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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

**2016**

**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017**

**B** Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

**C** Name of organization
MAINE MEDICAL CENTER

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
22 BRAMHALL STREET

City or town, state or province, country, and ZIP or foreign postal code
PORTLAND, ME 04102

**D Employer identification number**
01-0238552

E Telephone number
(207) 662-2576

**G** Gross receipts $ 1,798,870,069

**F** Name and address of principal officer
RICHARD W PETERSEN
22 BRAMHALL STREET
PORTLAND, ME 04102

**H(a)** Is this a group return for subordinates? ☐ 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 MMC ORG

**K** Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 1951

**M** State of legal domicile ME

## Part I Summary

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

Activities & Governance

| | | | |
|---|---|---|---|
| **2** | Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 19 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 14 |
| **5** | Total number of individuals employed in calendar year 2016 (Part V, line 2a) | **5** | 11,746 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 554 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 1,395,509 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | |

Revenue

| | | Prior Year | Current Year |
|---|---|---|---|
| **8** | Contributions and grants (Part VIII, line 1h) | 23,114,706 | 29,816,371 |
| **9** | Program service revenue (Part VIII, line 2g) | 1,019,294,432 | 1,118,173,174 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 10,011,805 | 17,030,653 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 190,148,381 | 223,559,033 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,242,569,324 | 1,388,579,231 |

Expenses

| | | | |
|---|---|---|---|
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 4,006,461 | 3,856,150 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 599,013,479 | 655,990,620 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | 45,000 | 60,000 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶2,492,124 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 520,877,793 | 578,920,915 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 1,123,942,733 | 1,238,827,685 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | 118,626,591 | 149,751,546 |

Net Assets or Fund Balances

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 1,507,912,429 | 1,677,908,443 |
| **21** | Total liabilities (Part X, line 26) | 837,590,870 | 838,053,570 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 670,321,559 | 839,854,873 |

## 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 — 2018-08-07 Date

▶ LUGENE INZANA SR VP OF FINANCE/CFO
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| Firm's name ▶ | | | Firm's EIN ▶ | |
| Firm's address ▶ | | | Phone no | |

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

## Part III Statement of Program Service Accomplishments

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

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

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

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses $ 207,673,291 including grants of $ ) (Revenue $ 432,762,665 )
See Additional Data

**4b** (Code ) (Expenses $ 158,210,986 including grants of $ ) (Revenue $ 665,419,465 )
See Additional Data

**4c** (Code ) (Expenses $ 28,248,973 including grants of $ ) (Revenue $ 89,071,791 )
See Additional Data

(Code ) (Expenses $ 603,249,863 including grants of $ 3,856,150 ) (Revenue $ 157,553,280 )
LABORATORY, EDUCATION, RESEARCH, RADIOLOGY, DELIVERY AND LABOR ROOM, ANESTHESIOLOGY, AND OTHER ANCILLARY SERVICES

**4d** Other program services (Describe in Schedule O )
(Expenses $ 603,249,863 including grants of $ 3,856,150 ) (Revenue $ 157,553,280 )

**4e** **Total program service expenses ▶** 997,383,113

**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 | Yes | |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | Yes | |
| 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 | Yes | |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *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 | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 | Yes | |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *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? *If "Yes," complete Schedule H* | **20a** | Yes | |
| **b** | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | **20b** | 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? *If "Yes," complete Schedule I, Parts I and II* | **21** | Yes | |
| **22** | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | **22** | Yes | |
| **23** | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | **23** | Yes | |
| **24a** | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a* | **24a** | Yes | |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | No |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | **24c** | | No |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | No |
| **25a** | **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | **25a** | | No |
| **b** | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | **25b** | | No |
| **26** | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II* | **26** | | No |
| **27** | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | **27** | | No |
| **28** | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | Yes | |
| **c** | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | **28c** | Yes | |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | Yes | |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | Yes | |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **32** | | No |
| **33** | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | **33** | | No |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | **34** | Yes | |
| **35a** | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | **35a** | Yes | |
| **b** | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | **35b** | Yes | |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | **36** | | No |
| **37** | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | **37** | | No |
| **38** | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O | **38** | Yes | |

