



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

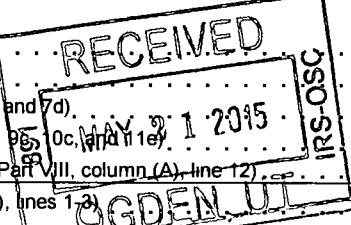
**A For the 2013 calendar year, or tax year beginning**

07/01/2013, and ending

06/30/2014

<b>B Check if applicable</b> <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> MAINE COLLEGE OF HEALTH PROFESSIONS					<b>D Employer identification number</b> 01-0356077	
	<b>Doing Business As</b> Number and street (or P O box if mail is not delivered to street address) P.O. BOX 4500						
	City or town, state or province, country, and ZIP or foreign postal code LEWISTON, ME 04243-4500					<b>G Gross receipts \$</b> 4,709,782	
	<b>F Name and address of principal officer</b> SUSAN BALTRUS 29 LOWELL STREET LEWISTON, ME 04240						
	<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3)	501(c) ( ) <input type="checkbox"/> (insert no)	4947(a)(1) or	527	<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)		
	<b>J Website:</b> ► <a href="http://WWW.MCHP.EDU">WWW.MCHP.EDU</a>						
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other ►	<b>L Year of formation</b> 1977	<b>M State of legal domicile</b> ME	<b>H(c) Group exemption number</b> ►	

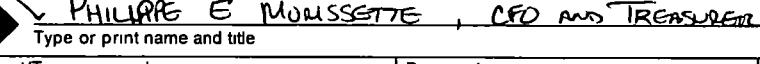
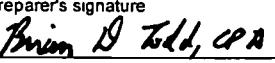
## Part I Summary

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities THE COLLEGE PROVIDES FORMAL TRAINING IN NURSING, RADIOLOGIC TECHNOLOGY & NUCLEAR MEDICINE EDUCATION AT THE ASSOCIATE DEGREE LEVEL. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.					<b>Prior Year</b> 12. <b>Current Year</b> 12.	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets						
	3 Number of voting members of the governing body (Part VI, line 1a)						
	4 Number of independent voting members of the governing body (Part VI, line 1b)						
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)						
	6 Total number of volunteers (estimate if necessary)						
	7a Total unrelated business revenue from Part VIII, column (C), line 12						
	b Net unrelated business taxable income from Form 990-T, line 34						
	8 Contributions and grants (Part VIII, line 1h)						
	9 Program service revenue (Part VIII, line 2g)						
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)						
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)							
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)							
14 Benefits paid to or for members (Part IX, column (A), line 4)							
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							
16a Professional fundraising fees (Part IX, column (A), line 11e)							
b Total fundraising expenses (Part IX, column (D), line 25) ►							
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)							
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)							
19 Revenue less expenses Subtract line 18 from line 12							
<b>Revenue</b>						<b>Beginning of Current Year</b> 8,235,955. <b>End of Year</b> 9,443,279.	
	20 Total assets (Part X, line 16)						
	21 Total liabilities (Part X, line 26)						
	22 Net assets or fund balances Subtract line 21 from line 20						
<b>Expenses</b>	2,546,032.						
	4,585,479.						
	881,237.						
	-25,908.						
<b>Net Assets or Fund Balances</b>	740,057.						
	7,495,898.						
	963,766.						
	8,479,513.						

## 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

SCANNED JUN 18 2015

<b>Sign Here</b>	 Signature of officer					5/8/2015 Date	
	 PHILIPPE E MUSSETTE, CFO AND TREASURER						
<b>Paid Preparer Use Only</b>	Print/Type preparer's name BRIAN D TODD		Preparer's signature 		Date 5/7/15	Check <input type="checkbox"/> if self-employed	PTIN P00422601
	Firm's name ► BKD, LLP		Firm's EIN ► 44-0160260		Firm's address ► 910 E ST LOUIS #200/PO BOX 1190 SPRINGFIELD, MO 65806-2523		
	Firm's address ► 910 E ST LOUIS #200/PO BOX 1190 SPRINGFIELD, MO 65806-2523		Phone no 417 865-8701				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

17 25

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III  X**1** Briefly describe the organization's missionTO PROVIDE QUALITY EDUCATIONAL OPPORTUNITIES THAT INSPIRE STUDENT  
SUCCESS AND LIFE LONG LEARNING.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  X No  
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  X 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 \$ 3,731,638 including grants of \$ 1,421,053.) (Revenue \$ 2,463,719.)THE COLLEGE OFFERS THREE DEGREE PROGRAMS WHICH INCLUDES NURSING  
PROGRAM, RADIOLOGIC TECHNOLOGY PROGRAM AND NUCLEAR MEDICINE. ALL  
OF THESE PROGRAMS GRANT A GRADUATE AN ASSOCIATE DEGREE IN APPLIED  
SCIENCES AFTER COMPLETION. SEE SCHEDULE O FOR ADDITIONAL  
INFORMATION.**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**4d** Other program services (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses ► 3,731,638.

## Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .

9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .

b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .

c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .

12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

14 a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .

	Yes	No
1	X	
2	X	
3		X
4		X
5	X	
6		X
7		X
8		X
9		X
10	X	
11a	X	
11b		X
11c		X
11d	X	
11e	X	
11f		X
12a	X	
12b	X	
13	X	
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a		X
20b		

## Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	21	X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23	X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a. . . . .	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II . . . . .	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	28b	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. . . . .	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . .	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . .	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34	X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. . . . .	35b	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. . . . .	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . . **1a** 362 **1b** 0 **1c** X

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 0

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .

3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .

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

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .

c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .

7 **Organizations that may receive deductible contributions under section 170(c).**

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .

b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .

d If "Yes," indicate the number of Forms 8282 filed during the year **7d** . . . . .

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .

8 **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .

9 **Sponsoring organizations maintaining donor advised funds.**

a Did the organization make any taxable distributions under section 4966? . . . . .

b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .

10 **Section 501(c)(7) organizations.** Enter

a Initiation fees and capital contributions included on Part VIII, line 12 . . . . . **10a**

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**

11 **Section 501(c)(12) organizations.** Enter

a Gross income from members or shareholders **11a**

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) **11b**

12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? **12a**

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**

13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**

a Is the organization licensed to issue qualified health plans in more than one state? . . . . .

**Note.** See the instructions for additional information the organization must report on Schedule O

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 . . . . .

c Enter the amount of reserves on hand . . . . .

