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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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/foi/m990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

MAINE MEDICAL CENTER

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

22 BRAMHALL STREET

City or town, state or province, country, and ZIP or foreign postal code

PORTLAND, ME 04102

F Name and address of principal officer

RICHARD W PETERSEN
22 BRAMHALL STREET
PORTLAND, ME 04102

H(a) Is this a group return for subordinates?

No

☐ Yes ☒

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MMC ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1951

M State of legal domicile ME

Part I Summary

Activities & Governance

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

THE MAINE MEDICAL CENTER (THE MEDICAL CENTER) IS A VOLUNTARY, NOT-FOR-PROFIT COMMUNITY AND REFERRAL HOSPITAL, DEDICATED TO PROVIDING HIGH QUALITY HEALTH CARE SERVICES TO ALL PERSONS WHO SEEK CARE REGARDLESS OF THEIR SEX, RACE, RELIGION, AGE, COLOR, SEXUAL ORIENTATION, NATIONAL ORIGIN, PHYSICAL OR EMOTIONAL DISABILITY OR SOCIAL OR ECONOMIC STATUS. MAINE MEDICAL CENTER IS ALSO COMMITTED TO EDUCATION AT THE UNDERGRADUATE, GRADUATE, POST-GRADUATE AND CONTINUING EDUCATION LEVELS FOR PHYSICIANS, NURSES AND ALLIED HEALTH PERSONNEL, AND IN-SERVICE TRAINING FOR SUPPORT STAFF ALL OF WHICH ARE ESSENTIAL TO THE DELIVERY OF QUALITY PATIENT CARE. OUTREACH EDUCATION TO OTHER INSTITUTIONS AND AGENCIES IS ALSO VITAL TO THE FULFILLMENT OF THE MAINE MEDICAL CENTER'S MISSION. THE MEDICAL CENTER ALSO SUPPORTS BASIC AND CLINICAL RESEARCH AS ESSENTIAL TO THE ADVANCEMENT OF HEALTH CARE.

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

3 Number of voting members of the governing body (Part VI, line 1a)

3

20

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

12

5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)

5

9,176

6 Total number of volunteers (estimate if necessary)

6

562

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

1,371,336

b Net unrelated business taxable income from Form 990-T, line 34

7b

Revenue

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)

Prior Year

Current Year

23,065,496

23,114,706

925,690,129

1,019,294,432

23,756,401

10,011,805

143,049,136

190,148,381

1,115,561,162

1,242,569,324

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶2,275,826

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

3,231,172

4,006,461

0

550,430,354

599,013,479

45,000

45,000

459,259,977

520,877,793

1,012,966,503

1,123,942,733

102,594,659

118,626,591

Net Assets or Fund Balances

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

Beginning of Current Year

End of Year

1,387,896,557

1,507,912,429

713,580,155

837,590,870

674,316,402

670,321,559

Part II Signature Block

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

Sign Here

Signature of officer

LUGENE INZANA SR VP OF FINANCE/CFO

2017-08-02

Date

Prnt/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

Paid Preparer Use Only

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2015)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

THE MAINE MEDICAL CENTER (THE MEDICAL CENTER) IS A VOLUNTARY, NOT-FOR-PROFIT COMMUNITY AND REFERRAL HOSPITAL, DEDICATED TO PROVIDING HIGH QUALITY HEALTH CARE SERVICES TO ALL PERSONS WHO SEEK CARE REGARDLESS OF THEIR SEX, RACE, RELIGION, AGE, COLOR, SEXUAL ORIENTATION, NATIONAL ORIGIN, PHYSICAL OR EMOTIONAL DISABILITY OR SOCIAL OR ECONOMIC STATUS. MAINE MEDICAL CENTER IS ALSO COMMITTED TO EDUCATION AT THE UNDERGRADUATE, GRADUATE, POST-GRADUATE AND CONTINUING EDUCATION LEVELS FOR PHYSICIANS, NURSES AND ALLIED HEALTH PERSONNEL, AND IN-SERVICE TRAINING FOR SUPPORT STAFF ALL OF WHICH ARE ESSENTIAL TO THE DELIVERY OF QUALITY PATIENT CARE. OUTREACH EDUCATION TO OTHER INSTITUTIONS AND AGENCIES IS ALSO VITAL TO THE FULFILLMENT OF THE MAINE MEDICAL CENTER'S MISSION. THE MEDICAL CENTER ALSO SUPPORTS BASIC AND CLINICAL RESEARCH AS ESSENTIAL TO THE ADVANCEMENT OF HEALTH CARE.

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

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

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

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

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

4a	(Code) (Expenses \$ 222,848,356 including grants of \$) (Revenue \$ 358,233,360) See Additional Data
4b	(Code) (Expenses \$ 174,449,023 including grants of \$) (Revenue \$ 626,080,606) See Additional Data
4c	(Code) (Expenses \$ 36,458,647 including grants of \$) (Revenue \$ 86,608,383) See Additional Data See Additional Data
4d	Other program services (Describe in Schedule O) (Expenses \$ 491,587,693 including grants of \$ 4,006,461) (Revenue \$ 135,386,683)
4e	Total program service expenses ▶ 925,343,719

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.			
	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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

☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	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?	Yes	
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.		
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
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?		No
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
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?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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?	16a	Yes	
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?	16b	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	ME
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	CHRIS COON 22 BRAMHALL STREET PORTLAND, ME 04102 (207) 662-2654

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

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 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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	10,621,017	1,625,968	1,324,903

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 ► 716

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SPECTRUM MEDICAL GROUP PO BOX 590 PORTLAND, ME 04112	MEDICAL SERVICE	3,996,392
HEALTHCARE EXCELLENCE INST 21045 N 9TH PLACE 205 PHOENIX, AZ 850245635	CONSULTING	3,634,825
CHEST MEDICINE ASSOCIATES 100 FODEN ROAD WEST BLDG STE 103 SOUTH PORTLAND, ME 041062351	MEDICAL SERVICE	2,877,620
CONSIGLI CONSTRUCTION COMPANY 15 FRANKLIN ST PORTLAND, ME 04101	CONSTRUCTION	2,058,428
GARRAND 75 WASHINGTON AVE STE 201 PORTLAND, ME 041012665	MARKETING	2,010,332

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 62

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a478,094	23,114,706			
	b	Membership dues	1b				
	c	Fundraising events	1c837,739				
	d	Related organizations	1d116,990				
	e	Government grants (contributions)	1e15,256,696				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f6,425,187				
	g	Noncash contributions included in lines 1a-1f \$	134,147				
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code 623000	1,019,294,432	1,019,294,432		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,019,294,432			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		11,822,410		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		(i) Real					
		(ii) Personal					
		Gross rents					
		Less rental expenses					
b		Rental income or (loss)					
c		Net rental income or (loss)					
7a		(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory					
		Less cost or other basis and sales expenses					
b		Gain or (loss)					
c		Net gain or (loss)		-1,810,605	-1,810,605		
8a		Gross income from fundraising events (not including \$ 837,739 of contributions reported on line 1c) See Part IV, line 18 . . .		-48,160			
a		130,394					
b		Less direct expenses					
c		Net income or (loss) from fundraising events . .					
9a		Gross income from gaming activities See Part IV, line 19					
a							
b		Less direct expenses					
c		Net income or (loss) from gaming activities . . .					
10a	Gross sales of inventory, less returns and allowances						
a							
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a	HR AND IS SHARED SERVICES REV		900099	108,606,948	108,606,948		
b	OTHER REVENUE		900099	81,967,734	81,967,734		
c	GAIN ON JOINT VENTURES		900099	1,173,917	1,173,917		
d	All other revenue			-1,552,058	-2,923,394	1,371,336	
e	Total. Add lines 11a-11d			190,196,541			
12	Total revenue. See Instructions			1,242,569,324	1,206,309,032	1,371,336	11,774,250

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 domestic organizations and domestic governments. See Part IV, line 21.	2,365,839	2,365,839		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	1,608,222	1,608,222		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	32,400	32,400		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	5,690,912	1,687,288	4,003,624	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	173,233	173,233		
7	Other salaries and wages.	444,737,285	353,594,322	89,614,562	1,528,401
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	48,152,738	38,449,961	9,702,777	
9	Other employee benefits.	68,898,744	55,015,647	13,883,097	
10	Payroll taxes.	31,360,567	24,939,807	6,319,154	101,606
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	1,804,028		1,804,028	
c	Accounting.	1,522,040		1,522,040	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.	45,000			45,000
f	Investment management fees.	1,180,808		1,180,808	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	50,895,675	39,704,008	11,126,878	64,789
12	Advertising and promotion.	1,394,406	1,113,433	280,973	
13	Office expenses.	1,916,976	1,374,577	386,271	156,128
14	Information technology.	29,016,590	23,169,747	5,846,843	
15	Royalties.				
16	Occupancy.	28,947,642	23,114,020	5,832,950	672
17	Travel.	2,676,962	1,768,831	863,874	44,257
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	2,985,093	2,873,903	103,380	7,810
20	Interest.	6,457,944	5,156,668	1,301,276	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	60,161,708	48,039,124	12,122,584	
23	Insurance.	7,988,823	6,379,075	1,609,748	
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	MEDICAL SUPPLIES	183,957,525	183,957,525		
b	OUTSIDE MEDICAL SERVICES	23,540,648	23,540,648		
c	MAINTENANCE	20,750,309	16,482,987	4,181,187	86,135
d	HOSPITAL TAX	18,244,080	18,244,080		
e	All other expenses	77,436,536	52,558,374	24,637,134	241,028
25	Total functional expenses. Add lines 1 through 24e.	1,123,942,733	925,343,719	196,323,188	2,275,826
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	135,696,952	2	133,189,950
	3	Pledges and grants receivable, net	4,877,092	3	5,268,454
	4	Accounts receivable, net	78,866,018	4	102,332,308
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	198,375	7	684,147
	8	Inventories for sale or use	14,639,675	8	18,785,808
	9	Prepaid expenses and deferred charges	3,609,237	9	5,615,576
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 1,063,614,320		
	b	Less: accumulated depreciation	10b 618,417,304	439,605,711	10c 445,197,016
	11	Investments—publicly traded securities	518,146,352	11	574,149,139
	12	Investments—other securities. See Part IV, line 11	65,057,570	12	75,907,089
	13	Investments—program-related. See Part IV, line 11	10,066,451	13	12,647,718
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	117,133,124	15	134,135,224
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,387,896,557	16	1,507,912,429	
Liabilities	17	Accounts payable and accrued expenses	89,468,885	17	89,491,162
	18	Grants payable		18	
	19	Deferred revenue	6,892,493	19	8,771,905
	20	Tax-exempt bond liabilities	136,358,077	20	135,400,145
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	71,072	23	23,691
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	480,789,628	25	603,903,967
	26	Total liabilities. Add lines 17 through 25	713,580,155	26	837,590,870
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	570,904,576	27	568,193,373
	28	Temporarily restricted net assets	75,246,333	28	73,753,029
	29	Permanently restricted net assets	28,165,493	29	28,375,157
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ 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	674,316,402	33	670,321,559
	34	Total liabilities and net assets/fund balances	1,387,896,557	34	1,507,912,429

