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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public

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

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

ST MARY'S REGIONAL MEDICAL CENTER

Doing business as

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

CAMPUS AVENUE PO BOX 0291

Room/suite

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

LEWISTON, ME 042430291

F Name and address of principal officer

PETER HOLDEN

CAMPUS AVENUE PO BOX 0291

LEWISTON, ME 042430291

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

☐ Yes ☒ No

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.STMARYSMAINE.COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1967

M State of legal domicile ME

Part I Summary

Activities & Governance

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

ST MARY'S REGIONAL MEDICAL CENTER IS A 233-LICENSED BED ACUTE CARE FACILITY THAT OFFERS THE BEST OF MEDICAL TECHNOLOGY, PREVENTIVE SERVICES AND A "WHOLE PERSON APPROACH" IN MEETING THE NEEDS OF THE ANDROSCOGGIN COUNTY AREA

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)

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

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

7b Net unrelated business taxable income from Form 990-T, line 34

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)

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) ▶695,988

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

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

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

PETER HOLDEN INTERIM PRESIDENT

Type or print name and title

2017-11-03

Date

Paid Preparer Use Only

Print/Type preparer's name

E DREW CHENEY

Preparer's signature

E DREW CHENEY

Date

2017-11-03

Check ☐ if self-employed

PTIN P00182972

Firm's name ▶ BAKER NEWMAN & NOYES LLC

Firm's EIN ▶ 01-0494526

Firm's address ▶ 650 ELM STREET SUITE 302

Phone no (800) 244-7444

MANCHESTER, NH 03101

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 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

ST MARY'S REGIONAL MEDICAL CENTER IS A 233-LICENSED BED ACUTE CARE FACILITY THAT OFFERS THE BEST OF MEDICAL TECHNOLOGY, PREVENTIVE SERVICES AND A "WHOLE PERSON APPROACH" TO MEETING THE NEEDS OF THE ANDROSCOGGIN COUNTY AREA. ST MARY'S REGIONAL MEDICAL CENTER OFFERS A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES TO MEET THE GROWING AND CHANGING NEEDS OF THE COMMUNITY. OUR PROFESSIONAL, QUALIFIED STAFF ARE ABLE TO DELIVER CARDIOPULMONARY, LABORATORY, NURSING, ONCOLOGY, RHEUMATOLOGY, BEHAVIORAL SERVICES, PHYSICAL THERAPY, RADIOLOGY, SOCIAL AND SURGICAL SERVICES WITH THE PERSONALIZED TOUCH DESIGNED TO MAKE OUR PATIENTS FEEL MORE RELAXED AND AT HOME.

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 \$	5,978,381	including grants of \$	(Revenue \$	25,054,395)
See Additional Data						

4b	(Code)	(Expenses \$	6,936,833	including grants of \$	(Revenue \$	12,095,227)
See Additional Data						

4c	(Code)	(Expenses \$	9,039,596	including grants of \$	(Revenue \$	9,790,641)
See Additional Data						

(Code)	(Expenses \$	115,675,144	including grants of \$	(Revenue \$	135,361,720)
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ST MARY'S OFFERS A SUBACUTE NURSING CARE CENTER, AN INTENSIVE CARE UNIT, OBSTETRICAL, WOUND AND HYPERBARIC, JOINT REPLACEMENT, ONCOLOGY, RHEUMATOLOGY, AND URGENT CARE SERVICES. PATIENTS MAY ALSO RECEIVE PHYSICAL AND OCCUPATIONAL THERAPY AND ANCILLARY SERVICES SUCH AS LABORATORY AND IMAGING.

4d Other program services (Describe in Schedule O)

(Expenses \$	115,675,144	including grants of \$	(Revenue \$	135,361,720)
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4e	Total program service expenses ▶	137,629,954
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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)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II 	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? If "Yes," complete Schedule C, Part III 	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	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? If "Yes," complete Schedule D, Part VI 	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? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	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? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	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? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	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? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		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?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.	148	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	1,903	
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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 17		
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 14		
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	No
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	

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. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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. MICHAEL HENDRIX 96 CAMPUS AVE LEWISTON, ME 04240 (207) 777-8546	

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 all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

[illegible]

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 ▶ 125

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
COVENANT HEALTH INC 100 AMES POND ROAD TEWKSBURY, MA 01876	MANAGEMENT SERVICES	5,139,908
METZ CULINARY MANAGEMENT TWO WOODLAND DRIVE DALLAS, PA 18612	MEAL SERVICE	5,059,142
REHABCARE GROUP EAST INC PO BOX 503534 ST LOUIS, MO 631503534	THERAPY SERVICES	1,973,057
ST MARY'S ANESTHESIA PO BOX 1823 LEWISTON, ME 04240	HEALTH CARE PROFESSIONAL	1,678,263
SOUND PHYSICIANS OF MAINE PO BOX 742936 LOS ANGELES, CA 900742936	HOSPITALISTS SERVICES	1,566,445

<p>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 ► 15</p>	
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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 . . .	1a				
	b	Membership dues . . .	1b				
	c	Fundraising events . . .	1c	23,970			
	d	Related organizations	1d	10,000			
	e	Government grants (contributions)	1e	9,340			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,624,979			
	g	Noncash contributions included in lines 1a-1f \$	53,432				
	h	Total. Add lines 1a-1f	4,668,289				
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	621300	170,604,444	170,604,444		
	b	OTHER OPERATING INCOME	621300	11,697,539	11,697,539		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	182,301,983				
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	701,614		701,614	
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				
	6a	(i) Real		(ii) Personal			
		Gross rents					
		9,158					
		b Less rental expenses		9,972			
	c		Rental income or (loss)	-814			
	d		Net rental income or (loss)	-814		-814	
	7a	(i) Securities		(ii) Other			
		Gross amount from sales of assets other than inventory					
		b Less cost or other basis and sales expenses		4,831			
		c Gain or (loss)		-4,831			
	d		Net gain or (loss)	-4,831		-4,831	
	8a	Gross income from fundraising events (not including \$ 23,970 of contributions reported on line 1c) See Part IV, line 18		a	12,508		
		b Less direct expenses		b	12,802		
		c Net income or (loss) from fundraising events			-294		-294
	9a	Gross income from gaming activities See Part IV, line 19		a			
		b Less direct expenses		b			
		c Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances		a				
	b Less cost of goods sold		b				
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a	LAB REVNEUE	621500	249,800		249,800		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d	249,800					
12	Total revenue. See Instructions	187,915,747					
			182,301,983	249,800	695,675		

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 ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	1,419,095	1,058,645	360,450	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	83,193,766	62,062,549	21,131,217	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	421,803	314,665	107,138	
9 Other employee benefits.	7,513,449	5,605,033	1,908,416	
10 Payroll taxes.	5,446,282	4,062,926	1,383,356	
11 Fees for services (non-employees):				
a Management.	684,033		684,033	
b Legal.	286,595		286,595	
c Accounting.	128,985		128,985	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	25,134,955	18,231,469	6,207,498	695,988
12 Advertising and promotion.	349,583	260,789	88,794	
13 Office expenses.	5,705,622	4,256,394	1,449,228	
14 Information technology.	2,744,139	2,047,128	697,011	
15 Royalties.				
16 Occupancy.	4,797,517	3,586,387	1,211,130	
17 Travel.	2,086,447	1,556,489	529,958	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	1,835,523	1,369,300	466,223	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	5,361,498	3,999,678	1,361,820	
23 Insurance.	3,613,168	2,695,423	917,745	
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/PHARMACY SUPPLI	19,628,622	19,628,622		
b DUES	4,178,532	1,061,347	3,117,185	
c PROVIDER TAX	2,765,908	2,765,908		
d EQUIPMENT RENTAL & REPA	2,068,993	1,543,469	525,524	
e All other expenses	2,042,514	1,523,733	518,781	
25 Total functional expenses. Add lines 1 through 24e.	181,407,029	137,629,954	43,081,087	695,988
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	6,604,697
	2	Savings and temporary cash investments		3,595,353	2	1,863,871
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		17,893,703	4	20,101,494
	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			7	
	8	Inventories for sale or use		1,501,092	8	1,446,229
	9	Prepaid expenses and deferred charges		1,499,780	9	1,555,022
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	140,632,946		
	b	Less: accumulated depreciation	10b	82,985,905		
				59,848,132	10c	57,647,041
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		65,681,476	15	67,688,338	
16	Total assets. Add lines 1 through 15 (must equal line 34)		150,019,536	16	156,906,692	
Liabilities	17	Accounts payable and accrued expenses		18,890,370	17	22,867,044
	18	Grants payable			18	
	19	Deferred revenue		425,240	19	437,460
	20	Tax-exempt bond liabilities		41,143,584	20	38,556,976
	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		849,022	23	683,092
	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.		1,642,302	25	1,496,266
	26	Total liabilities. Add lines 17 through 25		62,950,518	26	64,040,838
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		85,033,223	27	87,018,751
	28	Temporarily restricted net assets		1,328,766	28	5,140,074
	29	Permanently restricted net assets		707,029	29	707,029
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		87,069,018	33	92,865,854
	34	Total liabilities and net assets/fund balances		150,019,536	34	156,906,692

Part XI Reconciliation of Net AssetsCheck 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	187,915,747
2	Total expenses (must equal Part IX, column (A), line 25)	2	181,407,029
3	Revenue less expenses Subtract line 2 from line 1	3	6,508,718
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	87,069,018
5	Net unrealized gains (losses) on investments	5	1,847,504
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	-2,559,386
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	92,865,854

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Additional Data

Software ID:

Software Version:

EIN: 01-0211551

Name: ST MARY'S REGIONAL MEDICAL CENTER

Form 990 (2016)

Form 990, Part III, Line 4a:

SURGICAL CARE PROVIDES ALL SERVICES (EXCEPT OPEN HEART) TO PATIENTS RANGING FROM INFANT TO GERIATRICS WHO NEED SURGICAL INTERVENTION TOTAL HOURS = 5,243

Form 990, Part III, Line 4b:

BEHAVIORAL HEALTH ST MARY'S OFFERS THE MOST ADVANCED BEHAVIORAL HEALTHCARE DIAGNOSTIC AND TREATMENT SERVICES FOR CHILDREN, ADOLESCENTS AND ADULTS IN BOTH INPATIENT AND OUTPATIENT PROGRAMS INPATIENT AND OUTPATIENT TREATMENTS INCLUDE COMPREHENSIVE PSYCHIATRIC ASSESSMENT AND EVALUATIONS, EDUCATION, INDIVIDUAL AND GROUP THERAPY, INDIVIDUALIZED BIO-PSYCHOSOCIAL TREATMENT PLAN AND DISCHARGE AND AFTERCARE PLANNING TOTAL PATIENT DAYS = 14,740

Form 990, Part III, Line 4c:

EMERGENCY CARE ST MARY'S REGIONAL MEDICAL CENTER OFFERS A 24-HOUR PER DAY LEVEL II EMERGENCY CARE FACILITY SERVICES PROVIDED INCLUDE MEDICAL
AND BEHAVIORAL SERVICES TOTAL VISITS = 29,997