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

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . | 1a | 0 | | |
| b | Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . | 2a | 11,746 | | |
| 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) | | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . | | 3a | 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* . . . | | 3b | 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)? . . | | 4a | | 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? . . | | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . . | | 5c | | |
| 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? . . . | | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | | 6b | | |
| 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? . . . . . | | 7a | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | | 7b | Yes | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . | | 7h | | |
| 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? . . . . . | | 8 | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? . . . | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . | | 9b | | |
| 10 | **Section 501(c)(7) organizations.** Enter | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 . . . | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter | | | | |
| a | Gross income from members or shareholders . . . . . | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . . | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O | | 13a | | |
| 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 . . . . | 13b | | | |
| c | Enter the amount of reserves on hand . . . . . | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | | 14a | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . | | 14b | | |

**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 | 19 | | |
| | 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 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | 5 | | No |
| 6 | Did the organization have members or stockholders? | | 6 | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | 7a | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| a | The governing body? | | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | | 9 | | No |

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

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

## Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ ME

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶CHRIS COON 22 BRAMHALL STREET PORTLAND, ME 04102 (207) 662-2654

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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| | | | | | | | | | | |
| **1b Sub-Total** ▶ | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** ▶ | | | | | | | | 10,516,415 | 1,765,998 | 1,277,531 |

**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 ▶ 885

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

## Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| SPECTRUM MEDICAL GROUP<br><br>PO BOX 590<br>PORTLAND, ME 04112 | MEDICAL SERVICE | 4,699,958 |
| HEALTHCARE EXCELLENCE INST<br><br>21045 N 9TH PLACE 205<br>PHOENIX, AZ 850245635 | CONSULTING | 3,774,756 |
| CHEST MEDICINE ASSOCIATES<br><br>100 FODEN ROAD WEST BLDG STE 103<br>SOUTH PORTLAND, ME 041062351 | MEDICAL SERVICE | 3,597,939 |
| CONSIGLI CONSTRUCTION COMPANY<br><br>15 FRANKLIN ST<br>PORTLAND, ME 04101 | CONSTRUCTION | 2,578,587 |
| KPMG LLP<br><br>3 CHESTNUT RIDGE ROAD<br>MONTVALE, NJ 076450435 | CONSULTING | 1,976,753 |