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	1,242,569,324
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,123,942,733
3	Revenue less expenses Subtract line 2 from line 1	3	118,626,591
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	674,316,402
5	Net unrealized gains (losses) on investments	5	25,948,779
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-148,570,213
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	670,321,559

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 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
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 ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
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	Yes	
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?	Yes	
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	Yes	

Additional Data

Software ID:
Software Version:
EIN: 01-0238552
Name: MAINE MEDICAL CENTER

Form 990, Part III, Line 4a

4a	(Code	) (Expenses \$	222,848,356	including grants of \$	) (Revenue \$	358,233,360)
	ROUTINE SERVICES - ADULTS, PEDIATRICS, INTENSIVE CARE, NEONATAL INTENSIVE CARE, CORONARY CARE, NURSERY TOTAL PATIENT DAYS - 151,422 SEE ATTACHED COMMUNITY BENEFIT STATEMENT					

Form 990, Part III, Line 4b

4b (Code) (Expenses \$ 174,449,023 including grants of \$) (Revenue \$ 626,080,606)

OPERATING ROOM AND SCARBOROUGH SURGERY CENTER TOTAL VISITS - 31,710 THROUGH ITS 39 OPERATIVE SUITES, MAINE MEDICAL CENTER (THE MEDICAL CENTER) PROVIDES CRITICAL TRAUMA, EMERGENT, URGENT, AND ELECTIVE SURGICAL SERVICES TO THE COMMUNITY THROUGH ITS EXPANSIVE ARRAY OF SURGICAL CAPABILITIES, THE MEDICAL CENTER PROVIDES MOST SURGICAL PROCEDURES WITHIN ITS COMMUNITY AS A GREAT CONVENIENCE TO ITS PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY

Form 990, Part III, Line 4c

4c (Code) (Expenses \$ 36,458,647 including grants of \$) (Revenue \$ 86,608,383)

EMERGENCY DEPARTMENT AND BRIGHTON FIRST CARE (BFC) TOTAL VISITS - 90,901 THE EMERGENCY DEPARTMENT AND ESPECIALLY BFC SERVE AS THE PRIMARY CARE PHYSICIAN FOR A NUMBER OF LOW INCOME AND INDIGENT RESIDENTS OF GREATER PORTLAND GIVEN THE MEDICAL CENTER'S COMMITMENT TO ACCESS TO CARE REGARDLESS OF ABILITY TO PAY, THESE EMERGENCY TREATMENT CENTERS SERVE A VITAL ROLE IN THE COMMUNITY'S HEALTH CARE NETWORK

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 491,587,693 including grants of \$ 4,006,461) (Revenue \$ 135,386,683)

LABORATORY, EDUCATION, RESEARCH, RADIOLOGY, DELIVERY AND LABOR ROOM, ANESTHESIOLOGY, AND OTHER
ANCILLARY SERVICES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM L CARON JR TRUSTEE	2 00 50 00	X						0	1,080,292	150,277
RICHARD W PETERSEN PRESIDENT &	50 00 0 00	X		X				1,062,757	0	133,841
REED QUINN MD TRUSTEE	50 00 0 00	X						976,639	0	52,470
BRETT LOFFREDO MD TRUSTEE	50 00 0 00	X						273,384	0	42,113
CINDY BOYACK MD TRUSTEE	50 00 0 00	X						242,169	0	85,440
WILLIAM A BURKE VICE CHAIRMA	2 00 0 00	X		X				0	0	0
JERE G MICHELSON TRUSTEE	2 00 0 00	X						0	0	0
FRANK H FRYE CHAIRMAN	2 00 0 00	X		X				0	0	0
CHRISTOPHER CLAUDIO TRUSTEE	2 00 0 00	X						0	0	0
MORRIS FISHER TRUSTEE	2 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA B STOGSDILL MD TRUSTEE	2 00 0 00	X						0	0	0
DAVID E WENNBURG MD TRUSTEE	2 00 0 00	X						0	0	0
HEIDI HANSEN TRUSTEE	2 00 0 00	X						0	0	0
KATHERINE B COSTER TRUSTEE	2 00 0 00	X						0	0	0
KATHERINE POPE MD TRUSTEE	2 00 0 00	X						0	0	0
MICHAEL Q SIMONDS TRUSTEE	2 00 0 00	X						0	0	0
MARIE J MCCARTHY TRUSTEE	2 00 0 00	X						0	0	0
CHRISTOPHER W EMMONS TRUSTEE	2 00 0 00	X						0	0	0
ADRIAN M MORAN MD TRUSTEE	2 00 0 00	X						0	0	0
BRIAN H NOYES TRUSTEE	2 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARGARET BUSH TRUSTEE	2 00 0 00	X						0	0	0
PETER BATES MD SR VP MEDICA	50 00 0 00			X				630,115	0	89,230
JEFFREY SANDERS EVP & COO	50 00 0 00			X				498,470	0	80,005
LUGENE INZANA SR VP OF FIN	50 00 0 00			X				447,159	0	46,422
MARJORIE WIGGINS SVP OF NURSI	50 00 0 00			X				439,116	0	81,684
ROBERT FRANK SECRETARY	2 00 50 00			X				0	389,133	65,334
BETH KELSCH ASST SECRETA	2 00 50 00			X				0	156,543	35,886
DOUGALD MACGILLIVRAY MD SURGEON	50 00 0 00					X		1,283,502	0	83,954
ROBERT ECKER MD SURGEON	50 00 0 00					X		1,244,365	0	89,072
JOSEPH ALEXANDER MD SURGEON	50 00 0 00					X		1,180,094	0	95,987

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RAJIV DESAI MD SURGEON	50 00 0 00					X		1,172,133	0	95,511
JAMES WILSON MD SURGEON	50 00 0 00					X		1,171,114	0	97,677

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization MAINE MEDICAL CENTER	Employer identification number 01-0238552
--	--

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 (Form 990 or 990-EZ))

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A , Part II, line 14		15				
16a 33 1/3% support test—2015.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						►
b 33 1/3% support test—2014.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						►
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						►
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						►
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						►

Part IIISupport 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► ☐

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015.If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		► ☐
b 33 1/3% support tests—2014.If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		► ☐
20 Private foundation.If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of the organization MAINE MEDICAL CENTER	Employer identification number 01-0238552
--	--

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

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

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

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

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

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

☐ **Y e s** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		15,000
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		81,698
j	Total Add lines 1c through 1i			96,698
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1		
2		
3		

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	GRANT TO TOO FAR TOO FAST IN SUPPORT OF LOBBYING ACTIVITIES THAT OPPOSED THE PROPOSED 15 AN HOUR MINIMUM WAGE RATE IN THE CITY OF PORTLAND PORTION OF DUES PAID THAT RELATE TO LOBBYING EXPENSES MAINE HOSPITAL ASSOCIATION - 54,329 AMERICAN HOSPITAL ASSOCIATION - 18,097 NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS - 8,208 AMERICAN MEDICAL ASSOCIATION - 764 MAINE STATE CHAMBER OF COMMERCE - 300

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MAINE MEDICAL CENTER

Employer identification number
01-0238552

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ 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? ☐ Yes ☐ No	

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or education) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure	
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	
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	
4	Number of states where property subject to conservation easement is located ▶ _____	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No	
9	In Part 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" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i)	Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii)	Assets included in Form 990, Part X	▶ \$ _____ 12,300
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

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

(continued)

3

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

a

☒ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☒ No

b

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes☒ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	95,914,866	109,296,215	101,567,447	95,782,213	89,682,688
b Contributions	209,664	1,193,188	487,484	1,466,069	1,459,049
c Net investment earnings, gains, and losses	3,650,641	-9,299,173	10,241,284	10,519,165	10,664,178
d Grants or scholarships					
e Other expenditures for facilities and programs	-6,000,048	-5,275,364	-3,000,000	-6,200,000	-6,023,702
f Administrative expenses					
g End of year balance	93,775,123	95,914,866	109,296,215	101,567,447	95,782,213

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

30 000 %

c

Temporarily restricted endowment

70 000 %

The percentages on 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

b

If "Yes" on 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)	Accumulated (c) depreciation	(d) Book value
1a Land		21,066,212		21,066,212
b Buildings		492,194,120	258,431,650	233,762,470
c Leasehold improvements		7,803,477	2,443,295	5,360,182
d Equipment		513,733,824	357,542,359	156,191,465
e Other		28,816,687		28,816,687
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				445,197,016

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 01-0238552

Name: MAINE MEDICAL CENTER

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Book Value
	ACCRUED RETIREMENT BENEFITS	321,900,832
	A/P UNDER REIMBURSEMENT REGULATIONS	75,983,000
	ENDOWMENTS HELD FOR MEMBERS	75,436,000
	NOTES PAYABLE TO AFFILIATE	60,025,567
	SELF INSURANCE RESERVES	19,619,256
	ASSET RETIREMENT OBLIGATION	17,480,198
	DUE TO RELATED PARTIES	15,237,824
	SWAP AGREEMENTS	12,986,911
	OTHER LIABILITIES	3,507,335
	LEASES PAYABLE	1,727,044

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART III, LINE 4	MMC'S ARTWORK CREATES A HEALING AND COMFORTABLE ENVIRONMENT FOR OUR PATIENTS AND VISITORS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE ENDOWED FUNDS SUPPORT THE FOLLOWING TYPES OF ACTIVITIES TUFTS SCHOLARSHIP PROGRAM, TRAINING AND EDUCATION OF NURSES, MMC RESEARCH AND EDUCATION PROGRAMS, SUPPORTING THE SALARY OF ENDOWED CHAIR OF PEDIATRICS AND FREE BED FUNDING

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE INTERNAL REVENUE SERVICE HAS PREVIOUSLY DETERMINED THAT MMC AND ITS SUBSIDIARIES (EXCEPT MAINE MEDICAL PARTNERS) ARE ORGANIZATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE IRC. THE MEDICAL CENTER RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT. CHANGES IN MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS. THE MEDICAL CENTER DID NOT RECOGNIZE THE EFFECT OF AN INCOME TAX POSITIONS IN EITHER 2016 OR 2015.