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

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANNE SCHUETTINGER DIRECTOR	2 00	X						0	0	0
CAROLYN KASABIAN TERM 62016 TREASURY/SECRETARY	34 00 6 00	X		X				262,122	0	12,429
CAROLYN LEPAGE DIRECTOR	2 00	X						0	0	0
CATHERINE RYDER EFF 102016 DIRECTOR	2 00	X						0	0	0
CHRISTOPHER CHEKOURAS PRESIDENT/CEO	34 00 6 00	X		X				388,288	0	24,841
CRAIG GUNDERSON CHAIR	2 00	X		X				0	0	0
DONALD FOURNIER DIRECTOR	2 00	X						0	0	0
JACK KEITHMD EFF 32016 DIRECTOR	2 00	X						0	0	0
JAMES PLACEMD DIRECTOR	2 00	X						0	0	0
JOHN CHAPMAN DIRECTOR	2 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			
JOHN ISAACSON DIRECTOR	2 00	X						0	0	0
JUDITH ANDRUCKIESQ DIRECTOR	2 00	X						0	0	0
KATHY MCMANUS EFF 102016 DIRECTOR	2 00	X						0	0	0
LENA HARTLEY EFF 62016 DIRECTOR	2 00	X						0	0	0
MARK ANTHOINE VICE CHAIR	2 00	X		X				0	0	0
MARTIN EISENSTEINESQ DIRECTOR (TERM 10/2016)	2 00	X						0	0	0
MICHAEL HENDRIX EFF 62016 TREASURY/SECRETARY	6 00 34 00	X		X				0	204,804	30,903
MICHAEL KELLEYMD DIRECTOR	1 00 39 00	X						0	489,312	23,290
RALPH HARDER EFF 92016 DIRECTOR	2 00	X						0	0	0
RICK VALE TERM 62016 DIRECTOR	2 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			
KAREN CLARK VP PATIENT CARE SERVICE	40 00				X			205,438	0	28,378
CHRISTOPHER BOWEMD CHIEF MEDICAL OFFICER	40 00				X			371,971	0	28,284
PHILIP HICKEY CEO POST ACUTE CARE	40 00				X			191,276	0	11,013
JEFFREY DAVILA PHYSICIAN	40 00					X		600,430	0	5,932
JOSEPH STRAUSS PHYSICIAN	40 00					X		697,922	0	21,521
MICHAEL NEWMANMD PHYSICIAN	40 00					X		752,897	0	24,136
MICHAEL PARKERMD PHYSICIAN	40 00					X		594,562	0	9,107
MOHAMED AL SAIEDMD PHYSICIAN	40 00					X		518,282	0	21,509

SCHEDULE A (Form 990 or 990-EZ)	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 2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization ST MARY'S REGIONAL MEDICAL CENTER		Employer identification number 01-0211551

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university _____
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 1-10 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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	4b	
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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

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>		
1		
2		

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>		
1		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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>		
1		
2		
3		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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.		
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>		
2a		
2b		
3a		
3b		

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

2016

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 ST MARY'S REGIONAL MEDICAL CENTER	Employer identification number 01-0211551
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(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?		No	
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		17,619
j	Total. Add lines 1c through 1i			17,619
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 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) 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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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
PART II-B, LINE 1	ST MARY'S REGIONAL MEDICAL CENTER IS A MEMBER OF THE MAINE HOSPITAL ASSOCIATION AND A PORTION OF THE DUES PAID IN THE AMOUNT OF \$17,619 WAS USED FOR LOBBYING

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493307008537	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization ST MARY'S REGIONAL MEDICAL CENTER				Employer identification number 01-0211551	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, 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)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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		► \$			
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				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	2,035,795	2,006,226	1,689,157	2,239,193	2,391,960
b Contributions	4,917,990	1,100,997	1,130,245	411,741	695,209
c Net investment earnings, gains, and losses	389	345	192		
d Grants or scholarships					
e Other expenditures for facilities and programs	1,107,071	1,071,773	813,368	961,777	847,976
f Administrative expenses					
g End of year balance	5,847,103	2,035,795	2,006,226	1,689,157	2,239,193

2

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

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

12 100 %

c

Temporarily restricted endowment

87 900 %

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

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		950,446		950,446
b Buildings		84,516,436	39,826,483	44,689,953
c Leasehold improvements		608,621	391,800	216,821
d Equipment		49,309,363	40,625,436	8,683,927
e Other		5,248,080	2,142,186	3,105,894
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				57,647,041

Schedule D (Form 990) 2016

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	21,109,223
(2) DONOR RESTRICTED FUNDS	5,956,783
(3) NOTES RECEIVABLE/INSURANCE	5,036,767
(4) LONG TERM INVESTMENTS	33,041,300
(5) INVESTMENT IN JOINT VENTURES	2,544,265
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	67,688,338

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO AFFILIATES	802,579
DUE TO THIRD PARTIES	693,687
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	1,496,266

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

☒

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

Complete if the organization answered 'Yes' 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: 01-0211551
Name: ST MARY'S REGIONAL MEDICAL CENTER

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	CAPITAL IMPROVEMENTS,PATIENT CARE EQUIPMENT, EDUCATION, AND TO ASSIST PATIENTS AND COMMUNITY MEMBERS EXPERIENCING FINANCIAL HARDSHIPS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>COVENANT AND ITS MEMBER ORGANIZATIONS ARE CONSIDERED NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE, EXCEPT AS NOTED BELOW TAX-EXEMPT ORGANIZATIONS COULD BE REQUIRED TO RECORD AN OBLIGATION FOR INCOME TAXES AS THE RESULT OF A TAX POSITION THEY HAVE HISTORICALLY TAKEN ON VARIOUS TAX EXPOSURE ITEMS INCLUDING UNRELATED BUSINESS INCOME OR TAX STATUS UNDER GUIDANCE ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD, ASSETS AND LIABILITIES ARE ESTABLISHED FOR UNCERTAIN TAX POSITIONS TAKEN OR POSITIONS EXPECTED TO BE TAKEN IN INCOME TAX RETURNS WHEN SUCH POSITIONS ARE JUDGED TO NOT MEET THE "MORE-LIKELY-THAN-NOT" THRESHOLD, BASED UPON THE TECHNICAL MERITS OF THE POSITION ESTIMATED INTEREST AND PENALTIES, IF APPLICABLE, RELATED TO UNCERTAIN TAX POSITIONS ARE INCLUDED AS A COMPONENT OF INCOME TAX EXPENSE THE SYSTEM HAS EVALUATED THE POSITION TAKEN ON ITS FILED TAX RETURNS THE SYSTEM HAS CONCLUDED NO UNCERTAIN INCOME TAX POSITIONS EXIST AT DECEMBER 31, 2016</p>

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

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

Name of the organization
ST MARY'S REGIONAL MEDICAL CENTER

Employer identification number

01-0211551

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) NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	1	1	IT PROGRAMMER		93,047
(2)					
(3)					
(4)					
(5)					
3a Sub-total	1	1			93,047
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	1			93,047

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)									
(2)									
(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 ► _____

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 separately 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)* ☐ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Additional Data

Software ID:

Software Version:

EIN: 01-0211551

Name: ST MARY'S REGIONAL MEDICAL CENTER

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).

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

2016

Open to Public Inspection

Name of the organization
ST MARY'S REGIONAL MEDICAL CENTER

Employer identification number
01-0211551

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.

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		COMMIT TO GET FIT (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	36,478			36,478
2	Less Contributions	23,970			23,970
3	Gross income (line 1 minus line 2)	12,508			12,508
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	12,802			12,802
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				12,802
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-294	

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1	Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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

2016

Open to Public Inspection

Name of the organization

Employer identification number

ST MARY'S REGIONAL MEDICAL CENTER

01-0211551

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		
<input type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> 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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	No
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
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		
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	No
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)			4,120,525		4,120,525	2 270 %
b Medicaid (from Worksheet 3, column a)			32,758,513	35,824,256	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			36,879,038	35,824,256	4,120,525	2 270 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			362,467	88,899	273,568	0 150 %
f Health professions education (from Worksheet 5)			947,822		947,822	0 520 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			95,947		95,947	0 050 %
j Total. Other Benefits			1,406,236	88,899	1,317,337	0 720 %
k Total. Add lines 7d and 7j			38,285,274	35,913,155	5,437,862	2 990 %

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		330	102,970	57,870	45,100	0.030 %
2 Economic development						
3 Community support		370	131,372	85,823	45,549	0.030 %
4 Environmental improvements						
5 Leadership development and training for community members		4	23,191	8,333	14,858	0 %
6 Coalition building		228	49,024	39,489	9,535	0.010 %
7 Community health improvement advocacy			24,242		24,242	0.010 %
8 Workforce development			254		254	0 %
9 Other						
10 Total		932	331,053	191,515	139,538	0.080 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
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	10,362,206	
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	207,244	
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	36,510,007
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	48,705,645
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-12,195,638
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 1 UNITED AMBULANCE	AMBULANCE SERVICE	50.000 %	0 %	0 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (Describe)	ER—other	ER—24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

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)
ST MARY'S REGIONAL 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): _____

2

Community Health Needs Assessment

	Yes	No
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)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
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
6 a 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	Yes
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)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.STMARYSMAINE.COM</u>		
b <input checked="" type="checkbox"/> Other website (list url) <u>WWW.COVENANTHEALTH.NET</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
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 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>WWW.STMARYSMAINE.COM/COMMUNITY-HEALTH/IMPLEMENTATION-STRATEGY</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)

		ST MARY'S REGIONAL MEDICAL CENTER	
Name of hospital facility or letter of facility reporting group			
		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	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 <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> 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? 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)	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW STMARYSMAINE COM			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW STMARYSMAINE COM			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW STMARYSMAINE COM			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

ST MARY'S REGIONAL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

	Yes	No
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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
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 <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

ST MARY'S REGIONAL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____**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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
22		
23		No
24		No

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

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? 1

Name and address	Type of Facility (describe)
1 1 - ST MARY'S D'YOUVILLE PAVILION 102 CAMPUS AVE LEWISTON, ME 04240	NURSING HOME
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

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Form and Line Reference	Explanation
PART I, LN 7 COL(F)	WE HAVE ESTIMATED THAT 2% OF OUR BAD DEBT MAY POTENTIALLY BE FREE CARE ACCOUNTS HOWEVER THIS HAS NOT BEEN INCLUDED IN PART I OR PART II

