waldo Counties. CarePartners also provides administrative support to help serve the target population, including comprehensive eligibility assessment, care management, and access to low cost or free pharmaceuticals.

**MedAccess** – The program provided access to approximately \$16.2 million of free medications in FY13. CarePartners provides this community resource to uninsured and underinsured community members through the Patient Assistance Programs (PAPs). In addition to this service, MedAccess offers application assistance for other prescription access programs, local low-cost generic programs, and other state and federal programs either in-person or through a toll-free number (meaning MaineHealth only counts the staff and program costs/support as a "net community benefit investment" here, and not the actual dollar figure of free medications provided through the program).

### **Community Support**

**Healthy Weight Initiative** – This initiative targets both children and adults in the community. The key parts of the initiative include clinical, community, and environmental/policy interventions. MaineHealth's financial support for this initiative recognizes the importance of preventing obesity as a major driver of health care costs, a major risk factor for chronic diseases, and a well-documented community epidemic.

**OneMaine Health Community Health Needs Assessment** – As described earlier in Section III of this report, plans call for a Community Health Needs Assessment to be replicated every three years. In the summer of 2013, MaineHealth created “CHNA and Implementation Plan Reports” in collaboration with member hospitals. These detailed reports covered the period of 2013-2015 and were formally adopted by each member organization Board for submission with the FY13 990 filing – ACA compliance required these reports to be completed no later than April 2014.

**Health Index Report** – MaineHealth staff creates the Health Index report to present key factors and specific elements of the health status throughout many Maine counties, focusing on measures of health improvement and specific health outcomes/goals – nearly 2,000 copies of the health index report are distributed annually to health and other community leaders and organizations.

**Child Health Program** - The Child Health program is focused on increasing rates of child immunizations within the MaineHealth system and statewide through clinical, community and policy interventions. The program engages health professionals and provider organizations, community partners, family members, and local and state government in its efforts in order to meet the goal of increasing Maine’s 19-35 month old vaccination rate for the standard series of seven immunizations from 67% in 2010 to 82% or higher by 2016. Amid evidence of increased vaccine refusal and delay in our communities, MaineHealth’s financial support for this program underscores the importance of vaccinations as the most cost-effective health prevention activity for children and one of society’s greatest public health achievements.

**Partnership for Healthy Aging** - PHA leads the implementation of evidence-based prevention programs for older adults (Living Well, A Matter of Balance, EnhanceWellness, EnhanceFitness, Healthy IDEAS) throughout Maine. The efforts of Elder Care Services focus upon improving transitions, prevention, and quality across the care continuum. Initiatives include Care Transitions coaching, Community Links, and Falls Prevention Tools for providers and patients.

### **Community Health Improvement Advocacy**

**MaineHealth Learning Resource Centers** – With four locations in Maine, the LRCs provide patients, health care providers and community members with easy access to quality health information and a wealth of educational reference material. In addition, the LRCs offer the public over 100 unique classes taught by professionals (e.g. healthy cooking, yoga, chronic disease self-management, cancer prevention, and mental health awareness).

**Parkinson’s Information and Referral Center** – The Center is a primary resource for people with Parkinson’s disease, as well as their families and healthcare providers. Assistance includes “patron requests” for information, direct physician referrals, educational outreach to health care facilities, coordinating support groups, and specialized classes for newly-diagnosed individuals.

## **V. Billing and Collection Practices**

Lincoln County Health Care charges all patients the same price for the same services, regardless of payor source. Individuals are not required to pay or make arrangements to pay prior to the services being provided. On average, the first bill is sent to a patient 7-10 days after services are provided. After that initial billing date, the patient has 30 days to pay for those services. Before collection action is taken by LCH, three notices must be sent to patients informing them of their lack of proper payments and continued attempts to communicate with them about a solution. In the absence of either full payment or a patient’s attempts to communicate in order to resolve the

situation. LCH does use a responsible and professional collection agency if necessary. A bill will become classified as "bad debt" if a patient has not paid the full amount within 120 days. MaineHealth hospitals may pursue legal action for collecting an outstanding bill only with prior Board approval. The LCH Board has not voted to pursue such legal action in the past nine years. Member organizations offering long-term and residential care services have, from time to time, taken legal action to collect amounts due from patients or residents who are not covered under the MaineCare program and have the sufficient resources to pay for the services they received.

## **VI. Charity Care Policies**

### **Charity Care**

Miles Memorial Hospital and St. Andrews Hospital's policy of charity care and financial assistance is easily understood, prominently posted, and publicly available. A process exists for offering charity care or financial assistance to patients who are unable to pay after they have already been billed. In addition to monitoring collection practices, copies of the charity care policy are made available to patients at all entry points (registration, ED, etc.) and with bill/collection notices. The organization uses simple application procedures for charity care or financial assistance that do not intimidate or confuse applicants. LCH's employees who work in admissions, billing, accounts receivable, or patient services are fully informed and educated about all financial assistance policies. These staff members identify unpaid bills where persons are unable to pay, and separates these potential "charity care" bills from other bad debt accounts.

Miles Memorial Hospital and St. Andrews Hospital are required by law to give a reasonable amount of its services without charge to eligible persons who cannot afford to pay for care. To be eligible to receive uncompensated service, your family income must be at or below the following levels:

	<b>100% write off</b>	<b>50% write off</b>	<b>25% write off</b>
1	0 - \$20,108	up to \$22,980	up to \$25,853
2	0 - \$27,143	up to \$31,020	up to \$34,898
3	0 - \$34,178	up to \$39,060	up to \$43,943
4	0 - \$41,213	up to \$47,100	up to \$52,988
5	0 - \$48,248	up to \$55,140	up to \$62,033
6	0 - \$55,283	up to \$63,180	up to \$71,078
7	0 - \$62,318	up to \$71,220	up to \$80,123
8	0 - \$69,353	up to \$79,260	up to \$89,168

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

### **Good Governance**

Lincoln County Health Care has a Board of 21 community members, a majority of whom are not practicing physicians, officers, department heads, or other employees with a financial connection or otherwise affiliated with the organization itself. The Board meets 12 times a year (on average), and has a written "conflict of interest" policy in place. The Board understands the specific mission of the organization, and approves strategic planning initiatives aimed at carrying out this mission. Trustees understand their fiscal and other specific responsibilities while serving on the

Board, and further education/information is provided to Board members if requested. Trustees and Executive Officers of LCH do not receive loans on behalf of the organization. The organization ensures that a substantial part of its activities does not involve attempts to influence legislation, and that it will not take an official position or provide direct support for or against a political candidate. Moreover, in addition to the CEO, CFO, or both officially signing-off on LCH's yearly 990 and audited financial statements, the Board of Trustees must also have final approval of the yearly audited financial statements. The Board has also adopted and maintains a corporate compliance program that includes a Code of Conduct for all staff education and training, monitoring for compliance, and a Helpline for staff to call, all intended to produce continual compliance with organizational policies and the law.

**Executive Compensation**

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

**VIII. Aggregate Financial Data**

**Lincoln County Health Care's Community Benefit Summary \*\***

<b>1. Charity care (at cost)</b>	\$1,921,510
<b>2. Bad debt (at cost)</b>	\$2,039,137
<b>3. Government-sponsored health care (shortfall) - Unpaid cost of Medicare, MaineCare, and other hospital-specific indigent care programs</b>	\$6,662,819
<b>4. Net Community Benefit Investment Programs (net expense)</b>	\$6,279,283

<b><i>Total Value of Quantifiable Benefits Provided to the Community</i></b>	<b>\$16,902,749</b>
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\*\* Form created based on AHA guidelines