**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 ▶ 70

**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** 952,065 | | | | |
| | **b** Membership dues . . **1b** | | | | |
| | **c** Fundraising events . . **1c** 1,021,796 | | | | |
| | **d** Related organizations **1d** 241,039 | | | | |
| | **e** Government grants (contributions) **1e** 15,273,625 | | | | |
| | **f** All other contributions, gifts, grants, and similar amounts not included above **1f** 12,327,846 | | | | |
| | **g** Noncash contributions included in lines 1a-1f $ 989,056 | | | | |
| | **h Total.** Add lines 1a-1f . . . . . ▶ | 29,816,371 | | | |
| **Program Service Revenue** | | Business Code | | | |
| | **2a** NET PATIENT SERVICE REVENUE | 623000 | 1,118,173,174 | 1,118,173,174 | |
| | **b** | | | | |
| | **c** | | | | |
| | **d** | | | | |
| | **e** | | | | |
| | **f** All other program service revenue | | | | |
| | **g Total.** Add lines 2a–2f . . . . ▶ | 1,118,173,174 | | | |
| **Other Revenue** | **3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶ | 12,627,554 | | | 12,627,554 |
| | **4** Income from investment of tax-exempt bond proceeds ▶ | | | | |
| | **5** Royalties . . . . . ▶ | | | | |
| | | (i) Real / (ii) Personal | | | |
| | **6a** Gross rents | | | | |
| | **b** Less rental expenses | | | | |
| | **c** Rental income or (loss) | | | | |
| | **d** Net rental income or (loss) . . . . . ▶ | | | | |
| | | (i) Securities / (ii) Other | | | |
| | **7a** Gross amount from sales of assets other than inventory | 414,352,602 / 153,537 | | | |
| | **b** Less cost or other basis and sales expenses | 409,966,864 / 136,176 | | | |
| | **c** Gain or (loss) | 4,385,738 / 17,361 | | | |
| | **d** Net gain or (loss) . . . . . ▶ | | 4,403,099 | 4,403,099 | |
| | **8a** Gross income from fundraising events (not including $ 1,021,796 of contributions reported on line 1c) See Part IV, line 18 . . . . **a** 120,394 | | | | |
| | **b** Less direct expenses . . . **b** 187,798 | | | | |
| | **c** Net income or (loss) from fundraising events . . ▶ | | -67,404 | | -67,404 |
| | **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** HR AND IS SHARED SERVICES REV | 900099 | 122,119,478 | 122,119,478 | |
| | **b** OTHER REVENUE | 900099 | 95,723,702 | 95,723,702 | |
| | **c** GAIN ON CASH FLOW HEDGES | 900099 | 3,865,369 | 3,865,369 | |
| | **d** All other revenue . . . . | | 1,917,888 | 522,379 | 1,395,509 |
| | **e Total.** Add lines 11a–11d . . . . . ▶ | | 223,626,437 | | |
| | **12 Total revenue.** See Instructions . . . . . ▶ | | 1,388,579,231 | 1,344,807,201 | 1,395,509 | 12,560,150 |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
|---|---|---|---|---|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 2,221,885 | 2,221,885 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | 1,634,265 | 1,634,265 | | |
| 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 . . . . | 5,192,250 | 825,246 | 4,367,004 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . | 168,815 | 168,815 | | |
| 7 Other salaries and wages | 478,802,533 | 365,629,879 | 111,369,469 | 1,803,185 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . | 63,687,348 | 48,873,671 | 14,813,677 | |
| 9 Other employee benefits . . . . . | 74,486,943 | 57,161,280 | 17,325,663 | |
| 10 Payroll taxes . . . . . | 33,652,731 | 25,707,083 | 7,827,625 | 118,023 |
| 11 Fees for services (non-employees) | | | | |
| a Management . . . . . | | | | |
| b Legal . . . . . | 2,410,043 | | 2,410,043 | |
| c Accounting . . . . . | 1,549,961 | | 1,549,961 | |
| d Lobbying . . . . . | 96,859 | 96,859 | | |
| e Professional fundraising services See Part IV, line 17 | 60,000 | | | 60,000 |
| f Investment management fees . . . . . | 1,735,502 | | 1,735,502 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 58,276,864 | 43,766,934 | 14,445,618 | 64,312 |
| 12 Advertising and promotion . . . . | 2,129,542 | 1,634,211 | 495,331 | |
| 13 Office expenses . . . . . | 2,347,494 | 1,731,570 | 546,027 | 69,897 |
| 14 Information technology . . . . . | 29,596,775 | 22,712,565 | 6,884,210 | |
| 15 Royalties . . | | | | |
| 16 Occupancy . . . . . | 30,683,754 | 23,545,735 | 7,137,041 | 978 |
| 17 Travel . . . . . | 2,565,654 | 1,766,917 | 754,627 | 44,110 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . | | | | |
| 19 Conferences, conventions, and meetings . . . . | 2,012,803 | 1,845,543 | 155,271 | 11,989 |
| 20 Interest . . . . . | 6,613,705 | 5,075,357 | 1,538,348 | |
| 21 Payments to affiliates . . . . . | | | | |
| 22 Depreciation, depletion, and amortization . . | 68,404,846 | 52,493,879 | 15,910,967 | |
| 23 Insurance . . . | 4,852,481 | 3,723,794 | 1,128,687 | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O ) | | | | |
| a MEDICAL SUPPLIES | 220,625,994 | 220,625,994 | | |
| b OUTSIDE MEDICAL SERVICES | 24,062,761 | 24,062,761 | | |
| c MAINTENANCE | 23,467,791 | 17,935,335 | 5,458,608 | 73,848 |
| d HOSPITAL TAX | 18,244,100 | 18,244,100 | | |
| e All other expenses | 79,243,986 | 55,899,435 | 23,098,769 | 245,782 |
| 25 **Total functional expenses.** Add lines 1 through 24e | 1,238,827,685 | 997,383,113 | 238,952,448 | 2,492,124 |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