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2015

Open to Public
Inspection

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MAINE MEDICAL CENTER

Employer identification number

01-0238552

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		47,502,185
(2)					
(3)					
(4)					
(5)					
3a Sub-total					47,502,185
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					47,502,185

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)				RESEARCH	25,920	WIRE TRANSFER			
(2)				RESEARCH	6,480	WIRE TRANSFER			
(3)									
(4)									

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3

Enter total number of other organizations or entities ▶

2

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐

Yes

☒

No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	CENTRAL AMERICA AND THE CARIBBEAN 47,502,185 0

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MAINE MEDICAL CENTER

Employer identification number
01-0238552

Part I Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☐ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- ME, FL, NH

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		RADIOTHON/TELET (event type)	BBCH GOLF (event type)	10 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	243,667	211,262	513,204	968,133
	2 Less Contributions	243,667	164,939	429,133	837,739
	3 Gross income (line 1 minus line 2)		46,323	84,071	130,394
Direct Expenses	4 Cash prizes	500			500
	5 Noncash prizes	1,270	5,456	3,731	10,457
	6 Rent/facility costs		26,720	27,585	54,305
	7 Food and beverages	417	6,359	1,705	8,481
	8 Entertainment	600			600
	9 Other direct expenses	27,863	41,320	35,028	104,211
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				178,554
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-48,160

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Direct Expenses	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

- 11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No
- 13

Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%
- 14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No
- b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17

Mandatory distributions
- a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No
- b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization MAINE MEDICAL CENTER	Employer identification number 01-0238552
--	--

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b If "Yes," was it a written policy?	1b	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☐ 200% ☒ Other <u>175 0000000000 %</u> b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other <u>225 0000000000 %</u> c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care	3a	Yes	
	3b	Yes	
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			15,408,381		15,408,381	1 370 %
b Medicaid (from Worksheet 3, column a)			93,703,888	75,205,669	18,498,219	1 650 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			109,112,269	75,205,669	33,906,600	3 020 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			648,169		648,169	0 060 %
f Health professions education (from Worksheet 5)			82,928,708	10,550,589	72,378,119	6 440 %
g Subsidized health services (from Worksheet 6)			46,844,712		46,844,712	4 170 %
h Research (from Worksheet 7)			25,089,949	15,380,076	9,709,873	0 860 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			322,487		322,487	0 030 %
j Total. Other Benefits			155,834,025	25,930,665	129,903,360	11 560 %
k Total. Add lines 7d and 7j			264,946,294	101,136,334	163,809,960	14 570 %

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support		156,145		156,145	0 010 %
4	Environmental improvements					
5	Leadership development and training for community members		1,283,972		1,283,972	0 110 %
6	Coalition building					
7	Community health improvement advocacy		49,960		49,960	
8	Workforce development		183,293		183,293	0 020 %
9	Other		15,079		15,079	
10	Total		1,688,449		1,688,449	0 150 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

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

1

No

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

12,777,355

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

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

5

230,038,377

6

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

6

235,645,669

7

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

7

-5,607,292

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.
☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

b

If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Section A. Hospital Facilities

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

[illegible]

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

MAINE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a ☒ A definition of the community served by the hospital facility b ☒ Demographics of the community c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community d ☒ How data was obtained e ☒ The significant health needs of the community f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs h ☒ The process for consulting with persons representing the community's interests i ☒ Information gaps that limit the hospital facility's ability to assess the community's health needs j ☒ Other (describe in Section C)	3	Yes
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a ☒ Hospital facility's website (list url) SEE PART V, SECTION C b ☒ Other website (list url) SEE PART V, SECTION C c ☐ Made a paper copy available for public inspection without charge at the hospital facility d ☐ Other (describe in Section C)	7	Yes
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) SEE PART V, SECTION C b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10	Yes
		10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

MAINE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>175 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>225 000000000000</u> %		
b	☐ Income level other than FPG (describe in Section C)		
c	☐ Asset level		
d	☒ Medical indigency		
e	☒ Insurance status		
f	☒ Underinsurance discount		
g	☒ Residency		
h	☒ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance?	15 Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16 Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	☒ The FAP was widely available on a website (list url) <u>SEE PART V SECTION C</u>		
b	☒ The FAP application form was widely available on a website (list url) <u>SEE PART V SECTION C</u>		
c	☒ A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V SECTION C</u>		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☐ Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17 Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
e	☒ None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

MAINE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Actions that require a legal or judicial process d ☐ Other similar actions (describe in Section C)	19	Yes	
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a ☒ Notified individuals of the financial assistance policy on admission b ☒ Notified individuals of the financial assistance policy prior to discharge c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e ☐ Other (describe in Section C) f ☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)	21	Yes	
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d ☒ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **37**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 7 - COSTING METHODOLOGY EXPLANATION	THE COSTING METHODOLOGY FOR THE AMOUNTS REPORTED IN PART I, LINE 7 OF THE SCHEDULE H IS BASED ON A RATIO OF PATIENT CARE COST TO CHARGES THIS COST TO CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES PROVIDED IN THE INSTRUCTIONS FOR SCHEDULE H

Form and Line Reference	Explanation
PART II - COMMUNITY BUILDING ACTIVITIES	COMMUNITY SUPPORT - MAINE MEDICAL CENTER (MMC) IS DEEPLY INVOLVED IN DISASTER PLANNING AT THE LOCAL AND STATE LEVELS. ONE OF THREE STATE REGIONAL RESOURCE CENTERS FOR EMERGENCY PREPAREDNESS IS LOCATED AT THE MEDICAL CENTER, AND THE HOSPITAL HAS A FULL-TIME DIRECTOR OF EMERGENCY PREPAREDNESS - SOUTHERN MAINE REGIONAL RESOURCE CENTER FOR HEALTH EMERGENCY PREPAREDNESS - COORDINATED ALL EMERGENCY PREPAREDNESS ACTIVITIES OF THE SOUTHERN 4 COUNTIES OF MAINE INCLUDING YORK, CUMBERLAND, SAGadahoc AND LINCOLN. THIS INCLUDES BOTH REGIONAL HOSPITALS, AND OVER 300 MEDICAL CENTERS, LABORATORIES, CLINICS, AMBULATORY CENTER, PHYSICIAN PRACTICES, LONG TERM CARE CENTERS, HOME HEALTH AGENCIES IN OUR REGION. THIS INCLUDES PUBLIC HEALTHCARE EMERGENCY PREPAREDNESS - MMC IS A DUES PAYING MEMBER OF PORTLAND REGIONAL AND MAINE STATE CHAMBER OF COMMERCE - PLACEMENT OF PASTORAL CARE STUDENTS IN COMMUNITY AGENCIES ONE DAY PER WEEK DURING THE SUMMER. OUTPATIENT CANCER, PREBLE STREET, NURSING HOMES AND SEAFARERS - THE CHAPLAIN TO THE BBCH AND FAMILY BIRTH CENTER PROVIDES COMMUNITY HEALTH EDUCATION IN THE FORM OF PRESENTATIONS ON CRISIS CHAPLAINCY TO COUNSELING STUDENTS AT USM, SUPPORT GROUP FOR MCCP ON BEREAVEMENT WITH PARENTS AND PATIENTS, ANNUAL MEMORIAL SERVICES FOR MCCP AND BBCH PEDIATRIC PATIENTS AND ALSO, RESEARCH FOR THE JOURNAL OF HEALTH CARE CHAPLAINCY - COMMUNITY NURSE SUPPORT - NURSE LIAISON FOR THE TOWN OF SCARBOROUGH TEACHING BASIC LIFE SUPPORT AND ATTENDING PANEL DISCUSSIONS. PHYSICIANS FROM FALMOUTH AND SOUTH PORTLAND PEDIATRICS OFFICES PROVIDING EDUCATIONAL OPPORTUNITY AND OPEN DISCUSSION FOR LOCAL SCHOOL RNS. LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS - DOC4ADAY PROGRAM - HANLEY LEADERSHIP DEVELOPMENT - THE CARDIOVASCULAR SERVICE LINE SPONSORED THREE SUMMER INTERNS. THE HANLEY CENTER FOR HEALTH LEADERSHIP HAS DEVELOPED A PARTNERSHIP WITH MAINE COLLEGES AND UNIVERSITIES WITH THE GOAL OF COMBINING LEADERSHIP DEVELOPMENT, INTERNSHIPS AND MENTORING INTO A POWERFUL TOOL FOR ADDRESSING MAINE'S HEALTHCARE WORKFORCE SHORTAGE - NURSE PRACTITIONERS AND PHYSICIAN ASSISTANT CLINICAL INTERNSHIP SITE - THE ADULT INPATIENT MEDICINE DEPARTMENT PROVIDES CLINICAL TRAINING EXPERIENCE FOR 3 STUDENTS. JOB SHADOWS FOR PROSPECTIVE NP/PA STUDENTS ARE SPONSORED IN ADULT INPATIENT MEDICINE AND IN GASTROENTEROLOGY - INTRODUCTORY PHARMACY STUDENT EXPERIENTIAL LEARNING PROGRAM - PHARMACY STUDENTS IN THEIR INTRODUCTORY COURSES SHADOW MMC PHARMACISTS TO LEARN MORE ABOUT THE ROLE OF PHARMACISTS IN OUR CLINICAL CARE ENVIRONMENT - UNE ELECTIVE COURSE ON MEDICATION TRANSITIONS AT MMC - 8 PHARMACY STUDENTS AT UNE PARTICIPATED IN AN ELECTIVE COURSE AT MMC ON MEDICATION TRANSITIONS - STUDENT NURSING PRECEPTING - THE REHAB MEDICINE EDUCATIONAL PROGRAM ALLOWS STUDENTS FROM NE AREA SCHOOLS TO LEARN FROM REHAB MEDICINE STAFF AT NO COST TO THEM OR THEIR SCHOOL. THE STAFF SUPERVISE THE STUDENTS AS THEY LEARN - UNE TRAUMA AND RECOVERY CLASS FOR SOCIAL WORK - TEACHING OF A TRAUMA AND RECOVERY CLASS FOR THE SOCIAL WORK PROGRAM AT UNE. COMMUNITY HEALTH IMPROVEMENT ADVOCACY - PROVISION OF A NUTRITION & FOOD SERVICE INTERNSHIP SETTING FOR STUDENTS OF AN OUTSIDE ORGANIZATION (SMCC AND UME AT ORONO) FOR STUDENTS DOING A NUTRITION & FOOD SERVICE ROTATION IN PREPARATION IN BECOMING A REGISTERED DIET TECHNICIAN. WORKFORCE DEVELOPMENT - CNA TRAINING PROGRAM.