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>ST MARY'S WAS SELECTED TO PARTICIPATE IN THE CREATING A CULTURE OF HEALTH LEARNING COLLABORATIVE SPONSORED BY THE ROBERT WOOD JOHNSON FOUNDATION AND THE HEALTH RESEARCH & EDUCATIONAL TRUST (HRET) OF THE AMERICAN HOSPITAL ASSOCIATION. TEN COMMUNITIES ACROSS THE COUNTRY WERE SELECTED BECAUSE OF INNOVATIVE AND PROGRESSIVE APPROACHES TO BUILDING A CULTURE OF HEALTH (WHERE ALL PEOPLE HAVE THE OPPORTUNITY TO LIVE LONGER, HEALTHIER LIVES, WHATEVER THEIR BACKGROUND). THE INVITATION WAS SENT TO ELIZABETH KEENE, VP OF MISSION INTEGRATION AT ST MARY'S REGIONAL MEDICAL CENTER, WHO THEN REACHED OUT TO KIRSTEN WALTER, DIRECTOR OF ST MARY'S NUTRITION CENTER, ERIN GUAY, EXECUTIVE DIRECTOR OF HEALTHY ANDROSCOGGIN, AND CINDIE RICE, DIRECTOR OF COMMUNITY HEALTH, WELLNESS AND CARDIOPULMONARY REHAB, CENTRAL MAINE MEDICAL CENTER TO PARTICIPATE IN THIS EXCITING INITIATIVE. THE GOAL OF THE COLLABORATIVE IS TO HELP FOSTER LEARNING, NETWORKING, SHARING OF EXPERTISE AND RESOURCES AMONG US AND OTHER INDUSTRY LEADERS THROUGH THE COLLABORATIVE. THESE LEARNINGS WILL INFORM CASE STUDIES AND BE EMBEDDED IN A NATIONALLY DISTRIBUTED ROADMAP GUIDE THAT PROVIDES RESOURCES FOR COMMUNITY PARTNERSHIPS, IN ADDITION TO WEBINARS THAT SHOWCASE COMMUNITY COLLABORATIONS. PRIOR TO OUR LEARNING COLLABORATIVE, REPRESENTATIVES FROM THE HRET CONDUCTED A TWO-DAY SITE VISIT IN LEWISTON IN MAY 2016 TO FOSTER CROSS-COMMUNITY LEARNING, SHARING AND INTERACTION WITH US IN PARTNERSHIP DEVELOPMENT. OUR COMMUNITY IS HONORED TO PARTICIPATE IN THIS COLLABORATIVE AND WE BELIEVE IN ITS VISION. WHEN WE MAKE HEALTH A SHARED VALUE, FOSTER CROSS-SECTOR COLLABORATION, CREATE HEALTHIER, MORE EQUITABLE COMMUNITIES, AND STRENGTHEN INTEGRATION OF HEALTH SERVICES AND SYSTEMS, WE ARE MORE LIKELY TO SEE AN OUTCOME OF IMPROVED POPULATION HEALTH, WELL-BEING, AND EQUITY. ST MARY'S IS VERY ACTIVE IN PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL CONCERNS. LEADERSHIP IS INVOLVED IN LOCAL ECONOMIC DEVELOPMENT AND COALITION BUILDING TO ADDRESS THESE ISSUES SUCH AS THE PUBLIC HEALTH DISTRICT COUNCIL AND THE LOCAL HEALTH PREVENTION AGENCY. POVERTY AND POOR NUTRITION ARE SIGNIFICANT PUBLIC HEALTH ISSUES IN THE AREA WE SERVE. ST MARY'S SUBSIDIZES THE NUTRITION CENTER TO ADDRESS THESE NEEDS. THIS INCLUDES OUR FARMERS' MARKET, COMMUNITY GARDENS, AND COOKING CLASSES. THE GOOD FOOD BUS AND MAINE HARVEST BUCKS. THE FULL PILOT SEASON OF THE GOOD FOOD BUS RAN FROM JULY-OCTOBER 2016. OFFERING FARM FRESH PRODUCE, BREAD, EGGS, CHEESE, AND MORE, FOODS COME FROM LOCAL PRODUCERS WHENEVER POSSIBLE, WE ALSO SUPPORT LOCAL DISTRIBUTORS FOR BANANAS, CITRUS, AVOCADOS, ETC. THE BUS OPERATED AT 9 WEEKLY STOPS ACROSS LEWISTON-AUBURN, BATH, WESTBROOK, AND GORHAM, HAD OVER 2000 CUSTOMER TRANSACTIONS, AND MADE APPROXIMATELY \$20,000 IN SALES. THE GOOD FOOD BUS IS PART OF GOOD FOOD MOVES, A 3-YEAR MOBILE FOOD INITIATIVE FOUNDED BY ST MARY'S NUTRITION CENTER (LEWISTON), CULTIVATING COMMUNITY (PORTLAND) AND HARVARD PILGRIM HEALTH CARE FOUNDATION. THE NUTRITION CENTER MADE IT POSSIBLE FOR THE BUS AND THE LEWISTON FARMERS' MARKET TO OFFER MAINE HARVEST BUCKS, A MARKET INCENTIVE PROGRAM WHICH INCREASES THE VALUE OF FEDERAL NUTRITION ASSISTANCE DOLLARS (SNAP/EBT) SPENT - MATCHING EACH DOLLAR SPENT WITH "HARVEST BUCKS" THAT COULD BE USED TO BUY MORE VEGETABLES AND FRUIT. THIS PROGRAM IS NOW A STATE-WIDE EFFORT, THE NUTRITION CENTER HAS BEEN INVOLVED SINCE THE FIRST PILOT IN 2010 AND HAS SERVED IN A LEADERSHIP CAPACITY TO EXPAND THIS PROGRAM ACROSS THE STATE. COMMUNITY GARDENS OVER 130 INDIVIDUALS, FAMILIES AND GROUPS HAD GARDEN PLOTS IN COMMUNITY GARDENS WITHIN LEWISTON, AND NOW AUBURN, THIS YEAR. MOST TANGIBLY, COMMUNITY GARDENS PROVIDE AN ACCESS POINT FOR FRESH VEGETABLES. 100% OF THE GARDENERS WE SURVEYED REPORTED THAT THEY EAT MORE VEGETABLES BECAUSE OF HAVING A GARDEN PLOT. COMMUNITY GARDENS ALSO ALLOW PEOPLE TO TAKE PRIDE IN AND CARE FOR A SPACE OF THEIR OWN, AND SERVE TO BRING PEOPLE TOGETHER, FOSTER FRIENDSHIPS, AND BUILD BRIDGES. IN FACT, 94% OF THE GARDENERS SURVEYED SAID THAT THEY FELT MORE CONNECTED TO THEIR COMMUNITY OR NEIGHBORS BECAUSE OF THE GARDENS. EVEN MORE THAN JUST HELPING TO MEET A BASIC NEED FOR FOOD SECURITY, IT'S OFTEN MOST AMAZING TO SEE HOW THE GARDENS ARE A PLACE WHERE PEOPLE CAN CONNECT, SHARE, AND FIND HAPPINESS IN TOUGH TIMES. HAVING THE GARDEN WAS AN AVENUE OPENER IN EVERY ASPECT. MY SON LOVES TO EAT THE VEGGIES, I GOT OUT MORE AND GOT TO KNOW MY NEIGHBORS, WE HAD A GREAT COMMUNITY THIS SUMMER. I DIDN'T FEEL LIKE I LIVED IN THE PROJECTS BECAUSE IT DIDN'T LOOK OR FEEL LIKE THE PROJECTS WHEN I CAME OUT AND SAW THE BEAUTIFUL GARDENS. THE GARDEN CHANGED HOW I LOOK AT FOOD. THE GARDEN HAS MADE ME HAPPIER. -GARDENER AT HILLVIEW. AFTER A YEAR OF RESEARCH AND ADVOCACY TO SECURE SUPPORT AND SPACE FROM THE CITY OF AUBURN, THE NUTRITION CENTER LAUNCHED A COLLABORATIVE EFFORT, THE AUBURN COMMUNITY GARDEN INITIATIVE (ACGI). ACGI ENGAGED VALUABLE COM</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>MUNITY PARTNERS (INCLUDING THE CITY OF AUBURN, COOPERATIVE EXTENSION AND ANDROSCOGGIN LAND TRUST) AND COUNTLESS VOLUNTEERS, TO CREATE THE VERY FIRST COMMUNITY GARDEN IN AUBURN THE FIRST YEAR OF THE WEBSTER STREET COMMUNITY GARDEN WAS A GREAT SUCCESS, EXCEEDING ORIGINAL EXPECTATIONS AND LAYING THE GROUNDWORK FOR A PROCESS OF CREATING STRONG COMMUNITY GARDEN PROGRAMS IN AUBURN FEEDBACK FROM PARTICIPATING GARDENERS, NEIGHBORS, AND COMMUNITY PARTNE RS HAS BEEN OVERWHELMINGLY POSITIVE, AND OPPORTUNITIES TO CONTINUE AND EXPAND BEYOND THIS FIRST COMMUNITY GARDEN ARE PROMISING GOOD FOOD IN THE SCHOOLSTHE ST MARY'S NUTRITION CEN TER'S INVOLVEMENT IN BOTH LEWISTON AND AUBURN SCHOOLS CONTINUES TO EXPAND OUR KEY ACTIVIT IES INCLUDED - SCHOOL GARDENS AND COOKING/NUTRITION PROGRAMMING AT LONGLEY, MONTELLO AND M CMAHON ELEMENTARY SCHOOLS THESE PROGRAMS WERE OFFERED DURING THE SCHOOL YEAR (IN THE CLAS SROOM AND AFTERSCHOOL) AS WELL AS PART OF SUMMER SCHOOL CURRICULA SUMMER SCHOOL PROGRAMMI NG OFFERED AT LONGLEY AND MONTELLO ELEMENTARY SCHOOLS, ENGAGED A TOTAL OF 31 CLASSROOMS OV ER A FIVE WEEK PERIOD OVER 900 UNDUPLICATED STUDENTS PARTICIPATED IN THE GARDEN AND NUTRI TION EDUCATION PROGRAMMING - THE NUTRITION CENTER PROVIDED COORDINATION, TECHNICAL ASSISTA NCE, AND TRAINING FOR BOTH SCHOOL DISTRICTS AS PART OF A USDA FARM TO SCHOOL PLANNING GRAN T - ALONGSIDE NUTRITION CENTER STAFF, THE YOUTH CAMPAIGN CREW (YCC) IS RUN BY TWELVE LEWI STON HIGH SCHOOL STUDENTS WHO ARE EAGER TO MAKE CHANGE AROUND FOOD ISSUES IN THEIR CAFETER IA AND WITHIN THE GREATER SCHOOL CULTURE THIS YEARS' CREW WAS THE BIGGEST YET, AND THEY A RE BUILDING OFF LAST YEAR'S PROGRESS WORKING WITH FOOD SERVICE STAFF AND HIGH SCHOOL ADMI NISTRATION THE YOUTH INPUT HAS ALREADY INFLUENCED SOME PRACTICES IN THE KITCHEN THEY HAVE ALSO ORGANIZED A SERIES OF TASTE TESTS IN THE CAFETERIA THAT WILL EXPOSE STUDENTS TO NEW AND HEALTHY FOODS, WHILE ALSO INFORMING CAFETERIA STAFF ABOUT WHAT FOODS STUDENTS LIKE AND DON'T LIKE</p>

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Form and Line Reference	Explanation
PART III, LINE 2	THIS AMOUNT REPRESENTS ACCOUNTS SENT TO THE COLLECTION AGENCY MINUS PAYMENTS THAT HAVE BEEN COLLECTED PLUS A FACTOR ESTIMATING THE SELF-PAY AMOUNTS IN ACCOUNTS RECEIVABLE THAT WILL BE UNCOLLECTIBLE

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Form and Line Reference	Explanation
PART III, LINE 3	FOOTNOTE 3, PAGE 17 OF THE AUDITED FINANCIAL STATEMENTS FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE SYSTEM RECORDS AN ALLOWANCE FOR DOUBTFUL ACCOUNTS 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 (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS

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Form and Line Reference	Explanation
PART III, LINE 4	FOOTNOTE 3, PAGE 17 OF THE AUDITED FINANCIAL STATEMENTS FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE SYSTEM RECORDS A 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 (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER THE REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS

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Form and Line Reference	Explanation
PART III, LINE 8	NONE WERE REPORTED BUT IT IS IMPORTANT TO NOTE THAT APPROXIMATELY 30% OF MEDICARE PATIENTS ALSO QUALIFY FOR MEDICAID COSTING ON LINE 6 IS BASED ON RATIO OF COST TO CHARGE FROM WORKSHEET 2

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Form and Line Reference	Explanation
PART III, LINE 9B	ST MARY'S REGIONAL MEDICAL CENTER WILL MAKE A REASONABLE EFFORT TO DETERMINE WHETHER AN INDIVIDUAL QUALIFIES FOR FINANCIAL ASSISTANCE PRIOR TO INITIATING ANY COLLECTION ACTIVITY