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

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | | 1 | |
| | 2 | Savings and temporary cash investments | 133,189,950 | 2 | 164,658,308 |
| | 3 | Pledges and grants receivable, net | 5,268,454 | 3 | 7,194,574 |
| | 4 | Accounts receivable, net | 102,332,308 | 4 | 120,700,599 |
| | 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 | 684,147 | 7 | 695,926 |
| | 8 | Inventories for sale or use | 18,785,808 | 8 | 20,184,145 |
| | 9 | Prepaid expenses and deferred charges | 5,615,576 | 9 | 7,083,046 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,147,293,420 | | | |
| | b | Less accumulated depreciation — 10b: 675,108,116 | 445,197,016 | 10c | 472,185,304 |
| | 11 | Investments—publicly traded securities | 574,149,139 | 11 | 633,602,418 |
| | 12 | Investments—other securities See Part IV, line 11 | 75,907,089 | 12 | 92,052,987 |
| | 13 | Investments—program-related See Part IV, line 11 | 12,647,718 | 13 | 14,128,447 |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | 134,135,224 | 15 | 145,422,689 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 1,507,912,429 | 16 | 1,677,908,443 |
| Liabilities | 17 | Accounts payable and accrued expenses | 89,491,162 | 17 | 117,376,899 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 8,771,905 | 19 | 9,929,645 |
| | 20 | Tax-exempt bond liabilities | 135,400,145 | 20 | 134,414,811 |
| | 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 | 23,691 | 23 | |
| | 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 | 603,903,967 | 25 | 576,332,215 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 837,590,870 | 26 | 838,053,570 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | 568,193,373 | 27 | 725,371,978 |
| | 28 | Temporarily restricted net assets | 73,753,029 | 28 | 85,853,505 |
| | 29 | Permanently restricted net assets | 28,375,157 | 29 | 28,629,390 |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 670,321,559 | 33 | 839,854,873 |
| | 34 | Total liabilities and net assets/fund balances | 1,507,912,429 | 34 | 1,677,908,443 |

## Part XI Reconcilliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,388,579,231 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,238,827,685 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 149,751,546 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 670,321,559 |
| 5 | Net unrealized gains (losses) on investments | 5 | 20,966,729 |
| 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 | -1,184,961 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 839,854,873 |

## Part XII Financial Statements and Reporting

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

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

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 01-0238552

**Name:** MAINE MEDICAL CENTER

Form 990 (2016)

**Form 990, Part III, Line 4a:**

ROUTINE SERVICES - ADULTS, PEDIATRICS, INTENSIVE CARE, NEONATAL INTENSIVE CARE, CORONARY CARE, PSYCHIATRY, NURSERY TOTAL PATIENT DAYS - 156,196
SEE ATTACHED COMMUNITY BENEFIT STATEMENT

**Form 990, Part III, Line 4b:**

OPERATING ROOM AND SCARBOROUGH SURGERY CENTER TOTAL VISITS - 33,098 THROUGH ITS 39 OPERATIVE SUITES, MAINE MEDICAL CENTER (THE MEDICAL CENTER) PROVIDES CRITICAL TRAUMA, EMERGENT, URGENT, AND ELECTIVE SURGICAL SERVICES TO THE COMMUNITY THROUGH ITS EXPANSIVE ARRAY OF SURGICAL CAPABILITIES, THE MEDICAL CENTER PROVIDES MOST SURGICAL PROCEDURES WITHIN ITS COMMUNITY AS A GREAT CONVENIENCE TO ITS PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY

**Form 990, Part III, Line 4c:**

EMERGENCY DEPARTMENT AND BRIGHTON FIRST CARE (BFC) TOTAL VISITS - 92,827 THE EMERGENCY DEPARTMENT AND ESPECIALLY BFC SERVE AS THE PRIMARY CARE PHYSICIAN FOR A NUMBER OF LOW INCOME AND INDIGENT RESIDENTS OF GREATER PORTLAND GIVEN THE MEDICAL CENTER'S COMMITMENT TO ACCESS TO CARE REGARDLESS OF ABILITY TO PAY, THESE EMERGENCY TREATMENT CENTERS SERVE A VITAL ROLE IN THE COMMUNITY'S HEALTH CARE NETWORK