Form and Line Reference	Explanation
PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY	SEE PART III, LINE 4 - BAD DEBT EXPENSE FOOTNOTE TO THE FINANCIAL STATEMENTS

Form and Line Reference	Explanation
BAD DEBT EXPENSE FOOTNOTE TO FINANCIAL STATEMENTS	MAINE MEDICAL CENTER (MMC) DOES NOT HAVE A SPECIFIC FOOTNOTE IN THE FINANCIAL STATEMENTS THAT DESCRIBES "BAD DEBT EXPENSE " HOWEVER, REFERENCE IS MADE WITHIN THE FOOTNOTES TO A BAD DEBT POLICY IN A COUPLE OF INSTANCES WITHIN THE FOOTNOTE DESCRIBING "NET PATIENT SERVICE REVENUE", THE FOLLOWING EXPLAINS THE PROVISION FOR BAD DEBTS "FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS, THE MEDICAL CENTER RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS WRITTEN OFF AGAINST THE ALLOWANCE FOR BAD DEBTS " THE AMOUNT OF EXPENSE ASSOCIATED WITH THE PROVISION OF SERVICES, ULTIMATELY WRITTEN OFF AS BAD DEBT AT MMC, HAS BEEN CALCULATED AT 12,777,355 FOR THE CURRENT FISCAL YEAR THIS AMOUNT WAS CALCULATED USING A COST TO CHARGE RATIO BAD DEBT EXPENSE REPRESENTS HEALTHCARE SERVICES MMC HAS PROVIDED WITHOUT COMPENSATION AS A TAX-EXEMPT ORGANIZATION, MMC PROVIDES NECESSARY PATIENT CARE REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THE SERVICES MMC CANNOT DETERMINE THE AMOUNT OF BAD DEBT EXPENSE THAT COULD BE REASONABLY ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR DIFFICULT PERSONAL OR ECONOMIC CIRCUMSTANCES RELATED TO A PORTION OF OUR COMMUNITY BASED PATIENT POPULATION THEIR MEDICAL BILLS OFTEN PLACE THESE INDIVIDUALS IN UNTENABLE POSITIONS WHERE THEY ARE NOT ABLE TO HANDLE THEIR PERSONAL DEBT AND THEN THEIR NEW MEDICAL DEBT HOWEVER, BECAUSE OF THEIR INCOME LEVEL, THEY DO NOT QUALIFY FOR FREE CARE BY PROVIDING NECESSARY HEALTHCARE SERVICES TO THOSE INDIVIDUALS EITHER WHO FAIL TO APPLY FOR FINANCIAL ASSISTANCE OR WHO ARE EXPERIENCING DIFFICULT PERSONAL OR ECONOMIC CIRCUMSTANCES, MMC BELIEVES THAT BAD DEBT EXPENSE SHOULD BE INCLUDED AS A COMMUNITY BENEFIT

Form and Line Reference	Explanation
PART III, LINE 8 - MEDICARE EXPLANATION	MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST TO CHARGE RATIO MAINE MEDICAL CENTER BELIEVES THAT THE MEDICARE SHORTFALL SHOULD BE INCLUDED AS A COMMUNITY BENEFIT BECAUSE THE MEDICAL CENTER HAS A CLEAR MISSION COMMITMENT TO SERVING ELDERLY PATIENTS AND ADULTS WITH DISABILITIES THROUGH THE PROVISION OF SPECIFIC SUBSIDIZED PROGRAMS DEVELOPED TO HELP IMPROVE THE HEALTH STATUS OF THESE PATIENTS IF THESE CRITICAL SUBSIDIZED PROGRAMS WERE NOT PROVIDED BY THE MEDICAL CENTER, THEY WOULD BECOME THE OBLIGATION OF THE FEDERAL GOVERNMENT

Form and Line Reference	Explanation
PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION	PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE HAVE THEIR ACCOUNT BALANCE ADJUSTED ACCORDINGLY ONCE FINANCIAL ASSISTANCE HAS BEEN APPROVED FOR PATIENTS THAT DO NOT QUALIFY FOR 100% FINANCIAL ASSISTANCE, THE APPROPRIATE DISCOUNT PERCENTAGE IS APPLIED AND THE REMAINING BALANCE IS BILLED TO THE RESPONSIBLE PARTY MONTHLY PAYMENT ARRANGEMENTS CAN BE ESTABLISHED BY THE RESPONSIBLE PARTY BY CONTACTING THE PATIENT FINANCIAL SERVICES CUSTOMER SERVICE DEPARTMENT AS A TAX-EXEMPT HOSPITAL, MAINE MEDICAL CENTER PROVIDES NECESSARY PATIENT CARE REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THE SERVICES

Form and Line Reference	Explanation
PART VI, LINE 2 - NEEDS ASSESSMENT	THE ONEMAINE HEALTH COLLABORATIVE (ONEMAINE), A PARTNERSHIP BETWEEN MAINEHEALTH, EASTERN MAINE HEALTHCARE SYSTEMS, AND MAINEGENERAL HEALTH, WAS FIRST CREATED IN 2007 AS A WAY TO SHARE INFORMATION AND IDENTIFY THE HEALTH NEEDS OF THE COMMUNITIES SERVED BY THE THREE SYSTEMS. IN JANUARY 2010, ONEMAINE CONTRACTED WITH THE UNIVERSITY OF NEW ENGLANDS CENTER FOR COMMUNITY AND PUBLIC HEALTH (CCPH) TO CONDUCT A STATEWIDE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THAT WAS PUBLISHED IN 2011. THE ASSESSMENT, CONDUCTED IN COLLABORATION WITH THE UNIVERSITY OF SOUTHERN MAINE'S MUSKIE SCHOOL FOR PUBLIC HEALTH AND MARKET DECISIONS, INC., WAS DESIGNED TO IDENTIFY THE MOST IMPORTANT HEALTH ISSUES IN THE STATE, BOTH OVERALL AND BY COUNTY, USING SCIENTIFICALLY VALID HEALTH INDICATORS AND COMPARATIVE INFORMATION. THE ASSESSMENT ALSO IDENTIFIED PRIORITY HEALTH ISSUES WHERE BETTER INTEGRATION OF PUBLIC HEALTH AND HEALTHCARE CAN IMPROVE ACCESS, QUALITY, AND COST EFFECTIVENESS OF SERVICES TO RESIDENTS OF MAINE. THIS PROJECT REPRESENTED ONEMAINE'S EFFORTS TO SHARE INFORMATION THAT CAN LEAD TO IMPROVED HEALTH STATUS AND QUALITY OF CARE AVAILABLE TO MAINE RESIDENTS, WHILE BUILDING UPON AND STRENGTHENING MAINE'S EXISTING INFRASTRUCTURE OF SERVICES AND PROVIDERS. THE MAINE SHARED HEALTH NEEDS ASSESSMENT AND PLANNING PROCESS (SHNAPP) PROJECT IS A COLLABORATIVE EFFORT AMONG MAINE'S FOUR LARGEST HEALTHCARE SYSTEMS - CENTRAL MAINE HEALTHCARE, EASTERN MAINE HEALTHCARE SYSTEMS (EMHS), MAINEGENERAL HEALTH, AND MAINEHEALTH - AS WELL AS THE MAINE CENTER FOR DISEASE CONTROL AND PREVENTION AN OFFICE OF THE MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS). THE CURRENT COLLABORATION EXPANDS UPON THE ONEMAINE HEALTH COLLABORATIVE CREATED IN 2007 AS A PARTNERSHIP AMONG EMHS, MGH AND MAINEHEALTH. THE MAINE CDC AND OTHER PARTNERS JOINED THESE ENTITIES TO DEVELOP A PUBLIC-PRIVATE PARTNERSHIP. IN 2012, THE FOUR HOSPITAL SYSTEMS AND THE MAINE CDC SIGNED A MEMORANDUM OF UNDERSTANDING IN EFFECT BETWEEN JUNE 2014 AND DECEMBER 2019 COMMITTING RESOURCES TO THE MAINE SHNAPP PROJECT. THE OVERALL GOAL OF THE MAINE SHNAPP IS TO "TURN DATA INTO ACTION" BY CONDUCTING A SHARED COMMUNITY HEALTH IMPROVEMENT PLANNING PROCESS FOR STAKEHOLDERS ACROSS THE STATE. THE COLLABORATIVE ASSESSMENT AND PLANNING EFFORT WILL ULTIMATELY LEAD TO THE IMPLEMENTATION OF COMPREHENSIVE STRATEGIES FOR COMMUNITY HEALTH IMPROVEMENT. AS PART OF THE LARGER PROJECT, THE MAINE SHNAPP HAS POOLED ITS RESOURCES TO CONDUCT THIS SHARED COMMUNITY HEALTH NEEDS ASSESSMENT (SHARED CHNA) TO ADDRESS COMMUNITY BENEFIT REPORTING NEEDS OF HOSPITALS, SUPPORT STATE AND LOCAL PUBLIC HEALTH ACCREDITATION EFFORTS, AND PROVIDE VALUABLE POPULATION HEALTH ASSESSMENT DATA FOR USE IN PRIORITIZING AND PLANNING FOR COMMUNITY HEALTH IMPROVEMENT. THIS ASSESSMENT BUILDS ON THE EARLIER ONEMAINE 2011 CHNA THAT WAS DEVELOPED BY THE UNIVERSITY OF NEW ENGLAND AND THE UNIVERSITY OF SOUTHERN MAINE, AS WELL AS THE 2012 MAINE STATE HEALTH ASSESSMENT THAT WAS DEVELOPED BY THE MAINE DHHS. THIS SHARED CHNA INCLUDES A LARGE SET OF STATISTICS ON HEALTH STATUS AND RISK FACTORS FROM EXISTING SURVEILLANCE AND HEALTH DATASETS. IT DIFFERS FROM EARLIER ASSESSMENTS IN TWO WAYS. FIRSTLY, IT INCLUDES INPUT FROM A BROAD SET OF STAKEHOLDERS FROM ACROSS THE STATE FROM THE 2015 SHNAPP STAKEHOLDERS' SURVEY. SECONDLY, IT DOES NOT INCLUDE THE HOUSEHOLD TELEPHONE SURVEY CONDUCTED FOR THE ONEMAINE EFFORT.

Form and Line Reference	Explanation
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	FINANCIAL ASSISTANCE INFORMATION IS PROVIDED IN THE ADMITTING, OUTPATIENT, AND EMERGENCY REGISTRATION LOCATIONS IN THE FOLLOWING MANNER - POSTINGS INCLUDING FREE CARE, PROMPT PAYMENT PROGRAM, MONTHLY PAYMENT PLAN AND EXPANDED FREE CARE PROGRAM - HANDOUTS - INTERVIEWS ALL PATIENTS RECEIVE MMC'S FREE CARE GUIDELINES AND FINANCIAL POLICIES BROCHURE EXPLAINING OUR BILLING POLICIES AND CONTACT INFORMATION IF THE PATIENT IS SELF PAY, UNDER INSURED OR CAN NOT AFFORD TO PAY THEIR HOSPITAL BILL, THEY RECEIVE A FINANCIAL POLICIES BOOK AND FINANCIAL COUNSELING FROM THE REGISTRATION STAFF OR CEA, AN OUTSIDE VENDOR WHO HELPS MANAGE THE SELF PAY ACCOUNTS THE BOOKLET INCLUDES - INFORMATION ON MMC'S FINANCIAL POLICIES - FINANCIAL ASSISTANCE INFORMATION INCLUDING FREE CARE PROGRAM, INCOME BASED DISCOUNT PROGRAM, PROMPT PAY DISCOUNT PROGRAM, MONTHLY PAYMENT PLAN PROGRAM AND CARE PARTNERS - PROGRAM APPLICATIONS AND INSTRUCTIONS FOR MMC'S FREE CARE PROGRAM, INCOME BASED DISCOUNT PROGRAM, AND MONTHLY PAYMENT PLAN APPLICATION - CONTACT INFORMATION FOR ASSISTANCE WITH APPLICATIONS, BILLS OR FINANCIAL CONCERNS SELF PAY OR UNDERINSURED PATIENTS REGISTERING IN PERSON OR VIA A PHONE INTERVIEW RECEIVE FINANCIAL COUNSELING INCLUDING INFORMATION ON OUR FINANCIAL ASSISTANCE PROGRAMS AND MAINECARE REGISTRATION STAFF OR CEA PROVIDE FORMS AND ASSIST WITH COMPLETING FINANCIAL ASSISTANCE APPLICATIONS AND PROVIDING FOLLOW UP CONTACT INFORMATION INPATIENTS WHO ARE UNINSURED, UNDER INSURED OR ANY PATIENTS WHO MAY HAVE DIFFICULTY PAYING THEIR HOSPITAL BILLS ARE VISITED BY AN ADMITTING FINANCIAL COUNSELOR OR CEA TO DISCUSS FINANCIAL ASSISTANCE PROGRAMS AND ASSIST WITH APPLICATIONS MMC'S WEB SITE INCLUDES ON LINE REGISTRATION AND PATIENT BILLING INFORMATION - BILLING PROCESS - FREE CARE - DISCOUNT PROGRAM - PROMPT PAY DISCOUNT - MONTHLY PAYMENT PLAN - PATIENT STATEMENT - PRICE INFORMATION - CONTACT US AND QUESTIONS PRIMARY LANGUAGE, DEAF AND HARD OF HEARING AND INTERPRETER NEEDS ARE ASSESSED DURING THE REGISTRATION INTERVIEW AND SERVICES ARE PROVIDED AS NEEDED IF A PATIENT DOES NOT RESPOND AT PRE-REGISTRATION, REGISTRATION, OR WHILE RECEIVING CARE, ALL OF THESE PROGRAMS ARE EXPLAINED AGAIN BY THE PATIENT ACCOUNTS STAFF THE INTENT OF THESE EFFORTS IS TO ENSURE THAT THE PATIENT IS FULLY INFORMED OF AND ABLE TO TAKE ADVANTAGE OF THESE ASSISTANCE PROGRAMS