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Form and Line Reference	Explanation
PART VI, LINE 2	<p>IN ADDITION TO THE OFFICIAL COMMUNITY HEALTH NEEDS ASSESSMENT REPORTED IN PART V, SECTION B, ST MARY'S ASSESSES THE NEEDS OF OUR COMMUNITY IN AN ON-GOING BASIS THROUGH SEVERAL KEY METHODS LEADERS ARE ACTIVE ON COMMUNITY HEALTH BOARDS INCLUDING LEWISTON-AUBURN PUBLIC HEALTH, HEALTHY ANDROSCOGGIN AND THE COMMUNITY HEALTH STAKEHOLDER GROUP, THESE MONTHLY MEETINGS ALLOW FOR CONTINUED ASSESSMENT AND SHARING OF INFORMATION PATIENT OR RESIDENT ADVISORY PANELS ALSO HELP US ASSESS NEEDS OF PATIENTS AND THE COMMUNITY WE ALSO WORK CLOSELY WITH COMMUNITY CLINICAL SERVICES (AN FQHC LOOK-ALIKE) TO SHARE INFORMATION ABOUT SOME OF THE HEALTH DISPARITIES EXPERIENCED BY COMMUNITY MEMBERS ST MARY'S WORK WITH THE LOCAL ETHNIC COMMUNITY BASED ORGANIZATIONS FOR INFORMATION AS WELL ST MARY'S WORKS WITH THE LOCAL ETHNIC COMMUNITY BASED ORGANIZATIONS FOR INFORMATION AS WELL IN 2015 A TWO YEAR PROCESS OF EXPLORING COMMUNITY NEEDS WITH PEOPLE LIVING IN THE URBAN CORE CULMINATED IN THE DEVELOPMENT OF "HEALTHY NEIGHBORHOODS" -A COALITION OF MAINSTREAM ORGANIZATIONS, SMALL GROUPS AND ETHNIC COMMUNITY BASED ORGANIZATION THAT WILL FOCUS ON HEALTH ISSUES WITHIN HOMES AND IN NEIGHBORHOODS, ESPECIALLY SOCIAL DETERMINANTS OF HEALTH SUCH AS LEAD PAINT, RADON, MOLD, TOBACCO USE, TRANSPORTATION, SAFE PARKS, GOOD SIDEWALKS, ETC ST MARY'S WAS INVOLVED THROUGH REPRESENTATION FROM ST MARY'S NUTRITION CENTER</p>

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Form and Line Reference	Explanation
PART VI, LINE 3	ST MARY'S REGIONAL MEDICAL CENTER PROVIDES FINANCIAL EDUCATION AT THE POINT OF REGISTRATION BY HAVING BROCHURES AVAILABLE THESE BROCHURES PROVIDE INFORMATION ABOUT THE HOSPITAL BILL AND VARIOUS OPTIONS ON FINANCIAL ASSISTANCE ON THE BACKSIDE OF THE MONTHLY PATIENT STATEMENTS ALSO PROVIDES EDUCATION OF THE FINANCIAL ASSISTANCE AVAILABILITY AND OPTIONS TO THOSE WHO NEED IT

Form and Line Reference	Explanation
PART VI, LINE 4	<p>ST MARY'S REGIONAL MEDICAL CENTER (SMRMC) DRAWS MOST OF ITS INPATIENT AND OUTPATIENT POPULATION FROM ANDROSCOGGIN COUNTY, THEREFORE THE NEEDS OF THIS GEOGRAPHIC AREA ARE THE FOCUS OF THE DESCRIPTION. ANDROSCOGGIN COUNTY IS A COUNTY LOCATED IN SOUTH CENTRAL MAINE. IT CONTAINS ROUGHLY 8% OF MAINE'S 1.27 MILLION RESIDENTS. ANDROSCOGGIN COUNTY CONTAINS MAINE'S SECOND AND FIFTH LARGEST CITIES: LEWISTON (POPULATION 36,202 IN THE 2015 CENSUS ESTIMATE) AND AUBURN (POPULATION 22,871 IN THE 2015 CENSUS ESTIMATE) RESPECTIVELY. LOCATED ACROSS FROM EACH OTHER ON THE ANDROSCOGGIN RIVER, THE TWIN CITIES OF LEWISTON AND AUBURN ARE THE CENTRAL HUB OF THE REGION. THE COUNTY IS WORKING TO TRANSFORM THE DOWNTOWN AREA FROM VACANT TEXTILE MILLS AND ABANDONED SHOE FACTORIES TO A REGION KNOWN FOR PROGRESSIVE HEALTH CARE, TOURISM, HIGH-PRECISION MANUFACTURING, TELEMARKETING AND FINANCIAL SERVICES. LEWISTON AND AUBURN ARE ALSO HOME TO A LARGE FRANCO-AMERICAN POPULATION AS WELL AS AN INCREASING NUMBER OF CENTRAL AND EAST AFRICAN IMMIGRANTS. THE REST OF THE COUNTY IS COMPRISED OF SMALL RURAL TOWNS WITH AN AVERAGE POPULATION OF 222 PERSONS PER SQUARE MILE. FROM THE 2015 CENSUS DATA, THE POPULATION OF ANDROSCOGGIN COUNTY IS 107,233, WITH A POVERTY RATE OF 15.4% AND MEDIAN INCOME OF \$45,765 ANNUALLY. LEWISTON'S POVERTY RATE IS EVEN HIGHER-24% (2014 AMERICAN COMMUNITY SURVEY) AND THE RATE OF CHILDHOOD POVERTY IN LEWISTON IS 43% (ACCORDING TO THE 2013 MAINE KIDS COUNT SURVEY). THE COUNTY IS PRIMARILY WHITE (92.8%) WITH BLACK (3.8%) AND TWO OR MORE RACES AT 2.1%. WITH THE CONCENTRATION OF CENTRAL AND EASTERN AFRICAN IMMIGRANTS IN LEWISTON, THE CITY HAS A MORE SIGNIFICANT BLACK POPULATION (8%). ANDROSCOGGIN COUNTY'S POPULATION REFLECTS TWO INTERESTING TRENDS: THE GREATEST NUMBER OF PEOPLE IS IN THE "UNDER 18 YEARS" CATEGORY (22%) AND THE SECOND HIGHEST CONCENTRATION OF THE POPULATION IS OVER AGE 65 (16%). THE 2016 UNEMPLOYMENT RATE IS 3.8%. SLIGHTLY OVER 10% OF THE PRIMARY LANGUAGE SPOKEN IN THE HOME IS CATEGORIZED "OTHER THAN ENGLISH" SO THERE ARE A MULTITUDE OF INTERPRETATION SERVICES AVAILABLE, AS WELL AS CULTURAL BROKERS HIRED BY THE LOCAL HOSPITALS TO ASSIST NEW MAINERS IN NAVIGATING THE HEALTH SYSTEMS. COUNT PERCENTAGE: AMERICAN INDIAN AND ALASKA NATIVE ALONE 156 0.43% ASIAN ALONE 384 1.05% BLACK OR AFRICAN AMERICAN ALONE 3174 8.67% NATIVE HAWAIIAN/OTHER PACIFIC NATIVE ALONE 14 0.04% SOME OTHER RACE ALONE 219 0.60% TWO OR MORE RACES 951 2.60% WHITE ALONE 31,694 86.61%. LEWISTON/AUBURN QUALIFIES AS A MEDICALLY UNDERSERVED AREA DEFINED AS HAVING TOO FEW PRIMARY CARE PROVIDERS, WITH HIGH INFANT MORTALITY, HIGH POVERTY RATES AND/OR HIGH ELDERLY POPULATIONS. THIS LINK DESCRIBES THE POVERTY LEVEL FOR THE CITY OF LEWISTON BY VARIOUS DEMOGRAPHICS: HTTP://WWW.CITY-DATA.COM/POVERTY/POVE-RT-Y-LEWISTON-MAINE.HTML. ADDITIONALLY, THE COMMUNITY NEEDS INDEX (CNI) IDENTIFIES THE SEVERITY OF COMMUNITY HEALTH NEEDS FOR A SPECIFIC GEOGRAPHY BY ANALYZING THE DEGREE TO WHICH THE FOLLOWING HEALTH CARE ACCESS BARRIERS EXIST IN THE COMMUNITY: A. INCOME BARRIERS, B. EDUCATION/LITERACY BARRIERS, C. CULTURE/LANGUAGE BARRIERS, D. INSURANCE BARRIERS, AND E. HOUSING BARRIERS. THE SCORE IS A WEIGHTED AVERAGE. THE CURRENT (MAY 2016) SCORE FOR ANDROSCOGGIN COUNTY IS 3.2, THE SCORE FOR THE CITY OF LEWISTON IS 4.2 (BASED ON SCALE OF 1-5 WITH 5 BEING THE HIGHEST NEED). BOTH RATES ARE SLIGHTLY HIGHER THAN THE 2013 RESULTS: MEAN(ZIP CODE) 2.6 / MEAN(PERSON) 3.2. CNI SCORE: MEDIAN 2.4 CNI SCORE: MODE 2. ZIP CODE CNI SCORE: POPULATION CITY COUNTY STATE 04210 3.2 22805 AUBURN ANDROSCOGGIN MAINE 04222 2.3870 DURHAM ANDROSCOGGIN MAINE 04236 2.4354 GREENE ANDROSCOGGIN MAINE 04240 4.2 36571 LEWISTON ANDROSCOGGIN MAINE 04250 3.4196 LISBON ANDROSCOGGIN MAINE 04252 2.8 4684 LISBON FALLS ANDROSCOGGIN MAINE 04253 2.2 2073 LIVERMORE ANDROSCOGGIN MAINE 04254 3.4 3109 LIVERMORE FALLS ANDROSCOGGIN MAINE 04256 2.6 2972 MECHANIC FALLS ANDROSCOGGIN MAINE 04258 1.6 2586 MINOT ANDROSCOGGIN MAINE 04263 2.2368 LEEDS ANDROSCOGGIN MAINE 04274 2.4 5551 POLAND ANDROSCOGGIN MAINE 04280 2.2 6464 SABATTUS ANDROSCOGGIN MAINE 04282 2.4 5848 TURNER ANDROSCOGGIN MAINE.</p> <p>DESPITE SOME SIGNIFICANT COMMUNITY HEALTH NEEDS, ANDROSCOGGIN COUNTY HAS A STRONG COMMUNITY SPIRIT, A PRIME LOCATION WITHIN THE STATE, GROWING CULTURAL DIVERSITY AND A BEAUTIFUL NATURAL ENVIRONMENT. WE HAVE AN EXISTING NETWORK OF RESPECTED HOSPITALS (ST MARY'S REGIONAL MEDICAL CENTER AND CENTRAL MAINE MEDICAL CENTER), PRIMARY CARE PHYSICIANS, A FEDERALLY QUALIFIED HEALTH CENTER, LOCAL SERVICES AGENCIES, GOVERNMENT BODIES, SCHOOL-BASED HEALTH PROGRAMS, FAITH-BASED ORGANIZATIONS, BUSINESSES AND CITIZENS WHO ARE COMMITTED TO COMMUNITY HEALTH. IN THE PAST FEW YEARS, MAINE CARDIOVASCULAR MORTALITY RATES HAVE DECREASED 46% AND AS A WHOLE, MAINE IS THE 15TH HEALTHIEST STATE IN THE NATION (AMERICA'S HEALTH RANKINGS, 2015). AS STATED IN "HOSPITAL-BASED STRATEGIES FOR CREATING A CULTURE OF HEALTH" PUBLISHED IN 2014 BY THE ROBERT</p>

Form and Line Reference	Explanation
PART VI, LINE 4	WOOD JOHNSON FOUNDATION AND THE HEALTH RESEARCH AND EDUCATION TRUST (HRET), "THE PROCESS OF ASSESSING COMMUNITY HEALTH NEEDS PROVIDES A PLATFORM FOR HOSPITALS TO CLEARLY DEFINE AND PRIORITIZE COMMUNITY HEALTH CONCERNS, DEVELOP STRATEGIES TO ADDRESS THEM AND FOSTER SUSTAINABLE COLLABORATIONS WITH KEY PARTNERS AS THE POPULATION HEALTH PARADIGM GAINS TRACTION, HOSPITALS INCREASINGLY ARE FOSTERING LEADERSHIP COMMITMENT AND ALIGNING THEIR MISSIONS TO ADVANCE THE ULTIMATE GOAL OF A HOSPITAL OR HEALTH CARE SYSTEM A CULTURE OF HEALTH IN THE IR COMMUNITY " (P 5) THE PROCESS USED IN THE STATE OF MAINE AND ANDROSCOGGIN COUNTY IS REFLECTIVE OF THIS TYPE OF COLLABORATION