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .

	Yes	No
1a		
1b		
1c	X	
2a		0
2b		
3a	X	
3b		
4a	X	
5a	X	
5b	X	
5c		
6a	X	
6b		
7a	X	
7b		
7c	X	
7d		
7e	X	
7f	X	
7g		
7h		
8		
9a		
9b		
10a		
10b		
11a		
11b		
12a		
12b		
13a		
13b		
13c		
14a		X
14b		

**Part VI**

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

**Section A. Governing Body and Management**

1a Enter the number of voting members of the governing body at the end of the tax year . . . . .  
 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O

1b Enter the number of voting members included in line 1a, above, who are independent . . . . .

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .

5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .

6 Did the organization have members or stockholders? . . . . .

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body? . . . . .

b Each committee with authority to act on behalf of the governing body? . . . . .

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .

	Yes	No
1a	12	
1b	8	
2		X
3		X
4	X	
5		X
6	X	
7a	X	
7b	X	
8a	X	
8b	X	
9		X

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

10a Did the organization have local chapters, branches, or affiliates? . . . . .

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .

13 Did the organization have a written whistleblower policy? . . . . .

14 Did the organization have a written document retention and destruction policy? . . . . .

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official . . . . .

b Other officers or key employees of the organization . . . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .

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? . . . . .

	Yes	No
10a	X	
10b		
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a	X	
16b		

**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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website  Another's website  Upon request  Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► PHIL MORISSETTE 29 LOWELL STREET LEWISTON, ME 04240 207-795-2972

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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	Former			
(1) PETER E. CHALKE CHAIRMAN/PRESIDENT OF CMHC	1.00 60.00	X		X				0	635,098.	29,571.
(2) MARSHA AUSTER TRUSTEE/CHAIRMAN	1.00	X		X				0	0	0
(3) PAMELA J. BAKER, M.D. TRUSTEE	1.00		X					0	0	0
(4) EDMUND CLAXTON, M.D. TRUSTEE	1.00		X					0	196,388.	23,502.
(5) GILLIAN A. CURTIS TRUSTEE	1.00		X					0	0	0
(6) DAVID LAUVER, M.D. TRUSTEE	1.00 56.00		X					0	272,488.	40,910.
(7) BARBARA RANDALL TRUSTEE	1.00		X					0	0	0
(8) ERIN PENDEXTER STONE TRUSTEE	1.00		X					0	0	0
(9) JEANNETTE PELLETIER TRUSTEE/SECRETARY ENDING 5/14	1.00		X		X			0	0	0
(10) PHILIPPE MORISSETTE TREASURER	1.00 58.00		X		X			0	156,521.	11,628.
(11) WILLIAM WEBSTER JR TRUSTEE	1.00		X					0	0	0
(12) MICHAEL BEAULIEU TRUSTEE	1.00		X					0	0	0
(13) CINDY BROUSSEAU TRUSTEE	1.00		X					0	0	0
(14) SUSAN C. BALTRUS PRESIDENT	40.00				X			0	121,310.	15,300.

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

<b>1b Sub-total . . . . .</b>	►	0	1,381,805.	120,911.
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>	►	0	0	0
<b>d Total (add lines 1b and 1c) . . . . .</b>	►	0	1,381,805.	120,911.

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 ► 0

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

	Yes	No
3		X
4	X	
5		X

## Section B. Independent Contractors

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

## Part VIII

## Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>1b</b> Membership dues . . . . .	<b>1b</b>			
	<b>1c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>1d</b> Related organizations . . . . .	<b>1d</b> 51,300			
	<b>1e</b> Government grants (contributions) . . . . .	<b>1e</b> 1,369,753			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 17,959			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ . . . . .				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . . ►	<b>1,439,012</b>			
<b>Program Service Revenue</b>		<b>Business Code</b>			
	<b>2a</b> TUITION AND FEES	<b>611600</b>	<b>2,463,719</b>	<b>2,463,719</b>	
	<b>b</b>				
	<b>c</b>				
	<b>d</b>				
	<b>e</b>				
	<b>f</b> All other program service revenue . . . . .				
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . . ►	<b>2,463,719</b>			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ►	<b>54,254</b>			<b>54,254</b>
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ►	<b>0</b>			
	<b>5</b> Royalties . . . . .	<b>0</b>			
	<b>6a</b> Gross rents . . . . .				
	<b>b</b> Less rental expenses . . . . .				
	<b>c</b> Rental income or (loss) . . . . .				
	<b>d</b> Net rental income or (loss) . . . . . ►	<b>0</b>			
	<b>7a</b> Gross amount from sales of assets other than inventory				
	<b>b</b> Less cost or other basis and sales expenses . . . . .	<b>752,797</b>			
	<b>c</b> Gain or (loss) . . . . .	<b>681,823</b>			
	<b>d</b> Net gain or (loss) . . . . . ►	<b>70,974</b>			<b>70,974</b>
	<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>0</b>			
	<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>0</b>			
	<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 . . . . . ►	<b>0</b>			
	<b>Miscellaneous Revenue</b>	<b>Business Code</b>			
	<b>11a</b>				
	<b>b</b>				
	<b>c</b>				
	<b>d</b> All other revenue . . . . .				
	<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . . ►	<b>0</b>			
	<b>12</b> <b>Total revenue.</b> See instructions . . . . . ►	<b>4,027,959</b>	<b>2,463,719</b>		<b>125,228</b>

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX . . . . . **Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21 .	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22 . . . . .	1,421,053.	1,421,053.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 . . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0			
9 Other employee benefits . . . . .	0			
10 Payroll taxes . . . . .	0			
11 Fees for services (non-employees)				
a Management . . . . .	0			
b Legal . . . . .	37,145.		37,145.	
c Accounting . . . . .	37,184.		37,184.	
d Lobbying . . . . .	0			
e Professional fundraising services See Part IV, line 17.	0			
f Investment management fees . . . . .	4,961.		4,961.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	1,737,357.	1,562,953.	174,404.	
12 Advertising and promotion . . . . .	5,343.	4,807.	536.	
13 Office expenses . . . . .	96,231.	86,571.	9,660.	
14 Information technology . . . . .	7,807.	7,023.	784.	
15 Royalties . . . . .	0			
16 Occupancy . . . . .	443,921.	399,358.	44,563.	
17 Travel . . . . .	20,200.	18,172.	2,028.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings . . . . .	0			
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	67,327.	60,568.	6,759.	
23 Insurance . . . . .	11,041.	9,933.	1,108.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a BAD DEBT	125,763.	125,763.		
b LICENSES, DUES, SUBSCRIPTION	19,265.	17,331.	1,934.	
c MEDICAL SUPPLIES & DRUGS	7,682.	7,682.		
d REPAIRS & MAINTENANCE	2,006.	1,805.	201.	
e All other expenses	9,581.	8,619.	962.	
25 Total functional expenses. Add lines 1 through 24e	4,053,867.	3,731,638.	322,229.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

## Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing . . . . .	0	1	0
	2 Savings and temporary cash investments . . . . .	220,907.	2	202,390.
	3 Pledges and grants receivable, net . . . . .	4,854.	3	0
	4 Accounts receivable, net . . . . .	83,671.	4	196,866.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .	0	5	0
	7 Notes and loans receivable, net . . . . .	0	6	0
	8 Inventories for sale or use . . . . .	0	7	0
	9 Prepaid expenses and deferred charges . . . . .	0	8	0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,263,428.		
	b Less accumulated depreciation . . . . .	10b	925,891.	364,142.
	11 Investments - publicly traded securities . . . . .	1,536,060.	11	2,063,282.
	12 Investments - other securities See Part IV, line 11 . . . . .	0	12	0
	13 Investments - program-related See Part IV, line 11 . . . . .	0	13	0
	14 Intangible assets . . . . .	0	14	0
	15 Other assets See Part IV, line 11 . . . . .	5,997,047.	15	6,607,500.
	16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . .	8,235,955.	16	9,443,279.
Liabilities	17 Accounts payable and accrued expenses . . . . .	34,187.	17	257,677.
	18 Grants payable . . . . .	0	18	0
	19 Deferred revenue . . . . .	72,814.	19	0
	20 Tax-exempt bond liabilities . . . . .	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	633,056.	25	706,089.
	26 Total liabilities. Add lines 17 through 25 . . . . .	740,057.	26	963,766.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets . . . . .	-253,803.	27	-389,667.
	28 Temporarily restricted net assets . . . . .	1,096,979.	28	1,973,650.
	29 Permanently restricted net assets . . . . .	6,652,722.	29	6,895,530.
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33 Total net assets or fund balances . . . . .	7,495,898.	33	8,479,513.
	34 Total liabilities and net assets/fund balances . . . . .	8,235,955.	34	9,443,279.

Form 990 (2013)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	4,027,959.
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	4,053,867.
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	-25,908.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	7,495,898.
5	Net unrealized gains (losses) on investments . . . . .	5	156,751.
6	Donated services and use of facilities . . . . .	6	0
7	Investment expenses . . . . .	7	0
8	Prior period adjustments . . . . .	8	0
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	852,772.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	10	8,479,513.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No 1545-0047

**2013**

Open to Public  
Inspection

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

Name of the organization

MAINE COLLEGE OF HEALTH PROFESSIONS

Employer identification number

01-0356077

**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-Fункционally 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
11g(i)		
11g(ii)		
11g(iii)		

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

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33 1/3% support test - 2013.</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 stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>33 1/3% support test - 2012.</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 stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test - 2013.</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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test - 2012.</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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 <b>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 . . . . . ► <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 <b>Total.</b> Add lines 1 through 5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b. . . . .						
8 <b>Public support</b> (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
13 <b>Total support</b> (Add lines 9, 10c, 11, and 12) . . . . .						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

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

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

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

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17 . . . . .	18	%
19a <b>33 1/3% support tests - 2013.</b> 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 ► <input type="checkbox"/>		
b <b>33 1/3% support tests - 2012.</b> 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 ► <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV Supplemental Information.** 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).

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047

**2013**Open to Public  
Inspection**Name of the organization**

MAINE COLLEGE OF HEALTH PROFESSIONS

**Employer identification number**

01-0356077

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .	<input type="checkbox"/>	Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

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

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

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

JSA

3E1268 2 000

3147DF K929

Schedule D (Form 990) 2013

**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
1c	
1d	
1e	
1f	

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
1a Beginning of year balance . . . . .	7,749,701.	7,185,371.	6,794,493.	5,710,427.	635,358.
b Contributions . . . . .	3,613.	9,089.	674,772.	235,299.	5,030,801.
c Net investment earnings, gains, and losses . . . . .	1,130,111.	576,440.	-259,363.	880,567.	67,268.
d Grants or scholarships . . . . .		1,500.	19,845.	31,800.	23,000.
e Other expenditures for facilities and programs . . . . .	14,243.	19,699.	4,686.		
g End of year balance . . . . .	8,869,182.	7,749,701.	7,185,371.	6,794,493.	5,710,427.

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

a Board designated or quasi-endowment ► %

b Permanent endowment ► 77.7471 %

c Temporarily restricted endowment ► 22.2529 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

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

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		260,381.	51,462.	208,919.
d Equipment . . . . .		998,429.	872,351.	126,078.
e Other . . . . .		4,618.	2,078.	2,540.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). . . . . ► 337,537.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ►

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		

Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ►

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) INTEREST IN RELATED PARTY	6,607,500.
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15) . . . . . ► 6,607,500.

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO AFFILIATE	706,089.	
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ► 706,089.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	3,486,588.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	156,751.
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII) . . . . .	2d	-698,122.
e	Add lines 2a through 2d . . . . .	2e	-541,371.
3	Subtract line 2e from line 1 . . . . .	3	4,027,959.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	4,027,959.

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

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

1	Total expenses and losses per audited financial statements .....	1	2,502,973.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities .....	2a	
b	Prior year adjustments .....	2b	
c	Other losses .....	2c	
d	Other (Describe in Part XIII) .....	2d	
e	Add lines 2a through 2d .....	2e	
3	Subtract line 2e from line 1 .....	3	2,502,973.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b .....	4a	4,961.
b	Other (Describe in Part XIII) .....	4b	1,545,933.
c	Add lines 4a and 4b .....	4c	1,550,894.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) .....	5	4,053,867.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

SEE PAGE 5

**Part XIII Supplemental Information (continued)**

SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS

MOST OF THE COLLEGE'S ENDOWMENT FUNDS ARE USED FOR STUDENT AID PURPOSES.

SOME ENDOWMENT FUNDS ARE USED TO SUPPORT OPERATIONAL EXPENSES.