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	MOST OF MAINE MEDICAL CENTER'S SERVICES ARE FOUND AT OUR MAIN CAMPUS AT 22 BRAMHALL STREET IN MAINE'S LARGEST CITY PORTLAND, A CITY OF 66,000, IS LOCATED ON MAINE'S SOUTHERN COAST THE COST OF LIVING INDEX IS 115 SERVICES ARE ALSO LOCATED AT OUR BRIGHTON CAMPUS AND OUR FAMILY MEDICINE CENTER, BOTH LOCATED IN PORTLAND, AS WELL AS AT OUR CAMPUSES IN SCARBOROUGH, THE FALMOUTH FAMILY HEALTH CENTER, AND COASTAL CANCER TREATMENT CENTER IN BATH A JOINT VENTURE WITH SOUTHERN MAINE HEALTH CARE, THE CANCER CARE CENTER OF YORK COUNTY IS LOCATED IN SANFORD NEW ENGLAND REHABILITATION HOSPITAL OF PORTLAND, A JOINT VENTURE WITH HEALTHSOUTH, IS LOCATED ON OUR BRIGHTON CAMPUS MAINE MEDICAL CENTER IS THE TERTIARY CARE HOSPITAL FOR ALL OF MAINE, CARING FOR NEARLY ONE OF EVERY FIVE HOSPITAL INPATIENTS IN THE STATE AS A NONPROFIT INSTITUTION, MAINE MEDICAL CENTER PROVIDES 23% OF ALL THE CHARITY CARE DELIVERED IN MAINE PORTLAND, WHERE OUR MAIN CAMPUS IS LOCATED, HAS A LARGE REFUGEE AND IMMIGRANT POPULATION WHILE SERVING ALL SIXTEEN COUNTIES IN MAINE, 84% OF ALL INPATIENT AND OUTPATIENT SERVICES PROVIDED BY MAINE MEDICAL CENTER WERE FOR THE RESIDENTS OF BOTH CUMBERLAND AND YORK COUNTIES

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	MAINE MEDICAL CENTER'S DAY-TO-DAY OPERATIONS AS A TAX-EXEMPT ORGANIZATION INCLUDE MANY SYSTEM-WIDE INITIATIVES IN CUMBERLAND COUNTY AND IN THE STATE OF MAINE AND THE NORTHERN NEW ENGLAND REGION. CLINICAL SERVICES RANGE FROM OUTPATIENT CLINICS FOR A DIVERSE POPULATION TO FULL INPATIENT AND SURGICAL SERVICES TO A REGIONAL TRAUMA CENTER AND A NEUROSCIENCE INSTITUTE. MANY OF OUR SERVICES AND SPECIALTIES ARE NOT AVAILABLE ELSEWHERE IN THE STATE OR IN OUR REGION. WE HAVE PROGRAMS IN UNDERGRADUATE, GRADUATE, POST-GRADUATE, AND CONTINUING EDUCATION, ENGAGE IN CLINICAL RESEARCH, AND SUPPORT ORGANIZATIONS AND EFFORTS WHOSE MISSIONS AUGMENT OR COMPLEMENT OURS. WE STRIVE TO BE A GOOD "INSTITUTIONAL CITIZEN" OF OUR REGION AND STATE. WITH THESE PROGRAMS, MAINE MEDICAL CENTER HOPES TO FILL EXISTING LOCAL GAPS WHILE MAKING A POSITIVE IMPACT IN THE COMMUNITIES WE SERVE. THESE PROGRAMS INCLUDE SUBSIDIZED HEALTH SERVICES, COMMUNITY-BASED CLINICAL SERVICES, COMMUNITY EDUCATION SERVICES, HEALTH CARE SUPPORT SERVICES, COMMUNITY BUILDING ACTIVITIES, MEDICAL EDUCATION AND RESEARCH. SEE THE ATTACHED COMMUNITY BENEFIT REPORT FOR ADDITIONAL INFORMATION ON EACH OF THESE PROGRAMS AND SERVICES. MAINE MEDICAL CENTER MADE A NET ASSET TRANSFER TO ITS WHOLLY OWNED SUBSIDIARY, MAINE MEDICAL PARTNERS, IN THE AMOUNT OF 51,793,000 TO COVER THE LOSSES RELATED TO MISSION-CRITICAL PHYSICIAN PRACTICES TO ENSURE ACCESS FOR THE COMMUNITY TO SUCH SPECIALTIES AS TRAUMA SURGERY, NEUROSURGERY, UROLOGY, VARIOUS PEDIATRIC SPECIALTIES, AND HIGH-RISK OBSTETRICS.

Form and Line Reference	Explanation
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM	MAINEHEALTH IS A NOT-FOR-PROFIT FAMILY OF LEADING HIGH-QUALITY PROVIDERS AND OTHER HEALTHCARE ORGANIZATIONS WORKING TOGETHER SO THEIR COMMUNITIES ARE THE HEALTHIEST IN AMERICA. RANKED AMONG THE NATION'S TOP 100 INTEGRATED HEALTHCARE DELIVERY NETWORKS, MAINEHEALTH IS GOVERNED BY A BOARD OF TRUSTEES CONSISTING OF COMMUNITY AND BUSINESS LEADERS FROM ITS SOUTHERN, CENTRAL AND WESTERN MAINE REGIONAL SERVICE AREAS. THE COLLABORATION OF MAINEHEALTH MEMBERS MAKES IT POSSIBLE TO OFFER AN EXTENSIVE RANGE OF CLINICAL INTEGRATION AND COMMUNITY HEALTH PROGRAMS, MANY AIMED AT IMPROVING ACCESS TO PREVENTIVE AND PRIMARY CARE SERVICES. MAINEHEALTH INCLUDES THE FOLLOWING MEMBER ORGANIZATIONS: LINCOLN HEALTH GROUP, MAINE MEDICAL CENTER, MAINE BEHAVIORAL HEALTHCARE (SPRING HARBOR HOSPITAL), COASTAL HEALTHCARE ALLIANCE (PEN BAY MEDICAL CENTER AND WALDO COUNTY GENERAL HOSPITAL), SOUTHERN MAINE HEALTH CARE (SOUTHERN MAINE MEDICAL CENTER AND GOODALL CAMPUSES), WESTERN MAINE HEALTH CARE (STEPHENS MEMORIAL HOSPITAL), THE MEMORIAL HOSPITAL AT NORTH CONWAY, N H, MAINEHEALTH CARE AT HOME, MAINE PHYSICIAN HOSPITAL ORGANIZATION, NORDX, SYNERNET AND MAINEHEALTH ACCOUNTABLE CARE ORGANIZATION. THE STRATEGIC AFFILIATES OF MAINEHEALTH ARE MAINEGENERAL MEDICAL CENTER, MID COAST HOSPITAL AND ST MARYS REGIONAL MEDICAL CENTER.

Form and Line Reference	Explanation
PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	MAINE

Form and Line Reference	Explanation
ADDITIONAL INFORMATION	PART I, LINE 3B MAINE MEDICAL CENTER USES FEDERAL POVERTY GUIDELINES (FPG) FOR PROVIDING DISCOUNTED CARE TO LOW INCOME INDIVIDUALS THE FAMILY INCOME LIMIT FOR ELIGIBILITY FOR DISCOUNTED CARE IS 176% - 225%

Schedule H (Form 990) 2015

Additional Data

Software ID:
Software Version:
EIN: 01-0238552
Name: MAINE MEDICAL CENTER

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	MAINE MEDICAL CENTER 22 BRAMHALL STREET PORTLAND, ME 04102 WWW MMC ORG 38477	X	X	X		X	X			

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
1 MMC SCARBOROUGH CAMPUS 100 CAMPUS DRIVE SCARBOROUGH,ME 04074	GENERAL MEDICAL AND SURGICAL
1 MMC SCARBOROUGH SURGICAL CENTER 84 CAMPUS DRIVE SCARBOROUGH,ME 04074	GENERAL MEDICAL AND SURGICAL
2 MMC BRIGHTON CAMPUS 335 BRIGHTON AVE PORTLAND,ME 04102	EMERGENCY CARE
3 CARDIOLOGY 96 CAMPUS DRIVE SCARBOROUGH,ME 04074	CARDIOLOGY
4 NEUROSURGERY & SPINE AND NEUROLOGY 49 SPRING STREET SCARBOROUGH,ME 04074	NEUROSURGERY, SPINE AND NEUROLOGY CARE
5 PEDIATRIC SURGERY & SPECIALTY CARE 887 CONGRESS STREET PORTLAND,ME 04102	PEDIATRICS
6 CAPE ELIZABETH INTERNAL MEDICINE 155 SPURWINK AVE CAPE ELIZABETH,ME 04107	GENERAL MEDICINE
7 WOMEN'S HEALTH DIVISION OF GYNECOLOGIC ONCOLOGY 102 CAMPUS DRIVE UNIT 116 SCARBOROUGH,ME 04074	WOMEN'S HEALTHCARE
8 UROLOGY 100 BRICKHILL AVE SUITE 100 SOUTH PORTLAND,ME 04106	UROLOGY
9 SCARBOROUGH INTERNAL FAMILY MED 300 PROFESSIONAL DRIVE SCARBOROUGH,ME 04074	GENERAL MEDICINE
10 CARDIOTHORACIC SURGERY 818 CONGRESS STREET PORTLAND,ME 04102	CARDIOTHORACIC SURGERY
11 MCGEACHY HALL 216 VAUGHN STREET PORTLAND,ME 04102	MENTAL HEALTH SERVICES
12 COASTAL CANCER TREATMENT CENTER 175 CONGRESS STREET BATH,ME 04350	CANCER TREATMENT CENTER
13 MMC FALMOUTH CAMPUS 5 BUCKNAM ROAD FALMOUTH,ME 04105	GENERAL MEDICINE
14 MMC FAMILY MEDICINE 272 CONGRESS STREET PORTLAND,ME 04101	GENERAL MEDICINE