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Form and Line Reference	Explanation
PART VI, LINE 5	<p>ST MARY'S REGIONAL MEDICAL CENTER AND CENTRAL MAINE MEDICAL CENTER JOINTLY OWN UNITED AMBULANCE SERVICE IN CENTRAL MAINE. INSTEAD OF SIMPLY WAITING FOR PEOPLE TO BE SICK OR INJURED AND NEED AN AMBULANCE TO TRANSPORT THEM TO THE HOSPITAL, UNITED AMBULANCE NOW OFFERS A WONDERFUL PREVENTION AND WELLNESS SERVICE TO RESIDENTS OF THE SERVICE AREA. A HOME VISIT PROGRAM BY A COMMUNITY PARAMEDIC AIMED AT EDUCATING PEOPLE ON CHRONIC DISEASE MANAGEMENT AND PREVENTING POTENTIAL INJURIES IN THE HOME. A PERSON DOES NOT HAVE TO BE HOMEBOUND TO QUALIFY FOR THE PROGRAM. SOME OF THE SERVICES OFFERED ARE: HOME INSPECTION AND SAFETY CHECKS, REVIEW OF MEDICATIONS, CONNECTION TO LOCAL RESOURCES, SCHEDULED WELL-BEING CHECKS AND SCREENINGS FOR MENTAL STATUS, HEART RATE, BLOOD PRESSURE AND BLOOD SUGAR ANALYSIS (FOR DIAGNOSED DIABETICS). THE GOAL IS TO HELP PEOPLE STAY AT HOME IN THE SAFEST WAY POSSIBLE. BY GOING INTO THE HOME ENVIRONMENT THE COMMUNITY PARAMEDIC CAN PARTNER WITH THE RESIDENT TO CREATE AN INDIVIDUALIZED PLAN FOR HEALTH AND WELLNESS. ONE PERSON WITH ASTHMA AND DIABETES HAD MULTIPLE ER VISITS IN A TWO MONTH PERIOD. WHEN THE COMMUNITY PARAMEDIC HOME VISIT BEGAN, THEY WERE ABLE TO REVIEW HER MEDICATION AND EDUCATE HER ABOUT WAYS TO REDUCE TRIGGERS FOR ASTHMA IN HER HOME. SINCE THEN, THE NUMBER OF ER VISITS HAS BEEN REDUCED BY 50%. THE PATIENT IS GRATEFUL, NOT ONLY FOR THE SUPPORT AND EDUCATION, BUT ALSO BECAUSE THE SERVICE IS FREE! ST MARY'S REGIONAL MEDICAL CENTER EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS FROM THE COMMUNITY THAT APPLY FOR PRIVILEGES. THE ORGANIZATION'S GOVERNING BODY IS COMPRISED OF 17 MEMBERS OF WHICH 53% EITHER LIVE OR WORK IN THE LEWISTON AUBURN COMMUNITY.</p>

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Form and Line Reference	Explanation
PART VI, LINE 6	<p>ST MARY'S HEALTH SYSTEM, A MEMBER OF COVENANT HEALTH, INCLUDES ST MARY'S REGIONAL MEDICAL CENTER, A 233-LICENSED BED ACUTE CARE FACILITY, COMMUNITY CLINICAL SERVICES, WITH PRIMARY CARE AND BEHAVIORAL PHYSICIANS, AND NURSE PRACTITIONERS, ST MARY'S D'YOUVILLE PAVILION, ONE OF THE LARGEST NURSING HOMES NORTH OF BOSTON, WITH 210 BEDS DEDICATED TO LONG-TERM CARE, A SECURE ALZHEIMER'S UNIT, A NEWLY OPENED REHAB SPECIALTY CARE SUITE, AND A STATE OF THE ART REHAB CENTER, ST MARY'S RESIDENCES, AN INDEPENDENT LIVING CENTER OUR MISSION IS TO CONTINUE THE HEALING MINISTRY OF THE CATHOLIC CHURCH IN THE SPIRIT OF ST MARGUERITE D'YOUVILLE BY PROVIDING PREVENTIVE, CURATIVE, RESTORATIVE, AND SUPPORTIVE SERVICES WITH COMPASSION AND RESPECT FOR EVERYONE WE TAKE SERIOUSLY THE "PREVENTIVE" ASPECT OF THE MISSION STATEMENT BY OFFERING PREVENTION AND WELLNESS PROGRAMS FOR THE COMMUNITY, OFFER HEALTH SCREENINGS AND WORKING TO PROVIDE ACCESS TO HEALTHY FOOD THROUGH THE NUTRITION CENTER THE NURSING HOME OFFERS EDUCATION TO THE COMMUNITY ABOUT FALL PREVENTION, GRIEF SUPPORT AND CAREGIVER SUPPORT HEALTH SYSTEM LEADERSHIP PARTICIPATE IN VARIOUS COMMUNITY GROUPS TO CONDUCT HEALTH CARE NEEDS ASSESSMENTS AND TO DEVELOP COMMUNITY INTERVENTIONS TO IMPROVE HEALTH</p>

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Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	ME

Additional Data

Software ID:**Software Version:**

EIN: 01-0211551

Name: ST MARY'S REGIONAL MEDICAL CENTER

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

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
ST MARY'S REGIONAL MEDICAL CENTER	<p>PART V, SECTION B, LINE 5 UNDERSTANDING THE HEALTH NEEDS OF A COMMUNITY ALLOWS PUBLIC HEALTH AND HEALTH CARE ORGANIZATIONS TO DESIGN AND IMPLEMENT COST-EFFECTIVE STRATEGIES THAT IMPROVE THE HEALTH STATUS OF THE POPULATIONS THEY SERVE. A COMPREHENSIVE DATA-DRIVEN ASSESSMENT PROCESS CAN IDENTIFY, WITH A HIGH DEGREE OF ACCURACY, PRIORITY HEALTH NEEDS AND ISSUES RELATED TO PREVENTION, DIAGNOSIS AND TREATMENT. ASSESSMENT TOOLS ALSO MAY ASSIST IN PINPOINTING ACCESS TO CARE BARRIERS, UTILIZATION OF EVIDENCE-BASED GUIDELINES, AND UTILIZATION OF HEALTH SERVICES. IN MAINE, HEALTHCARE LEADERS AND PUBLIC HEALTH LEADERS COLLABORATED TO CONDUCT THE ASSESSMENT AND ANALYZE THE DATA FOR THIS LATEST CHNA IN A COLLABORATION DESIGNATED AS THE MAINE SHARED HEALTH NEEDS ASSESSMENT & PLANNING PROCESS. ABOUT THE COLLABORATIVE THE MAINE SHARED HEALTH NEEDS ASSESSMENT & PLANNING PROCESS (SHNAPP) WAS ESTABLISHED FROM A SERIES OF PLANNING EVENTS AND CONVERSATIONS AMONG HEALTHCARE AND PUBLIC HEALTH LEADERS IN RESPONSE TO EMERGING STATE AND FEDERAL MANDATES TO IMPROVE THE HEALTH OF MAINE COMMUNITIES. A MEMORANDUM OF UNDERSTANDING (MOU) WAS DEVELOPED AND SIGNED IN JUNE 2014 BY CEOs FROM CENTRAL MAINE HEALTHCARE, EASTERN MAINE HEALTHCARE SYSTEMS, MAINE GENERAL HEALTH, AND MAINE HEALTH. IN ADDITION TO THE COMMISSIONER OF MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES, TANGIBLE PRODUCTS INCLUDE SHARED COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORTS CREATED FROM SECONDARY QUANTITATIVE DATA AND PRIMARY QUALITATIVE DATA ANALYSES, COMMUNITY ENGAGEMENT ACTIVITIES, AND HEALTH IMPROVEMENT PLANS ABOUT THE SHARED COMMUNITY HEALTH NEEDS ASSESSMENT. THE SHARED COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED BY MAINE SHNAPP MEMBERS. THE SERIES OF REPORTS PRODUCED AS A RESULT SUPPORT EFFORTS TO MAKE MAINE'S COMMUNITY THE HEALTHIEST IN AMERICA. THE CHNA REPORT (SEE APPENDIX 1 FOR THE COMPLETE ANDROSCOGGIN COUNTY REPORT) PRESENTS BOTH QUANTITATIVE AND QUALITATIVE FINDINGS. THE QUANTITATIVE DATA CAME FROM 25 SOURCES (SURVEYS SUCH AS THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, THE MAINE INTEGRATED YOUTH HEALTH SURVEY, PATIENT CLAIMS DATA FROM THE MAINE HEALTH DATA ORGANIZATION, AND DISEASE REGISTRIES SUCH AS THE CANCER REGISTRY) FOR OVER 160 INDICATORS WITHIN 18 DOMAINS OR HEALTH CATEGORIES. THE QUALITATIVE DATA WAS GLEANED FROM AN ONLINE STAKEHOLDER SURVEY MEANT TO CAPTURE OPINIONS OF HEALTH PROFESSIONALS AND COMMUNITY STAKEHOLDERS ON THE HEALTH ISSUES AND NEEDS OF COMMUNITIES ACROSS THE STATE. THE DATA GATHERED FROM THESE SOURCES ALLOWED LOCAL HOSPITALS TO IDENTIFY THE TOP HEALTH ISSUES OR PRIORITIES FOR THEIR COUNTY AND LOCAL COMMUNITIES. COMMUNITY INPUT/COMMUNITY ENGAGEMENT USING SHARED CHNA REPORTS FOR LOCAL AND REGIONAL PLANNING IS A CRITICAL PART OF THE NEEDS ASSESSMENT AND HEALTH IMPROVEMENT PLANNING PROCESS. THE PROCESS, CO-LED BY MAINE CDC DISTRICT LIAISONS AND REPRESENTATIVES FROM MAINE SHNAPP NOT-FOR-PROFIT HOSPITALS, ACHIEVED THE FOLLOWING: ENSURED BROAD INTERESTS OF THE LOCAL</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
ST MARY'S REGIONAL MEDICAL CENTER	<p>COMMUNITY WERE REPRESENTED, O OBTAINED STAKEHOLDER INPUT ON IDENTIFYING SIGNIFICANT HEALTH NEEDS BASED ON REVIEW OF DATA, O SOLICITED STAKEHOLDER FEEDBACK ON PRIORITIZING SIGNIFICANT HEALTH NEEDS, AND O IDENTIFIED LOCAL ASSETS AND RESOURCES THAT COULD ADDRESS LOCAL HEALTH PRIORITIES PREPARING FOR COMMUNITY ENGAGEMENT</p> <p>SEPTEMBER 2014- SEPTEMBER 2015 THE SHNAPP COMMUNITY ENGAGEMENT PLANNING PROCESS INCLUDED THE DISTRICT LIAISON FROM THE MAINE CDC AND REPRESENTATIVES FROM PARTICIPATING MAINE SHNAPP HOSPITALS IN THE REGION (ST MARY'S REGIONAL MEDICAL CENTER AND CENTRAL MAINE MEDICAL CENTER IN LEWISTON) IT WAS DECIDED THAT THE EXISTING COMMUNITY HEALTH STAKEHOLDER COALITION WOULD BE THE LOCAL GROUP TO COORDINATE COMMUNITY ENGAGEMENT SESSIONS IN ANDROSCOGGIN COUNTY IN 2012, REPRESENTATIVES FROM THE TWO LOCAL HOSPITAL SYSTEMS CAME TOGETHER TO ESTABLISH THE COMMUNITY HEALTH STAKEHOLDER COALITION, A GROUP OF COMMUNITY HEALTH AGENCIES, THE PUBLIC HEALTH SECTOR AND HOSPITALS THEY DEVELOPED THIS PURPOSE STATEMENT IMPROVE THE HEALTH OF ANDROSCOGGIN COUNTY BY CONVENING COMMUNITY HEALTH STAKEHOLDERS TO COLLABORATE ON -CONDUCTING COMMUNITY HEALTH NEEDS ASSESSMENTS- EDUCATING MEMBERS AND CONSTITUENTS ON FINDINGS OF COMMUNITY HEALTH NEEDS ASSESSMENTS- DEVELOPING STRATEGIES TO ADDRESS PRIORITIZED NEEDS- SHARING RELEVANT RESOURCES THROUGH NETWORKING</p> <p>ADDITIONALLY THE STAKEHOLDER GROUP CONTINUES TO ASSESS METHODS TO INCREASE THE COMMUNITIES' KNOWLEDGE OF, AND ACCESS TO, RESOURCES IN OUR AREA SUCH AS 2-1-1 MAINE AND TO EXPLORE OPTIONS FOR DIRECT REFERRAL TO RESOURCES FROM WITHIN THE HEALTHCARE SYSTEMS OBTAINING LOCAL COMMUNITY ENGAGEMENT INPUT</p> <p>OCTOBER 2015- MARCH 2016 IN ORDER TO OBTAIN LOCAL COMMUNITY INPUT, THE COMMUNITY HEALTH STAKEHOLDER COALITION REVIEWED THE DATA IN THE ANDROSCOGGIN COUNTY SHNAPP CHNA REPORT AND THEN DEVELOPED AN APPROACH TO COMMUNITY ENGAGEMENT TO MAXIMIZE PARTICIPATION OF A CROSS SECTION OF THE COMMUNITY</p> <p>THE COMMUNITY HEALTH STAKEHOLDER COALITION COORDINATED TWO COMMUNITY FORUMS HELD IN MARCH 2016 AND 13 OTHER GROUP PRESENTATION/KEY INFORMANT INTERVIEWS WITH EXISTING COMMUNITY GROUPS (SEE APPENDIX 2- COMMUNITY ENGAGEMENT) THE OBJECTIVES OF THE FORUM INCLUDED O PROVIDE AWARENESS AMONG COMMUNITY STAKEHOLDERS OF THE DATA/RESULTS FROM THE MAINE SHNAPP OR SUBSEQUENT RESEARCH BUILT ON THAT RESOURCE, O INVITE LOCAL INPUT ON WHAT THE DATA MEANS TO EACH LOCAL COMMUNITY/REGION, O SOLICIT LOCAL INPUT ON WHAT ISSUES SHOULD BE PRIORITIZED LOCALLY, O SOLICIT LOCAL IDEAS ON EXISTING RESOURCES, ASSETS, OR NEW INITIATIVES THAT SHOULD BE ALIGNED/DEVELOPED TO ADDRESS THE PRIORITIZED ISSUES, AND O CAPTURE AND SHARE INPUT FROM THE FORUM USING THE MODEL LOCAL SHNAPP COMMITTEE REPORTING FORM</p> <p>THE COALITION ALSO DECIDED TO APPROACH EXISTING COMMUNITY GROUPS SUCH AS THE CHAMBER OF COMMERCE AND SENIORS PLUS AND INDIVIDUAL COMMUNITY MEMBERS TO OFFER GROUP PRESENTATIONS , KEY INFORMANT INTERVIEWS AND EVEN WRITTEN SURVEYS OFFERING THE ABOVE ELEMENTS IN ALL, 520 PEOPLE PARTICIPATED IN EITHER</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
ST MARY'S REGIONAL MEDICAL CENTER	ER THE COMMUNITY FORUMS, GROUP PRESENTATIONS, INTERVIEWS AND WRITTEN SURVEYS IN ANDROSCOGG IN COUNTY THE SECTORS REPRESENTED INCLUDED PUBLIC HEALTH, MEDICALLY UNDERSERVED, COMMUNITY HEALTH COALITION, NON-PROFIT AGENCIES, LOW INCOME, RACIAL/ETHNIC MINORITIES, BUSINESS AND EDUCATION THE CONVERSATIONS LARGELY INFORMED BOTH THE IMPLEMENTATION STRATEGIES AND STRATEGIC PLANS FOR THE HOSPITALS SUMMARIES AND/OR NOTES FROM ALL OF THE FORUMS ARE AVAILAB LE AT HTTPS //WWW MAINEGENERAL ORG/PAGES/MAINE-PUBLIC-HEALTH-DISTRICTS ASPZ