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITION

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D

AMOUNTS INCLUDED ON LINE 1, BUT NOT ON FORM 990, PART VIII, LINE 12:

\$ (1,420,253) GRANTS & SCHOLARSHIPS

(4,961) INVESTMENT MANAGEMENT FEES

(125,680) BAD DEBT

852,772 CHANGE IN INTEREST IN RELATED PARTY

-----  
\$ (698,122)

**Part XIII Supplemental Information (continued)**

SCHEDULE D, PART XII, LINE 4B

AMOUNTS INCLUDED ON FORM 990, PART IX, LINE 25, BUT NOT ON LINE 1:

\$ 1,420,253 GRANTS &amp; SCHOLARSHIPS

125,680 BAD DEBT

---

-----  
1,545,933

**SCHEDULE E  
(Form 990 or 990-EZ)****Schools**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 13, or Form 990-EZ, Part VI, line 48.**2013**Open to Public  
Inspection

Name of the organization

MAINE COLLEGE OF HEALTH PROFESSIONS

Employer identification number

01-0356077

**Part I**

1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .

2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .

3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II. . . . .

	YES	NO
1	X	
2	X	
3	X	

SEE SUPPLEMENTAL PAGE

4 Does the organization maintain the following?

a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .

d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .

If you answered "No" to any of the above, please explain. If you need more space, use Part II

4a	X
4b	X
4c	X
4d	X

5 Does the organization discriminate by race in any way with respect to

a Students' rights or privileges? . . . . .

b Admissions policies? . . . . .

c Employment of faculty or administrative staff? . . . . .

d Scholarships or other financial assistance? . . . . .

e Educational policies? . . . . .

f Use of facilities? . . . . .

g Athletic programs? . . . . .

h Other extracurricular activities? . . . . .

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II

5a	X
5b	X
5c	X
5d	X
5e	X
5f	X
5g	X
5h	X

6a Does the organization receive any financial aid or assistance from a governmental agency? . . . . .

b Has the organization's right to such aid ever been revoked or suspended? . . . . .

If you answered "Yes" to either line 6a or line 6b, explain on Part II

7 Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II . . . . .

6a	X
6b	X
7	X

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

Schedule E (Form 990 or 990-EZ) (2013)

JSA

3E1273 1 000

3147DF K929

**Part II** **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

SCHEDULE E, PART I, LINE 3

NON-DISCRIMINATION POLICY

ALL PUBLICATIONS AND ANNOUNCEMENTS INCLUDE THE SCHOOL'S POLICY OF

NON-DISCRIMINATION.

SCHEDULE E, PART I, LINE 6A

RECEIPT OF FINANCIAL AID

THE COLLEGE RECEIVES MEDICARE FUNDS AS PART OF A TEACHING HOSPITAL

(CENTRAL MAINE MEDICAL CENTER). THE COLLEGE ALSO RECEIVES PELL GRANTS AND

OTHER FEDERAL FUNDS TO AWARD TO STUDENTS BASED ON THE APPLICABLE

GUIDELINES.

**SCHEDULE I  
(Form 990)****Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Department of the Treasury  
Internal Revenue Service

Name of the organization

MAINE COLLEGE OF HEALTH PROFESSIONS

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

1 (a) Name and address of organization or government	1(b) EIN	1(c) IRC section if applicable	1(d) Amount of cash grant	1(e) Amount of non-cash assistance	1(f) Method of valuation (book, FMV appraisal, other)	1(g) Description of non-cash assistance	1(h) Purpose of grant or assistance
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

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

3 Enter total number of other organizations listed in the line 1 table

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

OMB No 1545-0047  
**2013**Open to Public  
Inspection► **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Employer identification number

01-0356077

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

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

Page 2

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FEDERAL PELL GRANTS	115	325,937			
2 STATE OF MAINE GRANTS	86	43,000			
3 IN HOUSE	125	51,300			
4 STAFFORD LOANS	162	1,000,816			
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

## SCHEDULE I, PART I, LINE 2

## GRANTS AWARDS

GRANT FUNDS AWARDED TO STUDENTS ARE USED FOR TUITION AND ALLOWABLE EDUCATIONAL EXPENSES. AWARDS ARE BASED UPON NEED DETERMINED FROM A FEDERAL FAFSA APPLICATION. GRANT FUNDS ARE APPLIED DIRECTLY AGAINST THE TUITION AND FEES OF THE AWARDEE AND DO NOT LEAVE POSSESSION OF THE COLLEGE, THEREFORE NO MONITORING IS NECESSARY.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

MAINE COLLEGE OF HEALTH PROFESSIONS

Employer identification number

01-0356077

**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

First-class or charter travel  
 Travel for companions  
 Tax indemnification and gross-up payments  
 Discretionary spending account

Housing allowance or residence for personal use  
 Payments for business use of personal residence  
 Health or social club dues or initiation fees  
 Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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

Compensation committee  
 Independent compensation consultant  
 Form 990 of other organizations

Written employment contract  
 Compensation survey or study  
 Approval by the board or compensation committee

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

**a** Receive a severance payment or change-of-control payment? . . . . .  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .  
**c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

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

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

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

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

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

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in 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>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2013

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				
PETER E. CHALKE	0	0	0	0	0	0	0
1 CHAIRMAN/PRESIDENT OF CMHC	592,913.	0	42,185.	16,674.	12,897.	664,669.	0
EDMUND CLAXTON, M.D.	0	0	0	0	0	0	0
2 TRUSTEE	190,543.	5,000.	845.	5,062.	18,440.	219,890.	0
DAVID LAUVER, M.D.	0	0	0	0	0	0	0
3 TRUSTEE	238,946.	27,773.	5,769.	22,527.	18,383.	313,398.	0
PHILIPPE MORISSETTE	0	0	0	0	0	0	0
4 TREASURER	126,014.	25,000.	5,507.	4,044.	7,584.	168,149.	0
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

**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.

SCHEDULE J, PART I, LINE 3

CEO COMPENSATION

THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT IS DETERMINED BY THE PARENT CORPORATION'S BOARD OF DIRECTORS' EXECUTIVE COMPENSATION COMMITTEE USING THE FOLLOWING:

- COMPENSATION COMMITTEE
- INDEPENDENT COMPENSATION CONSULTANT
- COMPENSATION SURVEY OR STUDY
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

SCHEDULE J, PART I, LINE 4B  
PARTICIPATION IN A NON-QUALIFIED PLAN  
A PARTICIPANT'S ENTITLEMENT TO BENEFITS WILL VEST ON THE PARTICIPANT'S VESTING DATE PROVIDED THE PARTICIPANT HAS REMAINED IN CONTINUOUS EMPLOYMENT IN THE SAME POSITION WHILE PARTICIPATING IN THIS PLAN. A PARTICIPANT WILL HAVE ONLY ONE VESTING DATE FOR ALL ELECTIVE DEFERRALS AND OTHER PLAN CONTRIBUTIONS MADE ON THE PARTICIPANT'S BEHALF DURING ALL PLAN YEARS.