**Form 990, Part 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 | | | |
| RICHARD W PETERSEN<br>PRESIDENT & | 50 00<br>0 00 | X | | X | | | | 1,206,971 | 0 | 137,526 |
| WILLIAM L CARON JR<br>TRUSTEE | 2 00<br>50 00 | X | | | | | | 0 | 1,174,972 | 160,862 |
| CINDY BOYACK MD<br>TRUSTEE | 50 00<br>0 00 | X | | | | | | 250,051 | 0 | 72,849 |
| BRETT LOFFREDO MD<br>TRUSTEE | 50 00<br>0 00 | X | | | | | | 225,452 | 0 | 32,914 |
| LISA ALMEDER MD<br>TRUSTEE | 50 00<br>0 00 | X | | | | | | 180,273 | 0 | 56,424 |
| WILLIAM A BURKE<br>CHAIRMAN | 2 00<br>0 00 | X | | X | | | | 0 | 0 | 0 |
| JERE G MICHELSON<br>VICE CHAIRMA | 2 00<br>0 00 | X | | X | | | | 0 | 0 | 0 |
| HEIDI HANSEN<br>TRUSTEE | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| KATHERINE B COSTER<br>TRUSTEE | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| KATHERINE POPE MD<br>TRUSTEE | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| MICHAEL Q SIMONDS<br>TRUSTEE | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| FRANK H FRYE<br>TRUSTEE | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| MARIE J MCCARTHY<br>TRUSTEE | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| CHRISTOPHER W EMMONS<br>TRUSTEE | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| ADRIAN M MORAN MD<br>TRUSTEE | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| BRIAN H NOYES<br>TRUSTEE | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| MARGARET BUSH<br>TRUSTEE | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| CHRISTOPHER CLAUDIO<br>TRUSTEE | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| DANIEL LOISELLE MD<br>TRUSTEE | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| MORRIS FISHER<br>TRUSTEE | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| PATRICIA B STOGSDILL MD<br>TRUSTEE | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| JEFFREY SANDERS<br>EVP & COO | 50 00<br>0 00 | | | X | | | | 564,823 | 0 | 74,144 |
| JOEL BOTLER MD<br>CMO | 50 00<br>0 00 | | | X | | | | 512,374 | 0 | 112,091 |
| MARJORIE WIGGINS<br>SVP OF NURSI | 50 00<br>0 00 | | | X | | | | 476,595 | 0 | 89,853 |
| LUGENE INZANA<br>SR VP OF FIN | 50 00<br>0 00 | | | X | | | | 470,911 | 0 | 48,546 |
| ROBERT FRANK<br>SECRETARY | 2 00<br>50 00 | | | X | | | | 0 | 422,591 | 68,766 |
| BETH KELSCH<br>ASST SECRETA | 2 00<br>50 00 | | | X | | | | 0 | 168,435 | 37,884 |
| DOUGALD MACGILLIVRAY MD<br>SURGEON | 50 00<br>0 00 | | | | | X | | 1,271,334 | 0 | 50,538 |
| ROBERT ECKER MD<br>SURGEON | 50 00<br>0 00 | | | | | X | | 1,259,878 | 0 | 50,042 |
| JOSEPH ALEXANDER MD<br>SURGEON | 50 00<br>0 00 | | | | | X | | 1,197,939 | 0 | 65,116 |

**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 | | | |
| JAMES WILSON MD<br>SURGEON | 50 00<br>0 00 | | | | | X | | 1,186,899 | 0 | 64,024 |
| KONRAD BARTH MD<br>SURGEON | 50 00<br>0 00 | | | | | X | | 1,183,718 | 0 | 64,715 |
| PETER BATES MD<br>CHIEF ACADEM | 50 00<br>0 00 | | | | | | X | 529,197 | 0 | 91,237 |