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
ST MARY'S REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 6A CENTRAL MAINE MEDICAL CENTER IN LEWISTON, MAINE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
ST MARY'S REGIONAL MEDICAL CENTER	<p>PART V, SECTION B, LINE 6B THE SHARED COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED BY MAINE SHNAPP MEMBERS THE MAINE SHARED HEALTH NEEDS ASSESSMENT & PLANNING PROCESS (SHNAPP) WAS ESTABLISHED FROM A SERIES OF PLANNING EVENTS AND CONVERSATIONS AMONG HEALTHCARE AND PUBLIC HEALTH LEADERS IN RESPONSE TO EMERGING STATE AND FEDERAL MANDATES TO IMPROVE THE HEALTH OF MAINE COMMUNITIES A MEMORANDUM OF UNDERSTANDING (MOU) WAS DEVELOPED AND SIGNED IN JUNE 2014 BY CEOS FROM CENTRAL MAINE HEALTHCARE, EASTERN MAINE HEALTHCARE SYSTEMS, MAINEGENERAL HEALTH, AND MAINEHEALTH IN ADDITION TO THE COMMISSIONER OF MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR THE MOST RECENT CHNA, COALITION MEMBERS INCLUDED JAMIE PAUL, WESTERN MAINE DISTRICT COORDINATING COUNCIL OF THE MAINE CENTER FOR DISEASE CONTROL AND PREVENTION, CYNTHIA RICE, DIRECTOR OF COMMUNITY HEALTH, WELLNESS AND CARDIOPULMONARY REHAB, CENTRAL MAINE MEDICAL CENTER, ELIZABETH KEENE, VP OF MISSION INTEGRATION, ST MARY'S HEALTH SYSTEM, ERIN GUAY, EXECUTIVE DIRECTOR, HEALTHY ANDROSCOGGIN, CATHERINE RYDER, EXECUTIVE DIRECTOR, TRI-COUNTY MENTAL HEALTH SERVICES, GINNY ANDREWS, NUTRITION SERVICES PROGRAM MANAGER, WESTERN MAINE COMMUNITY ACTION, STEVE JOHNDRO, EXECUTIVE DIRECTOR, WESTERN MAINE COMMUNITY ACTION, BRENDA CZADO, DIRECTOR OF HOME CARE, ANDROSCOGGIN HOME CARE AND HOSPICE, REBECCA AUSTIN, DIRECTOR OF OUTREACH SERVICES, SAFE VOICES, SAM BOSS, HARWOOD CENTER AT BATES COLLEGE, JOAN CHURCHILL, EXECUTIVE DIRECTOR, COMMUNITY CLINICAL SERVICES, SHAWN YARDLEY, EXECUTIVE DIRECTOR, COMMUNITY CONCEPTS, LARRY MARCOUX, UNITED WAY AND QUINN GORMLEY, HEALTH EQUITY ALLIANCE THESE MEMBERS REPRESENTED COMMUNITY HEALTH, PUBLIC HEALTH, HOSPITALS, MINORITY POPULATIONS, LOCAL COLLEGES, COMMUNITY ACTION AGENCIES AND THE LOCAL FEDERALLY QUALIFIED HEALTH CENTER (FQHC)</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
ST MARY'S REGIONAL MEDICAL CENTER	<p>PART V, SECTION B, LINE 11 IN A CULTURE OF HEALTH, IT IS IMPORTANT TO KNOW THE ELEMENTS THAT AFFECT HEALTH, INCLUDING HEALTH BEHAVIORS, CLINICAL CARE, SOCIOECONOMIC FACTORS AND THE PHYSICAL ENVIRONMENT. MAINE HAS SEVERAL SOCIO-DEMOGRAPHIC CHARACTERISTICS THAT MAY IMPACT THE HEALTH INDICATORS IN ANDROSCOGGIN COUNTY. FOR EXAMPLE, ANDROSCOGGIN COUNTY HAS THE OLDEST POPULATION IN THE STATE (AND MAINE HAS THE OLDEST POPULATION IN THE U.S.) WHILE BEING OLDER DOES NOT NECESSARILY EQUATE TO POOR HEALTH, THE REALITY IS THAT AGING POPULATIONS USE MORE HEALTH SERVICES THAN YOUNGER POPULATIONS. MAINE HAS A LOWER MEDIAN INCOME THAN THE U.S. AND ANDROSCOGGIN COUNTY'S MEDIAN HOUSEHOLD INCOME IS EVEN LOWER THAN THE STATE'S RATE. ANDROSCOGGIN COUNTY HAS A HIGHER THAN STATE AVERAGE RATE OF PEOPLE LIVING BELOW THE FEDERAL POVERTY LINE AND A LOWER HIGH SCHOOL GRADUATION RATE. AS THE SHNAPP CHNA REPORT NOTES, "STAKEHOLDERS SELECTED THE FOLLOWING FIVE FACTORS AS THE GREATEST PROBLEMS LEADING TO POOR HEALTH OUTCOMES IN ANDROSCOGGIN COUNTY: POVERTY, TRANSPORTATION, ACCESS TO BEHAVIORAL HEALTH, HOUSING STABILITY AND ADVERSE CHILDHOOD EXPERIENCES. THESE ARE THE IDENTIFIED HEALTH ISSUES FOR ANDROSCOGGIN COUNTY IN THIS 2016 CHNA BASED ON DATA AND COMMUNITY INPUT: "ACCESS TO HEALTH CARE AND PRIMARY CARE," "CHRONIC DISEASE," "ENVIRONMENTAL HEALTH," "INFECTIOUS DISEASE/SEXUALLY TRANSMITTED DISEASE," "INJURIES," "MENTAL HEALTH," "PHYSICAL ACTIVITY," "NUTRITION AND OBESITY," "PREGNANCY AND BIRTH OUTCOMES," "SUBSTANCE AND ALCOHOL USE," "TOBACCO USE." PRIORITIZING IDENTIFIED HEALTH NEEDS: NEXT, THE COMMUNITY HEALTH STAKEHOLDER COALITION COMPLETED A CROSSWALK OF IDENTIFIED COMMUNITY HEALTH NEEDS AND NOTED THE MOST COMMONLY SHARED NEEDS. THE RESULTS WERE THEN PRIORITIZED USING THE RECOMMENDED GUIDELINES IN THE CATHOLIC HEALTH ASSOCIATION OF AMERICA'S ASSESSING AND ADDRESSING COMMUNITY HEALTH NEEDS (TO RANK HEALTH NEEDS AND ASSIGN WEIGHT TO CRITERIA OF IMPORTANCE). EACH HEALTH ISSUE WAS EVALUATED BY RATING AND WEIGHT FOR THE FOLLOWING FIVE CRITERIA: -HOW MANY PEOPLE ARE AFFECTED BY THE PROBLEM?-WHAT ARE THE CONSEQUENCES OF NOT ADDRESSING THIS PROBLEM?-ARE EXISTING PROGRAMS ADDRESSING THIS ISSUE?-HOW IMPORTANT IS THIS PROBLEM TO COMMUNITY MEMBERS?-HOW DOES THIS PROBLEM AFFECT VULNERABLE POPULATIONS? THE SEVEN PRIORITY AREAS THAT EMERGED ARE: ACCESS TO HEALTH CARE, CHRONIC DISEASE, ENVIRONMENTAL HEALTH, LEAD POISONING, MENTAL HEALTH, PHYSICAL ACTIVITY, NUTRITION AND OBESITY, SUBSTANCE AND ALCOHOL USE, TOBACCO USE. THE PRIORITIES SELECTED INCLUDE THE THREE TOP PRIORITIES IDENTIFIED IN THE SHNAPP CHNA REPORT FOR ANDROSCOGGIN COUNTY (SUBSTANCE USE, MENTAL HEALTH AND OBESITY). INTERESTINGLY, THE PRIORITIES ARE CONSISTENT WITH HEALTHY PEOPLE 2020 GOALS, THE UNITED STATES PREVENTIVE SERVICES TASK FORCE AND THE SURGEON GENERAL'S NATIONAL PREVENTION STRATEGIES OF TOBACCO AND DRUG-FREE LIVING, MENTAL AND EMOTIONAL WELL-BEING, HEALTHY EATING AND ACTIVE LIVING. PRIORITY AREAS THAT WERE NOT SELECTED TO BE ADDRESSED: PREGNANCY AND</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