**Part II 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.

A PARTICIPANT'S ENTITLEMENT TO BENEFITS WILL ALSO VEST (A) IF THE PARTICIPANT DIES WHILE STILL EMPLOYED BY THE EMPLOYER, (B) IF THE PARTICIPANT'S EMPLOYMENT TERMINATES DUE TO TOTAL DISABILITY; OR (C) IF THE EMPLOYER TERMINATES THE PARTICIPANT'S EMPLOYMENT FOR ANY REASON OTHER THAN FOR "CAUSE". ANY PORTION OF THE PARTICIPANT'S ENTITLEMENT TO BENEFITS THAT IS NOT VESTED WHEN THE PARTICIPANT'S EMPLOYMENT WITH THE EMPLOYER TERMINATES, INCLUDING ELECTIVE DEFERRALS, WILL BE FORFEITED. THE EMPLOYER WILL DISTRIBUTE A PARTICIPANT'S BENEFITS UNDER THE PLAN AS SOON AS PRACTICABLE AFTER THE PARTICIPANT'S ENTITLEMENT BECOMES VESTED.

SCHEDULE J, PART II, COLUMN F  
COMPENSATION REPORTED IN PRIOR FORM 990  
COMPENSATION IS REPORTED ON THE FORM 990 IN THE YEAR THAT THE COMPENSATION IS EARNED BY OR AWARDED TO AN INDIVIDUAL, EVEN IF THE COMPENSATION IS NOT PAID TO THE INDIVIDUAL, IS NOT FULLY VESTED, OR IS SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE. IF COMPENSATION IS EARNED OR AWARDED IN ONE YEAR BUT PAID IN A LATER YEAR, THEN THE COMPENSATION IS REPORTED A SECOND TIME ON THE FORM 990 IN THE YEAR THE COMPENSATION IS

**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.

VESTED OR PAID TO THE INDIVIDUAL.

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

MAINE COLLEGE OF HEALTH PROFESSIONS

Employer identification number

01-0356077

FORM 990, PART I, LINE 1

ORGANIZATION'S MOST SIGNIFICANT ACTIVITIES

IN EACH OF THE THREE COURSES OF TRAINING MENTIONED IN FORM 990, PART I,  
LINE 1, THERE WERE 129, 40, AND 4 STUDENTS ENROLLED DURING THE 2013-2014  
ACADEMIC YEAR, RESPECTIVELY.

FORM 990, PART III, LINE 4A

PROGRAM ACHIEVEMENTS

NURSING STUDENTS ATTEND CLASSES AND TAKE CARE OF PATIENTS OF ALL AGES IN  
A VARIETY OF SETTINGS. BEFORE THEY CARE FOR PATIENTS, NURSING STUDENTS  
SPEND TIME IN THE CAMPUS LABORATORY LEARNING AND PRACTICING THE SKILLS  
NEEDED TO PROVIDE SAFE CARE. MAINE COLLEGE OF HEALTH PROFESSIONS STUDENTS  
MAY HAVE EXPERIENCES IN THE FOLLOWING AREAS: MATERNITY, LONG-TERM CARE,  
PEDIATRICS, SURGERY, CRITICAL CARE, REHABILITATION, MENTAL HEALTH,  
CARDIAC CARE AND POST-SURGERY. THE COLLEGE'S STATE OF THE ART SIMULATION  
LABORATORY PROVIDES A REALISTIC CLINICAL EXPERIENCE.

THE CLARK F. MILLER SCHOOL OF RADIOLOGIC TECHNOLOGY AT THE MAINE COLLEGE  
OF HEALTH PROFESSIONS OFFERS A CHALLENGING AND REWARDING CAREER  
EDUCATIONAL OPPORTUNITY. THE COLLEGE'S TWO YEAR ASSOCIATE OF APPLIED  
SCIENCE DEGREE PROGRAM PROVIDES INSTRUCTION AND CLINICAL EXPERIENCE  
THROUGH A BLEND OF CLASSROOM AND CLINICAL EDUCATION.

THE SCHOOL OF NUCLEAR MEDICINE TECHNOLOGY AT THE MAINE COLLEGE OF HEALTH

Name of the organization

MAINE COLLEGE OF HEALTH PROFESSIONS

Employer identification number

01-0356077

PROFESSIONS OFFERS A CHALLENGING AND REWARDING CAREER EDUCATIONAL OPPORTUNITY. THE COLLEGE'S TWO YEAR ASSOCIATE OF APPLIED SCIENCE DEGREE PROGRAM PROVIDES INSTRUCTION AND CLINICAL EXPERIENCE THROUGH A BLEND OF CLASSROOM AND CLINICAL EDUCATION.

FORM 990, PART VI, SECTION A, LINE 4

SIGNIFICANT CHANGES TO BYLAWS

THE FOLLOWING SIGNIFICANT CHANGES TO THE BYLAWS WERE MADE DURING THE CURRENT YEAR:

-THE CHAIRMAN SHALL BE A PERSON HAVING NO FINANCIAL INTEREST IN THE COLLEGE.

-THE CHAIRMAN AND THE TREASURER SHALL BE ELECTED BY A MAJORITY VOTE OF THE BOARD.

-AT ALL MEETINGS OF THE BOARD OF TRUSTEES THE PRESENCE OF FIFTY PERCENT (50%) OF THE TRUSTEES SHALL BE NECESSARY AND SUFFICIENT TO CONSTITUTE A QUOROM FOR THE TRANSACTION OF BUSINESS AND THE ACT OF A MAJORITY OF TRUSTEES PRESENT AT ANY MEETINGS AT WHICH THERE IS A QUOROM SHALL BE THE ACT OF THE BOARD OF TRUSTEES. IF AT ANY MEETING DULY CALLED, A QUOROM SHALL NOT BE PRESENT, A LESSER NUMBER MAY ADJOURN THE MEETING UNTIL SUCH TIME AS A QUOROM CAN BE OBTAINED.