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
16 OTOLARYNGOLOGY 1250 FOREST AVENUE PORTLAND, ME 04103	OTOLARYNGOLOGY SERVICES
1 ORTHOPEDICS 119 GANNETT DRIVE SOUTH PORTLAND, ME 04106	ORTHOPEDIC CARE
2 MENTAL HEALTH SERVICES 66 BRAMHALL STREET PORTLAND, ME 04102	MENTAL HEALTH SERVICES
3 MAINE TRANSPLANT PROGRAM 19 WEST STREET PORTLAND, ME 04102	KIDNEY AND PANCREAS TRANSPLANT
4 ENDOCRINOLOGY & DIABETES 175 US ROUTE 1 SCARBOROUGH, ME 04074	ENDOCRINOLOGY AND DIABETES
5 CARDIOLOGY 35 MEDICAL CENTER PARKWAYSUITE 101 AUGUSTA, ME 04330	CARDIOLOGY
6 LAKES REGION PRIMARY CARE 584 ROOSEVELT TRAIL WINDHAM, ME 04062	GENERAL MEDICINE
7 MMC BIDDEFORD IV THERAPY 26 WEST COLE ROAD SUITE 101 BIDDEFORD, ME 04005	IV THERAPY
8 MAINE INSTITUTE FOR SLEEP AND BREATHING DISORDERS 930 CONGRESS STREET PORTLAND, ME 04102	SLEEP AND BREATHING DISORDERS
9 MMC SANFORD IV THERAPY 27 INDUSTRIAL AVE SUITE 102 SANFORD, ME 04073	IV THERAPY
10 CARDIOLOGY 4 GLEN COVE DRIVE SUITE 108 ROCKPORT, ME 04856	CARDIOLOGY
11 OTOLARYNGOLOGY 30 WEST COLE ROAD 1ST FLOOR BIDDEFORD, ME 04005	OTOLARYNGOLOGY
12 CARDIOLOGY 149 NORTH STREET WATERVILLE, ME 04901	CARDIOLOGY
13 MMC BARIATRIC SURGERY CLINIC 12 ANDOVER ROAD PORTLAND, ME 04102	GENERAL MEDICAL AND SURGICAL
14 AMBULATORY CLINIC SERVICES 48-52 GILMAN STREET PORTLAND, ME 04102	GENERAL MEDICINE

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
31 YARMOUTH PEDIATRICS 45 FOREST FALLS DRIVE SUITE 1A YARMOUTH, ME 04096	PEDIATRICS
1 ENDORCINOLOGY AND DIABETES CENTER 963 SABATTUS ST LEWISTON, ME 04240	ENDOCRINOLOGY AND DIABETES
2 CENTER FOR TOBACCO INDEPENDENCE 315 PARK AVENUE SECOND FLOOR PORTLAND, ME 04101	TOBACCO TREATMENT CENTER
3 CLINIC 193 MAIN STREET NORWAY, ME 04268	CLINIC
4 CLINIC 55 MAIN STREET BRIDGTON, ME 04009	CLINIC
5 OTOLARYNGOLOGY 1250 FOREST AVENUE SUITE 301 PORTLAND, ME 04103	OTOLARYNGOLOGY
6 PEAKS ISLAND FAMILY MEDICINE 87 CENTRAL AVENUE PEAKS ISLAND, ME 04108	GENERAL MEDICINE

2015

01-0238552

Schedule I (Form 990) 2015

Part III **Grants and Other Assistance to Domestic Individuals.** 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) SCHOLARSHIPS	185	1,608,222			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	FOR THE GRANTS TO ORGANIZATIONS, THESE REPRESENT SUBRECEIPIENT GRANTS A SUBRECEIPIENT AGREEMENT IS SIGNED BY BOTH MMC AND THE SUBRECEIPIENT STATING THE AMOUNT OF THE AWARD, THE AWARD NAME, THE NAME OF THE FEDERAL AGENCY, REQUIREMENTS IMPOSED BY LAWS, REGULATIONS AND THE PROVISIONS OF THE GRANT AGREEMENT THE MONTHLY SUBRECEIPIENT INVOICES ARE REVIEWED AND APPROVED BY THE PRINCIPAL INVESTIGATOR PRIOR TO PAYMENT TO VERIFY THE FEDERAL FUNDS ARE USED FOR AUTHORIZED PURPOSES AND ARE INCLUDED IN THE AWARD BUDGET FOR THE NURSING SCHOLARSHIPS, AS AN APPLICATION REQUIREMENT, EACH SCHOLARSHIP APPLICANT MUST PROVIDE CONFIRMATION OF ENROLLMENT IN A PROGRAM OF STUDIES IN NURSING FOR THE MEDICAL EDUCATION SCHOLARSHIPS FOR STUDENTS IN THE MAINE TRACK OF THE MMC TUSM MEDICAL SCHOOL PROGRAM, THE MEDICAL CENTER TRANSFERS THE SCHOLARSHIP FUNDS TO THE TUFTS SCHOOL OF MEDICINE FINANCIAL AID DEPARTMENT FOR DISBURSEMENT TO THE STUDENTS TUFTS HANDLES ANY OVERSIGHT TO ENSURE THAT THE FUNDS ARE USED AS INTENDED MAINE MEDICAL CENTER'S ROLE IS LIMITED TO MATCHING ELIGIBLE STUDENTS WITH SCHOLARSHIP SELECTION CRITERIA AND DETERMINING WHO RECEIVES EACH SCHOLARSHIP AWARD

Additional Data

Software ID:
Software Version:
EIN: 01-0238552
Name: MAINE MEDICAL CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETH ISRAEL DEACONESS 330 BROOKLINE AVENUE BOSTON, MA 02215	04-2103881	501C3	16,947				RESEARCH
YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 065081873	06-0646973	501C3	382,995				RESEARCH
PARTNERS HEALTHCARE SYSTEMS INC AND AFFILIATES 529 MAIN STREET CHARLESTOWN, MA 02129	04-3230035	501C3	482,201				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR, MI 481091274	38-6006309	501C3	300,194				RESEARCH
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE SUITE 2200 CB1350 CHAPEL HILL, NC 275991350	56-6001393	501C3	325,713				RESEARCH
THE UNIVERSITY OF CALIFORNIA -DAVIS 1850 RESEARCH PARK DRIVE SUITE 300 DAVIS,CA 956186153	94-3067788	501C3	38,965				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA STATE UNIVERSITY OF LOUISIANA STATE UNIVERSITY 6400 PERKINS ROAD BATON ROUGE, LA 708084124	72-6000848	501C3	6,527				RESEARCH
BUCK INSTITUTE FOR RESEARCH ON AGING 8001 REDWOOD BLVD NOVATO, CA 949451400	94-3030609	501C3	37,218				RESEARCH
TUFTS UNIVERSITY 4 COLBY STREET MEDFORD, MA 021556013	10-4210363	501C3	314,442				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS, TX 753909020	75-6002868	501C3	445,637				RESEARCH
TOO FAR TOO FAST PAC 443 CONGRESS STREET PORTLAND, ME 04101			15,000				LOBBYING

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" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MAINE MEDICAL CENTER

Employer identification number
01-0238552

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
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 ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4 During the year, did any person listed on 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?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
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.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on 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?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on 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.	7	No
8 Were any amounts reported on 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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported on 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 in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART III	TOP MANAGEMENT OFFICIALS THAT ARE COMPENSATED BY RELATED ORGANIZATIONS USED ONE OR MORE OF THE METHODS AT PART I, LINE 3 TO ESTABLISH THE COMPENSATION OF TOP MANAGEMENT

Additional Data

Software ID:
Software Version:
EIN: 01-0238552
Name: MAINE MEDICAL CENTER

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1WILLIAM L CARON JR TRUSTEE	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	775,547	207,000	97,745	131,363	-18,914	-1,230,569	
1RICHARD W PETERSEN PRESIDENT & CEO	(i)	735,432	181,000	146,325	114,763	19,078	1,196,598	
	(ii)	-----	-----	-----	-----	-	-	-----
2REED QUINN MDTRUSTEE	(i)	863,104	99,500	14,035	33,835	18,635	1,029,109	
	(ii)	-----	-----	-----	-----	-	-	-----
3BRETT LOFFREDO MD TRUSTEE	(i)	223,990	48,561	833	33,770	8,343	315,497	
	(ii)	-----	-----	-----	-----	-	-	-----
4CINDY BOYACK MDTRUSTEE	(i)	222,550	2,250	17,369	73,980	11,460	327,609	
	(ii)	-----	-----	-----	-----	-	-	-----
5PETER BATES MD SR VP MEDICAL AFFAIR	(i)	449,874	59,475	120,766	72,606	16,624	719,345	
	(ii)	-----	-----	-----	-----	-	-	-----
6JEFFREY SANDERS EVP & COO	(i)	416,857	76,966	4,647	63,569	16,436	578,475	
	(ii)	-----	-----	-----	-----	-	-	-----
7LUGENE INZANA SR VP OF FINANCE/CFO	(i)	388,692	57,225	1,242	30,107	16,315	493,581	
	(ii)	-----	-----	-----	-----	-	-	-----
8MARJORIE WIGGINS SVP OF NURSING & CNO	(i)	297,965	43,558	97,593	72,832	8,852	520,800	
	(ii)	-----	-----	-----	-----	-	-	-----
9ROBERT FRANKSECRETARY	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	337,772	47,000	4,361	56,401	-8,933	-454,467	
10BETH KELSCH ASST SECRETARY	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	156,187		356	21,111	-14,775	-192,429	
11DOUGALD MACGILLIVRAY MD SURGEON	(i)	947,004	332,126	4,372	68,247	15,707	1,367,456	
	(ii)	-----	-----	-----	-----	-	-	-----
12ROBERT ECKER MD SURGEON	(i)	1,095,670	144,318	4,377	69,165	19,907	1,333,437	
	(ii)	-----	-----	-----	-----	-	-	-----
13JOSEPH ALEXANDER MD SURGEON	(i)	987,342	129,540	63,212	76,229	19,758	1,276,081	
	(ii)	-----	-----	-----	-----	-	-	-----
14RAJIV DESAI MDSURGEON	(i)	986,683	129,540	55,910	76,122	19,389	1,267,644	
	(ii)	-----	-----	-----	-----	-	-	-----
15JAMES WILSON MD SURGEON	(i)	987,342	132,424	51,348	77,919	19,758	1,268,791	
	(ii)	-----	-----	-----	-----	-	-	-----

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As Filed Data -

DLN: 93493221005347

Schedule K
(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

MAINE MEDICAL CENTER

Supplemental Information on Tax Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