ST MARY'S REGIONAL MEDICAL CENTER	<p>BIRTH OUTCOMES (OTHER COMMUNITY AGENCIES FOCUS ON THIS HEALTH NEED), INJURIES (OTHER LOCAL HOSPITAL AND COMMUNITY AGENCIES FOCUS ON THIS HEALTH NEED), INFECTIOUS AND SEXUALLY TRANSMITTED DISEASES (STATE CENTER FOR DISEASE CONTROL ADDRESSES THIS HEALTH NEED) ST MARY'S OFFERED A VARIETY OF STRATEGIES AND INITIATIVES TO ADDRESS THE PRIORITIZED HEALTH NEEDS IN ANDROSCOGGIN COUNTY, INCLUDING COMMUNITY HEALTH SCREENINGS AND EDUCATION ALSO HOSTED AND/ OR FACILITATED COMMUNITY SUPPORT GROUPS FOR HEALTH SERVICES AS WELL AS EXERCISE PROGRAMS TARGETED FOR WELLNESS AND PREVENTION " GIVEN THE FACT THAT MAINE HAS ONE OF THE HIGHEST CANCER INCIDENCE RATES IN THE COUNTRY, ST MARY'S FOCUSED ON CANCER PREVENTION LUNG SCREENINGS WERE HELD TO DETECT CANCER IN HIGH RISK PATIENTS, SPECIAL SATURDAY HOURS WERE HELD TO OFFER COLONOSCOPIES, ALONG WITH MAMMOGRAMS " ST MARY'S ALSO DECIDED TO ADVANCE TO THE NEXT LEVEL FOR BECOMING A TOTALLY SMOKE FREE CAMPUS TO HIGHLIGHT THE SIGNIFICANCE OF TOBACCO USE ON HEALTH " ST MARY'S PARTNERED WITH THE OTHER LOCAL HOSPITAL AND HOME CARE/HOSPICE AGENCY TO PRESENT "BEING MORTAL" COMMUNITY SCREENINGS ON ADVANCE CARE PLANNING THREE SESSIONS WERE HELD IN THE COMMUNITY IN THE SPRING OF 2016 AND APPROXIMATELY 200 PEOPLE ATTENDED THE SCREENING AND PANEL DISCUSSION " MAINE IS IN THE MIDST OF AN OPIATE CRISIS IN THE STATE TO ADDRESS THIS, ST MARY'S PARTNERED WITH THE LOCAL PUBLIC HEALTH AGENCY, LAW ENFORCEMENT, SCHOOLS AND BUSINESSES TO HOLD A COMMUNITY FORUM ON OPIATE USE A WORKPLAN IS BEING DEVELOPED WITH INSIGHTS FROM THAT FORUM " ST MARY'S PREVENTION AND WELLNESS OFFERS CLASSES TO THE COMMUNITY TO PROMOTE PHYSICAL ACTIVITY AND WELLNESS IN 2016 THERE WERE 248 MEMBERS AND APPROXIMATELY 2499 CLASSES OFFERED ONE PARTICIPANT NOTES "I HAVE BEEN PARTICIPATING IN HEALTHSTEPS AQUA-AEROBICS/FITNESS CLASS SINCE 1996 IT HAS HONESTLY BECOME PART OF MY WEEKLY ROUTINE I CANNOT IMAGINE MY LIFE WITHOUT THE SWIM CLASS THREE TIMES A WEEK, THE OTHER PARTICIPANTS WHO HAVE BECOME GREAT FRIENDS OVER THE YEARS, THROUGH OUR EXERCISING AND LAUGHING AND SUPPORTING ONE ANOTHER THROUGH LIFE CHALLENGES, AND THE ENCOURAGEMENT OF THE INSTRUCTORS WE EXERCISE HARD, MODERATING THE ACTIVITIES ACCORDINGLY, AND WE HAVE FUN MY LIFE IS RICHER BECAUSE OF THIS PROGRAM I CANNOT WAIT TO RETIRE SO THAT I CAN TAKE ADVANTAGE OF ALL THE WONDERFUL CLASSES " " ANOTHER STRATEGY FOR INCREASING PHYSICAL ACTIVITY IN 2016 ST MARY'S HOSTED ITS THIRD COMMIT TO GET FIT CHALLENGE-A 3K WALK, 5 OR 10K RUN THROUGH THE AUBURN COMMUNITY ITS PURPOSE WAS TWO-FOLD TO ENCOURAGE THE COMMUNITY AND EMPLOYEES TO COMMIT TO FITNESS AND TO RAISE MONEY FOR THE MARGUERITE D'YOUVILLE FUND, A FINANCIAL ASSISTANCE CRISIS FUND FOR PATIENTS AND EMPLOYEES THE EVENT WAS A HUGE SUCCESS WITH MORE THAN 400 PARTICIPANTS IT BROUGHT IN \$25,000 FOR THE FUND ANDROSCOGGIN COUNTY IS ONE OF THE OLDEST COUNTIES IN THE STATE OF MAINE ST MARY'S PROVIDED QUARTERLY COMMUNITY EDUCATION THROUGH SENIORS PLUS, THE</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
ST MARY'S REGIONAL MEDICAL CENTER	<p>LOCAL AREA AGENCY ON AGING TOPICS INCLUDED "SLEEPING AS WE AGE AND NUTRITION A PRESENTA TION WAS ALSO HELD IN A LOCAL COMMUNITY ORGANIZATION ON DEMENTIA AND ALZHEIMER'S OVER 200 SENIORS ATTENDED A PRESENTATION ON OPIATE ADDICTION AND HOW ADDICTION CAN START WITH OVER -PRESCRIBING OF COMMON PAIN MEDICATIONS " TO ADDRESS ENVIRONMENTAL HEALTH IN THE PAST TEN YEARS, 678 CHILDREN HAVE BEEN POISONED BY LEAD IN THE LEWISTON-AUBURN AREA, AND THERE ARE HUNDREDS OF VISITS TO THE EMERGENCY DEPARTMENT EACH YEAR DUE TO ASTHMA IN ADDITION, NATI ONALLY 40% OF ASTHMA EPISODES ARE CAUSED BY TRIGGERS IN THE HOME SUCH AS MOLD, TOBACCO SMO KE AND PESTS IN 2016 ST MARY'S PARTNERED WITH BOTH GREEN AND HEALTHY HOMES INITIATIVE (G HHI) AND THE LEWISTON PUBLIC HEALTH COMMITTEE TO ADDRESS THE ISSUE OF LEAD AND IMPROVING T HE HOUSING STOCK OF LEWISTON IN GENERAL AS PART OF A POPULATION HEALTH EFFORT THAT INCLUD ES A COMMUNITY COLLABORATIVE, ST MARY'S IS A CHARTER MEMBER OF THE GREEN AND HEALTHY HOME S INITIATIVE IN MAINE THIS MODEL IS DESIGNED TO INTEGRATE HEALTH, SAFETY, LEAD HAZARD RED UCTION, ENERGY EFFICIENCY AND WEATHERIZATION HOUSEHOLD INTERVENTIONS TO IMPROVE OUR HOUSIN G STOCK IN LEWISTON-AUBURN 77% OF THE BUILDINGS WERE BUILT BEFORE 1980, WHICH MEANS THERE IS STRUCTURAL DECAY, OUTDATED HEATING SYSTEMS, LACK OF INSULATION AND ACCESSIBILITY ISSUE S THIS IS A SERIOUS ISSUE IN OUR COMMUNITY IN 2016 EFFORTS FOCUSED ON CODE ENFORCEMENT F OR LEAD PAINT VIOLATIONS, A RENTAL REGISTRY FOR LANDLORDS AND LEGISLATION FOR LEAD PAINT A BATEMENT " TO ADDRESS FOOD INSECURITY AND NUTRITIONAL NEEDS (IMPORTANT ASPECTS OF CHRONIC HEALTH CONDITIONS), WE ARE PROUD TO REPORT THAT WE ARE DISTRIBUTING MORE FRESH PRODUCE TH ROUGH OUR FOOD PANTRY THAN EVER BEFORE! IN 2014, WE GAVE OUT APPROXIMATELY 20,000 POUNDS O F FRESH PRODUCE, AND DOUBLED THAT TO OVER 40,000 POUNDS IN 2015 WITH A STRATEGIC FOCUS IN 2016, THIS GREW THREE-FOLD TO OVER 150,000 POUNDS IN 2016 UNFORTUNATELY, THE NEED FOR FO OD PANTRY SERVICES CONTINUES TO RISE, WE ARE CURRENTLY PROVIDING FOOD FOR ABOUT 580 PEOPLE EACH WEEK (UP 54% IN THE LAST TWO YEARS) INCREASING THE AMOUNT OF FRESH PRODUCE WE DISTR IBUTE IS ONE WAY THE FOOD PANTRY IS MEETING THIS INCREASED NEED FOR SERVICES WITHIN OUR LI MITED BUDGET ANOTHER SUCCESS STORY IN THE FOOD PANTRY HAS BEEN A NEW PARTNERSHIP WITH TRI -COUNTY MENTAL HEALTH SERVICES BEGINNING IN JUNE, WE DEVELOPED VOLUNTEER OPPORTUNITIES FO R TRI-COUNTY CLIENTS TO VOLUNTEER IN A SAFE, SUPPORTIVE ENVIRONMENT THIS ADULT POPULATION IS ONE THAT IS UNDERSERVED AND UNDERAPPRECIATED, AND IT IS HAS BEEN A WONDERFUL PARTNERSHIP IP TRI-COUNTY STAFF REPORT THAT THIS HAS BEEN ONE OF THE FAVORITE ACTIVITIES THEY'VE ORGA NIZED FOR THEIR CLIENTS THEY HAVE A FEW PEOPLE THAT WILL COME TO VOLUNTEER AT THE PANTRY BUT WON'T ENGAGE WITH ANYTHING ELSE</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
ST MARY'S REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 13H HOUSEHOLD SIZE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
ST MARY'S REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 15E ST MARY'S WEBSITE PROVIDES ACCESS TO THE FREE CARE APPLICATION AS WELL AS CONTACT INFORMATION FOR ASSISTANCE IN ANSWERING ANY QUESTIONS OR IN COMPLETING THE APPLICATION