IN ADDITION, THE ORGANIZATION CHANGED ITS NAME TO MAINE COLLEGE OF HEALTH PROFESSIONS.

FORM 990, PART VI, SECTION A, LINES 6, 7A, & 7B

MEMBERS AND STOCKHOLDERS

Name of the organization

MAINE COLLEGE OF HEALTH PROFESSIONS

Employer identification number

01-0356077

THE MEMBER OF THE CORPORATION SHALL BE CENTRAL MAINE HEALTHCARE CORPORATION, A CORPORATION DULY ORGANIZED UNDER THE LAWS OF THE STATE OF MAINE. THE MEMBER SHALL HAVE THE RIGHT TO ELECT TRUSTEES UPON NOMINATION BY THE BOARD OF TRUSTEES. THE MEMBER HAS THE SOLE RIGHT TO APPOINT THE CHAIRMAN AND TREASURER OF THE BOARD OF TRUSTEES. IN ADDITION, THE MEMBER HAS THE SOLE DECISION IN DETERMINING TO APPROVE OR DISAPPROVE PROPOSED AMENDMENTS TO THE ORGANIZATION'S BYLAWS.

THE MEMBER SHALL HAVE THE RIGHT TO APPROVE CERTAIN DECISIONS OF THE BOARD OF DIRECTORS, DETAILED IN THE BYLAWS OF THE CORPORATION.

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

FORM 990 REVIEW PROCESS

ALL AFFILIATED FORM 990'S AND APPLICABLE SCHEDULES ARE PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM IN COOPERATION WITH THE FINANCE DEPARTMENT. THE COMPLETED RETURNS ARE REVIEWED WITH THE DIRECTOR OF FINANCE THEN WITH THE CFO FOLLOWING THAT REVIEW; THEY ARE PRESENTED TO THE FINANCE COMMITTEE OF THE CENTRAL MAINE HEALTHCARE BOARD OF DIRECTORS, WHICH HAS REPRESENTATIVES FROM ALL AFFILIATED BOARDS. ONCE THIS REVIEW IS COMPLETED, ANY NECESSARY CHANGES ARE MADE AND THE FINAL RETURN IS PRESENTED TO ITS RESPECTIVE BOARD WITH THE FINANCE COMMITTEE MEMBER TAKING AND ANSWERING QUESTIONS. A FINANCE DEPARTMENT REPRESENTATIVE, KNOWLEDGEABLE OF THE RETURN, IS AVAILABLE TO ASSIST DURING PRESENTATIONS, IF REQUESTED BY THE FINANCE COMMITTEE MEMBER. IN THE EVENT THAT THE NEXT BOARD MEETING IS NOT SCHEDULED UNTIL AFTER THE FILING DATE, THE FINAL RETURN IS MAILED TO ALL BOARD MEMBERS AND THE PRESENTATION OCCURS AT THE

Name of the organization	Employer identification number
MAINE COLLEGE OF HEALTH PROFESSIONS	01-0356077

NEXT SCHEDULED BOARD MEETING.

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

MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY

OFFICERS AND TRUSTEES COMPLETE AN ANNUAL CONFLICT OF INTEREST STATEMENT

WHICH IS REVIEWED BY THE CHAIRMAN OF THE BOARD AND CONFORMS TO THE

CONDITIONS CONTAINED WITHIN THE CORPORATION'S BYLAWS, WHICH MEET OR

EXCEED THE CURRENT IRS REPORTING THRESHOLDS. IN AREAS OF CONFLICT BY THE

CHAIRMAN, THE VICE-CHAIRMAN REVIEWS. ADDITIONALLY, AS PART OF THE ANNUAL

FORM 990 PREPARATION PROCESS, A SEPARATE QUESTIONNAIRE IS PROVIDED, WHICH

INCLUDES DISTRIBUTION TO KEY EMPLOYEES, COVERING REPORTING AREAS OF

LOANS, GRANTS, BUSINESS RELATIONSHIPS, AND OTHER CONFLICTS. THESE

QUESTIONNAIRES ARE REVIEWED BY THE FINANCE DEPARTMENT FOR REPORTABLE

ITEMS FOR THE FORM 990.

IN THE CASE OF A POSSIBLE CONFLICT, THE BOARD WOULD REVIEW THE SITUATION

AND TAKE ACTIONS DEEMED APPROPRIATE FOR THE POSSIBLE OR ACTUAL CONFLICTS

OF MEMBERS OF THE BOARD OR THE EXECUTIVE OFFICERS. IN THE CASE OF KEY

EMPLOYEES, THE REVIEW AND ACTIONS TAKEN WOULD BE PERFORMED BY THEIR

DIRECT SUPERVISOR.

FORM 990, PART VI, SECTION B, LINES 15A & 15B

EXECUTIVE COMPENSATION REVIEW

A STANDING EXECUTIVE COMPENSATION COMMITTEE (ECC), COMPRISED OF

INDEPENDENT MEMBERS OF BOARD LEADERSHIP, EXISTS TO UNDERTAKE THE PROCESS

OF DETERMINING COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER, CHIEF

Name of the organization

MAINE COLLEGE OF HEALTH PROFESSIONS

Employer identification number

01-0356077

FINANCIAL OFFICER, CHIEF MEDICAL OFFICER, PRESIDENT OF CENTRAL MAINE MEDICAL CENTER, PHYSICIAN PRACTICE EXECUTIVE, PRESIDENT OF RUMFORD HOSPITAL, AND PRESIDENT OF BRIDGTON HOSPITAL.