01-0238552

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MAINE HEALTH & HIGHER ED FACILITIE AUTHORITY	01-0314384	560425W48	05-22-2008	107,180,000	REFUND BONDS ISSUED 5/18/2006 AND 7/12/2006		X		X		X
B MAINE HEALTH & HIGHER ED FACILITIE AUTHORITY	01-0314384	560427LW4	08-31-2011	17,998,986	REFUND BONDS ISSUED 7/9/1998, 12/10/1998, 5/19/1999, AND 11/15/2001		X		X		X
C MAINE HEALTH & HIGHER ED FACILITIE AUTHORITY	01-0314384	560427Y75	01-07-2015	85,963,004	REFUND BONDS ISSUED 5/22/2008, BUILD, RENOVATE, AND EQUIP HOSPITAL FACILITY		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired	59,640,000		3,375,000							
2	Amount of bonds legally defeased										
3	Total proceeds of issue	107,180,008		17,998,986		85,967,501					
4	Gross proceeds in reserve funds	13,066,615		1,745,158		939,480					
5	Capitalized interest from proceeds										
6	Proceeds in refunding escrows										
7	Issuance costs from proceeds	484,392		186,573		1,271,033					
8	Credit enhancement from proceeds	38,754									
9	Working capital expenditures from proceeds										
10	Capital expenditures from proceeds	4,226				41,929,758					
11	Other spent proceeds	106,009,079		17,812,413		42,754,483					
12	Other unspent proceeds										
13	Year of substantial completion	2008									
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue?	X		X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X		X				
16	Has the final allocation of proceeds been made?	X		X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 100 %				0 100 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5	0 100 %				0 100 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		

Part IV Arbitrage

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

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		
b	Name of provider	TRANSAMERICA LI							
c	Term of GIC	2810 00000000000 %							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6	Were any gross proceeds invested beyond an available temporary period?	X			X		X		
7	Has the organization established written procedures to monitor the requirements of section 148? . . .		X		X		X		

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Return Reference	Explanation
SCHEDULE K - DATE REBATE COMPUTATION PERFORMED	MAINE HEALTH & HIGHER ED FACILITIES 09/30/16

Return Reference	Explanation
SCHEDULE K - ADDITIONAL INFORMATION	MAINE HEALTH & HIGHER ED FACILITIES - SERIES 2011A BONDS - WITH RESPECT TO PART I COLUMN (E), AND PART II LINES 1-12 (COLUMN B), THE INSTITUTION IS REPORTING ITS ALLOCABLE PORTION OF THIS BOND ISSUE, THE REMAINDER OF WHICH IS ALLOCABLE TO AFFILIATED ENTITIES FOR PURPOSES OF PART I, COLUMN (I), THE INSTITUTION HAS ASSUMED THAT THIS ARRANGEMENT DOES NOT CONSTITUTE A "POOLED FINANCING " - SERIES 2014 BONDS (ISSUED 1/7/2015) - WITH RESPECT TO PART I COLUMN (E), AND PART II LINES 1-12 (COLUMN C), THE INSTITUTION IS REPORTING ITS ALLOCABLE PORTION OF THIS BOND ISSUE, THE REMAINDER OF WHICH IS ALLOCABLE TO AFFILIATED ENTITIES FOR PURPOSES OF PART I COLUMN (I), THE INSTITUTION HAS ASSUMED THAT THIS ARRANGEMENT DOES NOT CONSTITUTE A "POOLED FINANCING " - SERIES 2008A BONDS AND SERIES 2014 BONDS - THE DIFFERENCE BETWEEN THE ISSUE PRICE (PART I) AND TOTAL PROCEEDS (PART II, LINE 3) IS DUE TO INVESTMENT EARNINGS - PART II, LINE 4, COLUMN A - THE AMOUNT SHOWN HERE CONSISTS OF 8,874,980 IN A DEBT SERVICE RESERVE FUND, PLUS 4,191,635 OF DEBT SERVICE FUND DEPOSITS - PART II, LINE 4, COLUMN B - THE AMOUNT SHOWN HERE CONSISTS OF 1,402,045 IN A DEBT SERVICE RESERVE FUND, PLUS 343,113 OF DEBT SERVICE FUND DEPOSITS - PART II, LINE 4, COLUMN C - THE AMOUNT SHOWN HERE CONSISTS OF DEBT SERVICE FUND DEPOSITS - PART III HAS NOT BEEN COMPLETED WITH RESPECT TO THE BONDS SHOWN IN COLUMN B, SINCE THE BONDS BEING REFINANCED BY SUCH BONDS WERE ISSUED BEFORE 2003 - PART IV, LINES 4B AND 4C, COLUMN A - THERE ARE THREE SEPARATE HEDGING CONTRACTS IDENTIFIED WITH THESE BONDS, WITH MORGAN STANLEY CAPITAL SERVICES INC (TERM 28 1 YEARS), MERRILL LYNCH CAPITAL SERVICES INC (TERM 18 1 YEARS), AND MORGAN STANLEY CAPITAL SERVICES INC (TERM 28 1 YEARS) - PART IV, LINE 6, COLUMN A - SUCH AMOUNTS WERE APPROPRIATELY YIELD- RESTRICTED

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART V	CHRISTOPHER EMMONS IS A MEMBER OF THE BOARD OF TRUSTEES OF MAINE MEDICAL CENTER AS WELL AS THE PRESIDENT OF GORHAM SAVINGS BANK MAINE MEDICAL CENTER HAS COPIER LEASES THROUGH GORHAM SAVINGS LEASING GROUP WHICH IS A WHOLLY OWNED SUBSIDIARY OF GORHAM SAVINGS BANK ALL TRANSACTIONS WERE AT ARMS LENGTH, FOR FAIR VALUE, AND IN THE ROUTINE COURSE OF BUSINESS MORRIS FISHER IS A MEMBER OF THE BOARD OF TRUSTEES OF MAINE MEDICAL CENTER AS WELL AS THE PRESIDENT OF THE BOULOS COMPANY THE BOULOS COMPANY PROVIDES PROPERTY MANAGEMENT SERVICES TO MAINE MEDICAL CENTER ALL TRANSACTIONS WERE AT ARMS LENGTH, FOR FAIR VALUE, AND IN THE ROUTINE COURSE OF BUSINESS PETER BATES, M D IS AN OFFICER OF MAINE MEDICAL CENTER AND A MEMBER OF THE BOARD OF TRUSTEES OF MEDICAL MUTUAL INSURANCE CO OF MAINE MEDICAL MUTUAL INSURANCE PROVIDES MALPRACTICE INSURANCE TO MAINE MEDICAL CENTER ALL TRANSACTIONS WERE AT ARMS LENGTH, FOR FAIR VALUE, AND IN THE ROUTINE COURSE OF BUSINESS PETER BATES' SON, ELLIOT BATES IS A PROJECT MANAGER EMPLOYED BY MAINE MEDICAL CENTER CHRISTOPHER CLAUDIO IS A MEMBER OF THE BOARD OF TRUSTEES OF MAINE MEDICAL CENTER AS WELL AS CEO OF WINXNET WINXNET PROVIDES IT SERVICES TO MAINE MEDICAL CENTER ALL TRANSACTIONS WERE AT ARMS LENGTH, FOR FAIR VALUE, AND IN THE ROUTINE COURSE OF BUSINESS WILLIAM CARON IS AN EX-OFFICIO TRUSTEE OF MAINE MEDICAL CENTER HIS DAUGHTER IN LAW, JENNIFER CARON, IS A RESEARCH ASSOCIATE EMPLOYED BY MAINE MEDICAL CENTER PATRICIA STOGSDILL, M D IS A MEMBER OF THE BOARD OF TRUSTEES OF MAINE MEDICAL CENTER AND A MEMBER OF THE BOARD OF TRUSTEES OF INTERMED INTERMED PROVIDES MEDICAL SERVICES TO MAINE MEDICAL CENTER ALL TRANSACTIONS WERE AT ARMS LENGTH, FOR FAIR VALUE, AND IN THE ROUTINE COURSE OF BUSINESS MICHAEL SIMONDS IS A MEMBER OF THE BOARD OF TRUSTEES OF MAINE MEDICAL CENTER AS WELL AS PRESIDENT AND CEO OF UNUM ALL TRANSACTIONS WERE AT ARMS LENGTH, FOR FAIR VALUE, AND IN THE ROUTINE COURSE OF BUSINESS

Additional Data

Software ID:
Software Version:
EIN: 01-0238552
Name: MAINE MEDICAL CENTER

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CHRISTOPHER EMMONS	SEE PART V	195,308	SEE PART V		No
(1) MORRIS FISHER	SEE PART V	1,154,825	SEE PART V		No
(2) PETER BATES MD	SEE PART V	3,704,035	SEE PART V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(4) ELLIOT BATES	SEE PART V	79,082	SEE PART V		No
(1) CHRISTOPHER CLAUDIO	SEE PART V	146,059	SEE PART V		No
(2) JENNIFER CARON	SEE PART V	94,150	SEE PART V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) PATRICIA STOGSDILL MD	SEE PART V	887,854	SEE PART V		No
(1) MICHAEL SIMONDS	SEE PART V	4,511,917	SEE PART V		No

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MAINE MEDICAL CENTER

Employer identification number
01-0238552

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	13	134,147	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2015)

Part II

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PAGE 2, PART II	THERE WAS ONE CONTRIBUTION OF STOCK THAT WAS RECEIVED DURING FY16 AS A PAYMENT ON A PRIOR YEAR PLEDGE ACCORDINGLY, NO ADDITIONAL REVENUE WAS RECORDED FOR THIS CONTRIBUTION THIS CONTRIBUTION IS INCLUDED IN COLUMN (B)