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 ST MARY'S REGIONAL MEDICAL CENTER	Employer identification number 01-0211551
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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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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	Yes	
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?	Yes	
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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		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.		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?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		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?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		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.	Yes	
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.		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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
PART I, LINE 1A	THE PRESIDENT/CEO OR THE CFO MAY AUTHORIZE PAYMENT OF SPOUSAL TRAVEL EXPENSES. THE PAYMENT OF SUCH AMOUNTS ARE TREATED AS TAXABLE COMPENSATION AND REPORTED ON FORM W-2 OR 1099 AS REQUIRED.
PART I, LINE 7	DR. JEFFEREY DAVILA, ORTHOPEDIC SURGEON, RECEIVED A \$25,000 SIGN-ON BONUS WHEN HE JOINED ST. MARY'S ON A FULL-TIME BASIS IN 2016. THE BONUS WAS IN CONNECTION WITH A RECRUITING PROGRAM AS AN INCENTIVE TO ENCOURAGE EMPLOYMENT IN "HARD-TO-FILL SPECIALTIES."

Additional Data

Software ID:

Software Version:

EIN: 01-0211551

Name: ST MARY'S REGIONAL 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				
CAROLYN KASABIAN TERM 162016 TREASURY/SECRETARY	(i)	262,122	0	0	2,627	9,802	274,551	0
	(ii)	0	0	0	0	- 0	- 0	0
1CHRISTOPHER CHEKOURAS PRESIDENT/CEO	(i)	388,288	0	0	0	24,841	413,129	0
	(ii)	0	0	0	0	- 0	- 0	0
MICHAEL HENDRIX EFF 262016 TREASURY/SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	204,804	0	0	2,129	- 28,774	- 235,707	0
3MICHAEL KELLEYMD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	416,762	72,550	0	2,610	- 20,680	- 512,602	0
4KAREN CLARK VP PATIENT CARE SERVICE	(i)	205,438	0	0	2,168	26,210	233,816	0
	(ii)	0	0	0	0	- 0	- 0	0
5CHRISTOPHER BOWEMD CHIEF MEDICAL OFFICER	(i)	371,971	0	0	2,637	25,647	400,255	0
	(ii)	0	0	0	0	- 0	- 0	0
6PHILIP HICKEY CEO POST ACUTE CARE	(i)	191,276	0	0	0	11,013	202,289	0
	(ii)	0	0	0	0	- 0	- 0	0
7JEFFREY DAVILAPHYSICIAN	(i)	575,430	25,000	0	0	5,932	606,362	0
	(ii)	0	0	0	0	- 0	- 0	0
8JOSEPH STRAUSSPHYSICIAN	(i)	697,922	0	0	0	21,521	719,443	0
	(ii)	0	0	0	0	- 0	- 0	0
9MICHAEL NEWMANMD PHYSICIAN	(i)	752,897	0	0	2,586	21,550	777,033	0
	(ii)	0	0	0	0	- 0	- 0	0
10MICHAEL PARKERMD PHYSICIAN	(i)	594,562	0	0	2,609	6,498	603,669	0
	(ii)	0	0	0	0	- 0	- 0	0
11MOHAMED AL SAIEDMD PHYSICIAN	(i)	518,282	0	0	0	21,509	539,791	0
	(ii)	0	0	0	0	- 0	- 0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
ST MARY'S REGIONAL 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

2016

Open to Public Inspection

Employer identification number
01-0211551

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA REVENUE BOND SERIES 2007A	01-0314384	560425V80	11-01-2007	6,685,000	CONSTRUCTION		X		X		X
B MHHEFA REVENUE BOND SERIES 2010B	01-0314384	560427JA5	06-24-2010	7,825,000	REFINANCING OF 1999 & 2001 TAX-EXEMPT BONDS		X		X		X
C MHHEFA REVENUE BOND SERIES 2014A	01-0314384	560427W77	07-24-2014	8,490,000	REFINANCING OF 2004A BONDS		X		X		X
D MHHEFA REVENUE BOND SERIES 2014	01-0314384	560427U61	07-24-2014	2,450,000	REFINANCING OF 2004 BONDS		X		X		X

Part II

Proceeds

					A		B		C		D	
1	Amount of bonds retired											
2	Amount of bonds legally defeased											
3	Total proceeds of issue				6,853,065		9,077,696		9,406,745		2,661,384	
4	Gross proceeds in reserve funds				444,500		603,175		1,615,380		616,000	
5	Capitalized interest from proceeds											
6	Proceeds in refunding escrows								1,560,850		2,993,216	
7	Issuance costs from proceeds				89,925		96,465		52,292		19,344	
8	Credit enhancement from proceeds											
9	Working capital expenditures from proceeds											
10	Capital expenditures from proceeds				6,318,640							
11	Other spent proceeds											
12	Other unspent proceeds											
13	Year of substantial completion				2007		2010		2014		2014	
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?					X	X			X	X	
15	Were the bonds issued as part of an advance refunding issue?					X		X	X			X
16	Has the final allocation of proceeds been made?				X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		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		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		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		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		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 ▶								
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								
7 Does the bond issue meet the private security or payment test? . . .		X		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		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		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			X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								X
b Exception to rebate?								X
c No rebate due?								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		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

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		X	
b	Name of provider	FSA		FSA		FSA		FSA	
c	Term of GIC	3000 0000000000 %		2000 0000000000 %		900 0000000000 %		900 0000000000 %	
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X		X		X	
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .		X		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		X

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

Return Reference	Explanation
SCHEDULE K PART IV, LINE 7 AND PART V	ALL BONDS ARE CAREFULLY AND CONSISTENTLY MONITORED FOR POTENTIAL VIOLATIONS OF FEDERAL TAX REQUIREMENTS, BUT THE PROCEDURES WERE NOT WRITTEN AS OF THE END OF THE YEAR COVERED BY THIS TAX RETURN HOWEVER, THE ORGANIZATION IS IN THE PROCESS OF ADOPTING FORMAL POLICIES THAT SET FORTH THE ORGANIZATION'S METHODOLOGY FOR ENSURING POST-ISSUANCE COMPLIANCE WITH IRS REQUIREMENTS PERTAINING TO TAX-EXEMPT DEBT AND CONTAIN SPECIFIC LANGUAGE REGARDING ORGANIZATIONAL RESPONSIBILITY, RECORD RETENTION, PRIVATE BUSINESS USE, ARBITRAGE REBATE, AND REMEDIAL ACTION ALTHOUGH FORMAL POLICIES ARE NOT IN PLACE IN REGARDS TO THE REMEDIATION OF OUR BONDS, THE MONITORING REQUIREMENTS OF SECTION 148, AND PROCEDURES TO ENSURE THAT VIOLATIONS ARE TIMELY IDENTIFIED AND CORRECTED, THE ORGANIZATION HAS COMPLIANCE CHECKS IN PLACE THAT SUBSTANTIATE THESE REQUIREMENTS

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
ST MARY'S REGIONAL MEDICAL CENTER

Employer identification number
01-0211551

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	1	53,432	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

29

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

No

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

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 O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
ST MARY'S REGIONAL MEDICAL CENTER**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

2016**Open to Public
Inspection****Employer identification number**

01-0211551

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS A SOLE CORPORATE MEMBER, COVENANT HEALTH, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE SOLE CORPORATE MEMBER MAY APPOINT OR REMOVE ONE OR MORE OF THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	CERTAIN DECISIONS OF THE BOARD OF DIRECTORS ARE SUBJECT TO APPROVAL BY THE MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS PROVIDED TO THE BOARD MEMBERS AND REVIEWED AT THE OCTOBER 2017 MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THIS PROCESS IS THE RESPONSIBILITY OF ORGANIZATIONAL INTEGRITY OFFICER A FORM IS USUALLY SUBMITTED TO ALL BOARD MEMBERS, BOARD COMMITTEE MEMBERS, AND CERTAIN EMPLOYEES IN KEY POSI TIONS ANNUALLY TO BE COMPLETED REMINDERS ARE USUALLY SENT TO MAKE CERTAIN ALL CONFLICT OF INTEREST FORMS ARE RETURNED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	EVERY TWO TO THREE YEARS THE COMPENSATION COMMITTEE OF THE COVENANT HEALTH'S BOARD OF DIRECTORS ENGAGES AN EXTERNAL CONSULTANT TO PROVIDE COMPETITIVE MARKET DATA FROM VARIOUS SURVEY SOURCES, WHICH IS USED TO DEVELOP RECOMMENDATIONS FOR CHANGES TO THE COMPENSATION PROGRAM SINCE 2003, THE COMPENSATION COMMITTEE HAS ENGAGED A HUMAN RESOURCES CONSULTING FIRM TO CONDUCT THIS ANALYSIS OBJECTIVES ARE TO ASSESS THE COMPOSITENESS OF THE CURRENT TOTAL CASH COMPENSATION LEVELS OF THE SENIOR LEADERSHIP TEAM, DEVELOP MARKET BASED COMPETITIVE SALARY RANGES FOR ALL EXECUTIVE POSITIONS AND ENSURE THAT THE ANNUAL INCENTIVE OPPORTUNITIES, IF THERE ARE ANY, ARE COMPETITIVE AND REASONABLE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	FORM 990 IS AVAILABLE ON OUR WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION PROVIDES FORM 990, FORM 990-T AND FORM 1023 TO THE PUBLIC UPON REQUEST. THE ORGANIZATION DOES NOT CURRENTLY PROVIDE ACCESS TO GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PHYSICIAN SERVICES PROGRAM SERVICE EXPENSES 2,917,264 MANAGEMENT AND GENERAL EXPENSES 99 3,278 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,910,542 PURCHASED SERVICES PROGRAM SERVI CE EXPENSES 6,717,321 MANAGEMENT AND GENERAL EXPENSES 2,287,131 FUNDRAISING EXPENSES 695 ,988 TOTAL EXPENSES 9,700,440 MEDICAL TESTING PROGRAM SERVICE EXPENSES 617,188 MANAGEM ENT AND GENERAL EXPENSES 210,142 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 827,330 CONTRACT LABOR PROGRAM SERVICE EXPENSES 4,369,265 MANAGEMENT AND GENERAL EXPENSES 1,487,658 FUN DRAISING EXPENSES 0 TOTAL EXPENSES 5,856,923 CONTRACT NURSING/MEDICAL TRANSPORT PROGRAM SERVICE EXPENSES 3,610,431 MANAGEMENT AND GENERAL EXPENSES 1,229,289 FUNDRAISING EXPENS ES 0 TOTAL EXPENSES 4,839,720

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFER FROM AFFILIATES -1,643,280 TRANSFER FOR PPE & RELEASE FROM RESTRICTIONS -916,106

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART XI, LINE 2C	THE AUDIT COMMITTEE OF COVENANT HEALTH ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT AUDITOR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2016

Open to Public Inspection

Name of the organization
ST MARY'S REGIONAL MEDICAL CENTER

Employer identification number
01-0211551

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
(1)ST MARY'S HEALTH SYSTEM PO BOX 7291 CAMPUS AVENUE LEWISTON, ME 04240 22-2504349	PARENT COMPANY	ME	501(C)(3)	LINE 12A, I	COVENANT HEALTH		No
(2)COMMUNITY CLINICAL SERVICES PO BOX 7291 CAMPUS AVENUE LEWISTON, ME 04240 01-0409788	PHYSICIAN PRACTICE	ME	501(C)(3)	LINE 10	ST MARY'S HEALTH SYSTEM		No
(3)ST MARY'S RESIDENCES PO BOX 7291 CAMPUS AVENUE LEWISTON, ME 04240 22-2504356	LOW INCOME HOUSING	ME	501(C)(3)	LINE 10	ST MARY'S HEALTH SYSTEM		No
(4)COVENANT HEALTH 100 AMES POND DRIVE TEWKSBURY, MA 01876 22-2484505	HEALTHCARE MANAGEMENT AND RESOURCE ADMINISTRATION	MA	501(C)(3)	LINE 10	ST MARY'S HEALTH SYSTEM		No
(5)ST JOSPEH HOSPITAL 360 BROADWAY BANGOR, ME 04401 01-0212435	AFFILIATED HOSPITAL	ME	501(C)(3)	LINE 10			No

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	

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) CAMPUS HOLDING PO BOX 7291 CAMPUS AVENUE LEWISTON, ME 04240 01-0406049	HOLDING COMPANY	ME	N/A	C					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

No

1d

No

1e

No

1f

No

1g

Yes

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

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

Schedule R (Form 990) 2016

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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