THE PROCESS GUIDELINES AND AUTHORITY OF THE ECC ARE SET OUT IN THE EXECUTIVE COMPENSATION PHILOSOPHY AND RESPONSIBILITIES CHARTER WHICH WAS APPROVED BY THE CMHC BOARD. THE ENTIRE CMHC BOARD PARTICIPATES IN THE ANNUAL PERFORMANCE EVALUATION OF EACH EXECUTIVE, INCLUDING A REVIEW OF ACCOMPLISHMENTS RELATIVE TO GOALS AND OBJECTIVES DERIVED FROM THE STRATEGIC PLAN. THE ECC REVIEWS THE RESULTS OF THE ANNUAL PERFORMANCE EVALUATION AND APPROPRIATE COMPARABILITY DATA BASED ON SEVERAL FACTORS RECOMMENDED BY AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT, WHO SPECIALIZES IN NOT-FOR-PROFIT HOSPITALS AND HEALTH SYSTEMS, AND OUR ATTORNEYS. FACTORS USED IN DETERMINING COMPARABILITY TO THE ORGANIZATION INCLUDE SIZE, GEOGRAPHY, ORGANIZATIONAL COMPLEXITY, FACILITY TYPE, OWNERSHIP TYPE, AND ANY OTHER FACTORS DEEMED RELEVANT BY THE COMMITTEE, ITS CONSULTANTS, OR ITS ATTORNEYS.

USING THIS INFORMATION, THE ECC ANNUALLY REVIEWS THE EXECUTIVES' COMPENSATION TO DETERMINE IF MODIFICATION TO BASE SALARY IS WARRANTED, AND REVIEWS THE EXECUTIVES' ACCOMPLISHMENTS TO DETERMINE IF ANY VARIABLE PAY IS TO BE AWARDED. THE ENTIRE PROCESS IS THEN DOCUMENTED CONTEMPORANEOUSLY WITH THE DECISION-MAKING PROCESS AND APPROVED THEREAFTER IN ACCORDANCE WITH THE REQUIREMENTS OF THE IRS.

FORM 990, PART VI, SECTION C, LINE 19

PUBLIC DISCLOSURE

Name of the organization

MAINE COLLEGE OF HEALTH PROFESSIONS

Employer identification number

01-0356077

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY

ARE AVAILABLE UPON REQUEST IN THE ORGANIZATION'S ADMINISTRATIVE OFFICES.

THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE INCLUDED IN THE MOST RECENTLY FILED FORM 990 AND PROVIDED, UPON REQUEST, IN THAT FORMAT UNLESS THE SPECIFIC REQUEST DEEMS A DIFFERENT FORMAT MORE APPROPRIATE.

FORM 990, PART VII, SECTION A

BOARD MEMBER COMPENSATION

NO BOARD MEMBERS RECEIVE COMPENSATION FOR THEIR DUTIES AS DIRECTORS.

PETER CHALKE, PHILIPPE MORISSETTE, EDMUND CLAXTON AND DAVID LAUVER ARE ALL EMPLOYED BY CENTRAL MAINE HEALTHCARE OR CENTRAL MAINE MEDICAL CENTER AND THEIR COMPENSATED TIME IS SPENT IN THAT CAPACITY.

IN ADDITION, SUSAN BALTRUS IS EMPLOYED AND RECEIVES HER W-2 FROM CENTRAL MAINE MEDICAL CENTER, BUT HER TIME IS SPENT ON HER DUTIES AS PRESIDENT OF MAINE COLLEGE OF HEALTH PROFESSIONS.

FORM 990, PART IX, LINE 11G

OTHER FEES FOR SERVICES

\$ 1,203,233 PURCHASED LABOR - MAINE COLLEGE OF HEALTH PROFESSIONS

282,993 PURCHASED LABOR - COLLEGE OF RADIOLOGIC TECHNOLOGY

91,767 PURCHASED LABOR - OTHER

148,038 OUTSIDE SERVICES

10,580 CONSULTING SERVICES

-----  
\$ 1,736,611

Name of the organization

MAINE COLLEGE OF HEALTH PROFESSIONS

Employer identification number

01-0356077

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS

\$ 852,772 CHANGE IN INTEREST IN RELATED PARTY

**SCHEDULE R  
(Form 990)**Internal Revenue Service  
Department of the Treasury**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► See separate instructions.

► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/Form990](http://www.irs.gov/Form990).OMB No 1545-0047  
**2013**Open to Public  
InspectionMAINE COLLEGE OF HEALTH PROFESSIONS  
Name of the organizationName of the organization  
01-0356077  
Employer identification number**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1)	CENTRAL MAINE HEALTHCARE CORPORATION P O BOX 4500	01-0386913 LEWISTON, ME 04243	HEALTHCARE ME	501(C) (3)	11 B II	N/A	Yes X
(2)	CENTRAL MAINE MEDICAL CENTER P O BOX 4500	01-0211494 LEWISTON, ME 04243	HEALTHCARE ME	501(C) (3)	3	CMH	X
(3)	CENTRAL MAINE COMMUNITY HEALTH CORPORATI P O BOX 4500	01-0386912 LEWISTON, ME 04243	PUBLIC ED ME	501(C) (3)	7	CMHC	X
(4)	CENTRAL MAINE REAL ESTATE MGMT CORP P O BOX 4500	01-0387674 LEWISTON, ME 04243	REAL ESTATE ME	501(C) (2)		CMHC	X
(5)	BRIDGTON HOSPITAL 10 HOSPITAL DRIVE	01-0130427 BRIDGTON, ME 04009	HEALTHCARE ME	501(C) (3)	3	CMHC	X
(6)	BRIDGTON HOSPITAL PHYSICIANS GROUP SOUTH HIGH STREET	01-0493083 BRIDGTON, ME 04009	HEALTHCARE ME	501(C) (3)	9	CMHC	X
(7)	RUMFORD HOSPITAL 420 FRANKLIN STREET	01-0215227 RUMFORD, ME 04276	HEALTHCARE ME	501(C) (3)	3	CMHC	X

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

**SCHEDULE R  
(Form 990)**Internal Revenue Service  
Department of the Treasury**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/Form990](http://www.irs.gov/Form990).