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
MAINE MEDICAL CENTER

Employer identification number

01-0238552

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE MAINE MEDICAL CENTER (THE MEDICAL CENTER) IS A VOLUNTARY, NOT-FOR-PROFIT COMMUNITY AND REFERRAL HOSPITAL, DEDICATED TO PROVIDING HIGH QUALITY HEALTH CARE SERVICES TO ALL PERSONS WHO SEEK CARE REGARDLESS OF THEIR SEX, RACE, RELIGION, AGE, COLOR, SEXUAL ORIENTATION, NATIONAL ORIGIN, PHYSICAL OR EMOTIONAL DISABILITY OR SOCIAL OR ECONOMIC STATUS. MAINE MEDICAL CENTER IS ALSO COMMITTED TO EDUCATION AT THE UNDERGRADUATE, GRADUATE, POST-GRADUATE AND CONTINUING EDUCATION LEVELS FOR PHYSICIANS, NURSES AND ALLIED HEALTH PERSONNEL, AND IN-SERVICE TRAINING FOR SUPPORT STAFF ALL OF WHICH ARE ESSENTIAL TO THE DELIVERY OF QUALITY PATIENT CARE. OUTREACH EDUCATION TO OTHER INSTITUTIONS AND AGENCIES IS ALSO VITAL TO THE FULFILLMENT OF THE MAINE MEDICAL CENTER'S MISSION. THE MEDICAL CENTER ALSO SUPPORTS BASIC AND CLINICAL RESEARCH AS ESSENTIAL TO THE ADVANCEMENT OF HEALTH CARE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	LABORATORY, EDUCATION, RESEARCH, RADIOLOGY, DELIVERY AND LABOR ROOM, ANESTHESIOLOGY, AND OTHER ANCILLARY SERVICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V	MAINE MEDICAL CENTER, ACTING ON BEHALF OF MAINEHEALTH (EIN 01-0431680), FILED 952 FORM 1099S FOR THE CALENDAR YEAR 2015 ON BEHALF OF THE FOLLOWING ORGANIZATIONS MAINEHEALTH, MAINE MEDICAL CENTER, WALDO COUNTY HEALTHCARE, INC , WALDO COUNTY GENERAL HOSPITAL, COASTAL HEALTHCARE ALLIANCE, MMC REALTY , MAINE MEDICAL PARTNERS, NORDX, AND HOME HEALTH VISITING NURSES MAINE MEDICAL CENTER (EIN 01-0238552) FILED FORM W-3, REPORTING 9,176 EMPLOYEES, FOR THE CALENDAR YEAR 2015 ON BEHALF OF THE FOLLOWING ORGANIZATIONS MAINEHEALTH, MAINE MEDICAL CENTER, MMC REALTY , MAINE MEDICAL PARTNERS, NORDX, AND HOME HEALTH VISITING NURSES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	MAINEHEALTH (EIN 01-0431680) IS THE SOLE MEMBER OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	THE SOLE MEMBER OF THE ORGANIZATION HAS THE RESPONSIBILITY FOR THE ELECTION OF THE MEMBERS OF THE GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	THERE ARE DECISIONS BY THE GOVERNING BODY THAT REQUIRE THE APPROVAL OF ITS SOLE MEMBER TH EY INCLUDE 1 THE ADOPTION OF OPERATING AND CAPITAL BUDGETS, 2 THE APPROVAL OF ANY SIGNI FICANT STRATEGIC PLAN FOR PROGRAMS OR FACILITIES, 3 THE AUTHORIZATION OF DEBT INCURRED, A SSUMED, OR GUARANTEED BY THE MEDICAL CENTER IN EXCESS OF 1,000,000 AND ITS SUBSIDIARIES IN EXCESS OF 1,000,000 OTHER THAN AS PROVIDED FOR IN ANNUAL CAPITAL AND OPERATING BUDGETS, 4 THE AUTHORIZATION FOR ANY ACQUISITION, DISPOSITION, ORGANIZATION OR INVESTMENT IN ANY OT HER CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY OR JOINT VENTURE, 5 THE AUTHORIZA TION FOR ANY SALE, ASSIGNMENT, TRANSFER, MORTGAGE OR ENCUMBRANCE OF ANY PROPERTIES OR ASSE TS HAVING AN AGGREGATE VALUE IN EXCESS OF 1,000,000, 6 THE AUTHORIZATION FOR ANY MERGER O R CONSOLIDATION INVOLVING THE MEDICAL CENTER OR ITS SUBSIDIARIES AS A CONSTITUENT ENTITY O R ANY SALE OR OTHER DISPOSITION OF SUBSTANTIALLY ALL OF THE ASSETS OF THE MEDICAL CENTER O R ITS SUBSIDIARIES, 7 THE AUTHORIZATION FOR THE INSTITUTION OF ANY BANKRUPTCY, INSOLVENCY OR REORGANIZATION PROCEEDINGS, 8 THE AUTHORIZATION FOR THE CAPITAL INVESTMENT IN ANY IND IVIDUAL, ENTITY, OR PROJECT IN THE FORM OF CASH OR EITHER TANGIBLE OR INTANGIBLE PROPERTY IN EXCESS OF 1,000,000, 9 THE AMENDMENT OF THE ARTICLES OF INCORPORATION, 10 THE SELECTI ON, ANNUAL ELECTION, EVALUATION, AND TERMINATION OF THE MEDICAL CENTER'S CEO, 11 THE AUTH ORIZATION FOR THE COMMENCEMENT OF LITIGATION BY THE MEDICAL CENTER OTHER THAN ROUTINE COLL ECTION ACTIONS, 12 THE ADOPTION OF THE MEDICAL CENTER'S BYLAWS AND ANY AMENDMENTS AND MOD IFICATIONS TO THE MEDICAL CENTER'S BYLAWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 WAS REVIEWED IN DETAIL BY THE MMC FINANCE COMMITTEE. SUBSEQUENT TO THE MEETING, THE 990 WAS ALSO MADE AVAILABLE TO THE FULL BOARD OF TRUSTEES FOR MAINE MEDICAL CENTER. THE BOARD WAS THEN GIVEN AN OPPORTUNITY TO ASK QUESTIONS OF THE CHAIRMAN OF THE BOARD, THE CEO, OR THE SR VICE PRESIDENT FOR FINANCE & CFO. THE SR VICE PRESIDENT FOR FINANCE & CFO ALSO REVIEWED THE 990 IN DETAIL BEFORE SIGNING THE RETURN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	CONFLICTS OF INTEREST STATEMENTS ARE OBTAINED ANNUALLY MAINEHEALTH'S AUDIT & COMPLIANCE SERVICES DEPARTMENT COLLECTS AND REVIEWS THE RESPONSES TO THESE DOCUMENTS AND ADDRESSES ANY ISSUES IMMEDIATELY THE RESULTS ARE SHARED WITH BOARD LEADERSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	MAINE MEDICAL CENTER USES AN OUTSIDE FIRM, SULLIVAN COTTER, TO PERFORM AN INDEPENDENT BENC HMARK ANALYSIS THEY MEET WITH THE BOARD OF TRUSTEES EXECUTIVE COMPENSATION COMMITTEE TO R EVIEW THE CEO'S BENCHMARK REPORT THE EXECUTIVE COMMITTEE THEN DELIBERATES ON MMC'S WRITTE N SALARY AND INCENTIVE COMPENSATION PLAN PHILOSOPHY AND DOCUMENTS BEFORE MAKING A FINAL DE CISION ALL DECISIONS AND MEETINGS ARE CAPTURED IN MINUTES THERE IS APPROPRIATE REPORTING AT ALL LEVELS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	MAINE MEDICAL CENTER USES AN OUTSIDE FIRM, SULLIVAN COTTER, TO PERFORM AN INDEPENDENT BENCHMARK ANALYSIS. THEY MEET WITH THE BOARD OF TRUSTEES EXECUTIVE COMPENSATION COMMITTEE TO REVIEW EACH EXECUTIVE BENCHMARK REPORT. THE EXECUTIVE COMMITTEE THEN DELIBERATES ON MMC'S WRITTEN SALARY AND INCENTIVE PLAN PHILOSOPHY AND DOCUMENTS BEFORE MAKING A FINAL DECISION. ALL DECISIONS AND MEETINGS ARE CAPTURED IN MINUTES. THERE IS APPROPRIATE REPORTING AT ALL LEVELS.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET ASSETS RELEASED FROM RESTRICTIONS -6,133,721 EQUITY TRANSFERS TO AFFILIATES -55,794,11 9 RETIREMENT BENEFIT PLAN ADJUSTMENTS -86,642,373 TOTAL -148,570,213

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MAINE MEDICAL CENTER

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.

OMB No 1545-0047

2015

Open to Public
Inspection

Employer identification number

01-0238552

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

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?	
						Yes	No
See Additional Data Table							

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
							Yes	No		Yes	No	
(1) MAINEHEALTH ACCOUNTABLE CARE ORG 110 FREE STREET PORTLAND, ME 04101 45-2929273	ACO	ME	01-0238552	RELATED	791,430	4,738,421		No		Yes		59 350 %
(2) GSM REALTY LLC 22 BRAMHALL STREET PORTLAND, ME 04102 20-4582952	REAL ESTAT	ME	N/A					No			No	

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?	
								Yes	No
(1) MAINE MEDICAL PARTNERS (MMP) 22 BRAMHALL STREET PORTLAND, ME 04102 01-0442142	HEALTHCARE	ME	N/A					Yes	
(2)SYNERNET INC 110 FREE STREET PORTLAND, ME 04101 01-0539789	ADMINSERV	ME	N/A						No
(3) MAINE PHYSICIAN HOSPITAL ORG 110 FREE STREET PORTLAND, ME 04101 01-0527540	HEALTHCARE	ME	N/A						No

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)

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

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
See Additional Data Table			

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

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 01-0238552
Name: MAINE MEDICAL CENTER

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
MAINEHEALTH 110 FREE STREET PORTLAND, ME 04101 01-0431680	HEALTHCARE	ME	501C3	11C	NA		No
MMC REALTY 22 BRAMHALL STREET PORTLAND, ME 04102 01-0434215	PROP MGMT	ME	501C3	11A	01-0238552	Yes	
MAINE BEHAVIORAL HEALTHCARE 78 ATLANTIC PLACE SOUTH PORTLAND, ME 04106 01-0524834	HOSPITAL	ME	501C3	3	01-0431680		No
LINCOLNHEALTH GROUP 6 ST ANDREWS LANE BOOTHBAY HARBOR, ME 04538 26-1475629	HEALTHCARE	ME	501C3	11B	01-0431680		No
WESTERN MAINE HEALTH CARE CORP 181 MAIN STREET NORWAY, ME 04268 01-0411788	HEALTHCARE	ME	501C3	11B	01-0431680		No
WALDO COUNTY HEALTHCARE INC PO BOX 287 BELFAST, ME 049150287 22-2864961	HEALTHCARE	ME	501C3	11B	01-0431680		No
GERIATRIC RESOURCE NETWORK 110 FREE STREET PORTLAND, ME 04101 01-0542842	HEALTHCARE	ME	501C3	7	01-0431680		No
MAINEHEALTH CARE AT HOME 15 INDUSTRIAL PARK DRIVE SACO, ME 04072 22-2571902	HOME HLTH	ME	501C3	9	01-0431680		No
NORDX 301A US ROUTE ONE SCARBOROUGH, ME 04074 01-0511356	LABORATORY	ME	501C3	9	01-0431680		No
COASTAL HEALTH ALLIANCE 4 WHITE STREET ROCKLAND, ME 04841 22-2494475	HEALTHCARE	ME	501C3	11B	01-0431680		No
MAINEHEALTH CARDIOLOGY 110 FREE STREET PORTLAND, ME 04101 45-2525629	HEALTHCARE	ME	501C3	9	01-0431680		No
THE MEMORIAL HOSPITAL 3073 WHITE MOUNTAIN HIGHWAY NORTH CONWAY, NH 03860 02-0222156	HOSPITAL	NH	501C3	3	01-0431680		No
SOUTHERN MAINE HEALTH CARE PO BOX 626 BIDDEFORD, ME 040050626 01-0179500	HEALTHCARE	ME	501C3	3	01-0431680		No
FRANKLIN COMMUNITY HEALTH NETWORK 111 FRANKLIN HEALTH COMMONS FARMINGTON, ME 04938 22-3209406	HEALTHCARE	ME	501C3	11B	01-0431680		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	MAINE MEDICAL PARTNERS	J	43,065,701	FAIR MARKET VALUE
(1)	MAINE MEDICAL PARTNERS	O	112,239,276	FAIR MARKET VALUE
(2)	MAINE MEDICAL PARTNERS	P	19,241,002	FAIR MARKET VALUE
(3)	MAINE MEDICAL PARTNERS	Q	35,797,011	FAIR MARKET VALUE
(4)	MAINE MEDICAL PARTNERS	R	163,454,230	FAIR MARKET VALUE
(5)	MMC REALTY	K	2,798,719	FAIR MARKET VALUE
(6)	MMC REALTY	Q	1,629,225	FAIR MARKET VALUE
(7)	MMC REALTY	O	222,126	FAIR MARKET VALUE