OMB No 1545-0047

**2013**Open to Public  
Inspection

Name of the organization

MAINE COLLEGE OF HEALTH PROFESSIONS

Employer identification number

01-0356077

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) RUMFORD COMMUNITY FAMILY HEALTH CENTER 430 FRANKLIN STREET	01-0481000 RUMFORD, ME 04276	HEALTHCARE ME	501 (C) (3)	3	CMHC	Yes X
(2) RUMFORD COMMUNITY HOME CORPORATION 11 JOHN F. KENNEDY LANE	22-2844951 RUMFORD, ME 04276	NURSING HOME ME	501 (C) (3)	9	CMHC	Yes X
(3) CENTRAL MAINE HEART AND VASCULAR INSTITU 300 MAIN STREET	54-2078282 LEWISTON, ME 04240	HEALTHCARE ME	501 (C) (3)	9	CMHC	Yes X
(4) GARD W. TWADDLE NURSES ENDOWMENT C/O CMHC, 300 MAIN STREET	01-6019477 LEWISTON, ME 04240	NURSING ED ME	501 (C) (3)	11 A I	CMHC	Yes X
(5) ELIJAS E. TUCKER TRUST FUND C/O CMHC, 300 MAIN STREET	01-6042343 LEWISTON, ME 04240	NURSING ED ME	501 (C) (3)	11 A I	CMMC	Yes X
(6) _____	_____	_____	_____	_____	_____	_____
(7) _____	_____	_____	_____	_____	_____	_____

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

**Schedule R (Form 990) 2013**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
(1)								
(1) CENTRAL MAINE HEALTH VENTURES, INC. 01-0430016	HEALTHCARE	ME	CMHC	C CORP				X
(2) CMH INSURANCE LTD. 98-0220891	GENESIS BUILDING, P O BOX 1363 GRAND CAYMAN, BWI CJ	INSURANCE	CJ	CMHC	C CORP			X
(3)								
(4)								
(5)								
(6)								
(7)								

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .
- b Gift, grant, or capital contribution to related organization(s) . . . . .
- c Gift, grant, or capital contribution from related organization(s) . . . . .
- d Loans or loan guarantees to or for related organization(s) . . . . .
- e Loans or loan guarantees by related organization(s) . . . . .
- f Dividends from related organization(s) . . . . .
- g Sale of assets to related organization(s) . . . . .
- h Purchase of assets from related organization(s) . . . . .
- i Exchange of assets with related organization(s) . . . . .
- j Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o Sharing of paid employees with related organization(s) . . . . .
- p Reimbursement paid to related organization(s) for expenses . . . . .
- q Reimbursement paid by related organization(s) for expenses . . . . .
- r Other transfer of cash or property to related organization(s) . . . . .
- s Other transfer of cash or property from related organization(s) . . . . .

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____
(5) _____	_____	_____	_____
(6) _____	_____	_____	_____

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(i) Code V-LJBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(k) Percentage ownership
(1) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(7) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(8) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(9) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(10) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(11) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(12) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(13) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(14) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(15) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(16) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

**Part VII Supplemental Information**

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



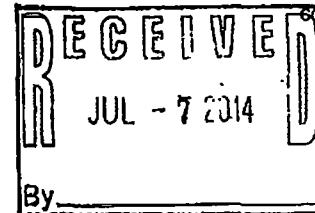
STATE OF MAINE  
DEPARTMENT OF EDUCATION  
23 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0023

Paul R. LePage  
GOVERNOR

July 3, 2014

James E. Rier, Jr.  
COMMISSIONER

Susan Baltrus, RN, MS  
President  
Maine College of Health Professions  
70 Middle St.  
Lewiston, ME 04240



Dear Ms. Baltrus:

This letter is to confirm, for your records, that during the June 11, 2014, meeting of the Maine State Board of Education the Board considered two exhibits: "Notification of Intent by Central Maine Medical Center College of Nursing and Health Professions (CMMCCNHP) Administration to Change its Name to the Maine College of Health Professions (MCHP), effective July 1, 2014" and "Termination of Authority for Central Maine Medical Center College of Nursing and Health Professions (CMMCCNHP), Located in Lewiston, Maine to Confer Academic Degrees, Effective July 1, 2014".

Following the background discussion, the Maine State Board of Education accepted the notification, as contained in the exhibit, and voted unanimously in support of the change in name. The motion was as follows:

*MOVED by Heidi Sampson, seconded by Steven Pound, and unanimously voted by those present to accept the notification of the change in name by administration from the Central Maine Medical Center College of Nursing and Health Professions (CMMCCNHP); and, that the State Board of Education recognize the institution's change in name to the Maine College of Health Professions (MCHP), with the effective date being July 1, 2014.*

The Maine State Board of Education then voted unanimously to terminate Central Maine Medical Center's College of Nursing and Health Professions degree granting authority, effective July 1, 2014, as contained in the exhibit, and to continue that degree granting authority under the institution's new name, Maine College of Health Professions, effective July 1, 2014. The motion was as follows:

*MOVED by Ande Smith, seconded by Steven Pound, and unanimously voted by those present to approve all degree granting authority given by the Board to the Central Maine Medical Center College of Nursing and Health Professions shall continue in force with the same entity under its new name, Maine College of Health Professions effective July 1, 2014.*

Due to the cancellation of the July 9, 2014, State Board of Education meeting, the June 11, 2014, minutes will be presented for approval at the August 12, 2014, State Board of Education meeting.

Please let us know if you require additional information or confirmation regarding this matter.

Sincerely,

Anita Bernhardt

Director, Standards and Instructional Support

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box . . . . . ►
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only . . . . . ► 

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions  CENTRAL MAINE MEDICAL CENTER COLLEGE OF NURSING AND HEALTH PROFESSIONS	Employer identification number (EIN) or  01-0356077
	Number, street, and room or suite no. If a P O box, see instructions  P.O. BOX 4500	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  LEWISTON, ME 04243-4500	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► PHIL MORISSETTE, 29 LOWELL STREET LEWISTON, ME 04240

Telephone No ► 207 795-2972

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . . . . . ►  If it is for part of the group, check this box . . . . . ►  and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for

►  calendar year 20 \_\_\_\_ or

►  tax year beginning 07/01, 2013, and ending 06/30, 2014

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ 0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ 0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ 0

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 1-2014)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box. . . . . ►

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions  CENTRAL MAINE MEDICAL CENTER COLLEGE OF NURSING AND HEALTH PROFESSIONS	Employer identification number (EIN) or  01-0356077
	Number, street, and room or suite no. If a P O box, see instructions  P.O. BOX 4500	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions  LEWISTON, ME 04243-4500	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 990-BL	02	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06		

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► PHTT. MORTISSETTE, 29 LOWELL STREET LEWISTON, ME 04240 Telephone No ► 207 795-2972 Fax No ►
- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box . . . . . ►  If it is for part of the group, check this box . . . . . ►  and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 05/15, 2015
- 5 For calendar year , or other tax year beginning 07/01, 2013, and ending 06/30, 2014
- 6 If the tax year entered in line 5 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$ 0
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$ 0
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$ 0

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►

Title ►

Date ►

Form 8868 (Rev. 1-2014)