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# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

**2016**

**Open to Public Inspection**

**Name of the organization**
MAINE MEDICAL CENTER

**Employer identification number**
01-0238552

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

The organization is not a private foundation because it is (For lines 1 through 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 **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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| **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** . . . . . ▶ ☐

**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) ▶ | (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) ▶ | (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? *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* | 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)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)* | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below* | 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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination* | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use* | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below* | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations* | 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)? *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* | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)* | 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? *If "Yes," provide detail in* ***Part VI.*** | 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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)* | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)* | 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))? *If "Yes," provide detail in* ***Part VI.*** | 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? *If "Yes," provide detail in* ***Part VI.*** | 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? *If "Yes," provide detail in* ***Part VI.*** | 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)? *If "Yes," answer line 10b below* | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)* | 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? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI* | 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? *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* | 1 | | |
| 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? *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* | 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)? *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)* | 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? | 1 | | |
| 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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)* | 2 | | |
| 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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard* | 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 ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

| | | | Yes | No |
|---|---|---|---|---|
| 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? *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* | 2a | | |
| 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? *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* | 2b | | |
| 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? *Provide details in* ***Part VI.*** | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard* | 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 ☐ 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 |
| --- |
| |

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**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 | Employer identification number |
|---|---|
| MAINE MEDICAL CENTER | 01-0238552 |

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

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

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

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

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

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

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

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

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

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

| **Limits on Lobbying Expenditures** (The term "expenditures" means amounts paid or incurred.) | **(a)** Filing organization's totals | **(b)** Affiliated group totals |
|---|---|---|
| **1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| **b** Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| **c** Total lobbying expenditures (add lines 1a and 1b) | | |
| **d** Other exempt purpose expenditures | | |
| **e** Total exempt purpose expenditures (add lines 1c and 1d) | | |
| **f** Lobbying nontaxable amount Enter the amount from the following table in both columns | | |
| **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- | | |

| **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 |

**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) Yes | (a) No | (b) 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 | | 96,859 |
| j | Total Add lines 1c through 1i | | | 96,859 |
| 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).** | | |
| a | Current year | 2a | |
| b | Carryover from last year | 2b | |
| c | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

**Part IV** **Supplemental Information**

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

| Return Reference | Explanation |
|---|---|
| SCHEDULE C, PART II-B, LINE 1 | PORTION OF DUES PAID THAT RELATE TO LOBBYING EXPENSES MAINE HOSPITAL ASSOCIATION - 60,958 AMERICAN HOSPITAL ASSOCIATION - 19,476 NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS - 15,208 AMERICAN MEDICAL ASSOCIATION - 917 MAINE STATE CHAMBER OF COMMERCE - 300 |

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**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2016**

**Open to Public Inspection**

**Name of the organization**
MAINE MEDICAL CENTER

**Employer identification number**
01-0238552

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

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

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | | Held at the End of the Year |
|---|---|---|
| a | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ 12,300

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☑ Public exhibition
- 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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☑ No

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

## Part V Endowment Funds. Complete if the organization answered "Yes" 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 | 93,775,123 | 95,914,866 | 109,296,215 | 101,567,447 | 95,782,213 |
| b Contributions | 254,233 | 209,664 | 1,193,188 | 487,484 | 1,466,069 |
| c Net investment earnings, gains, and losses | 11,533,363 | 3,650,641 | -9,299,173 | 10,241,284 | 10,519,165 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | -5,501,006 | -6,000,048 | -5,275,364 | -3,000,000 | -6,200,000 |
| f Administrative expenses | | | | | |
| g End of year balance | 100,061,713 | 93,775,123 | 95,914,866 | 109,296,215 | 101,567,447 |

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 29 000 %
- c Temporarily restricted endowment ▶ 71 000 %

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

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

| | Yes | No |
|---|---|---|
| (i) unrelated organizations | 3a(i) Yes | |
| (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 | | 20,702,448 | | 20,702,448 |
| b Buildings | | 511,108,818 | 277,682,915 | 233,425,903 |
| c Leasehold improvements | | 8,656,746 | 3,032,060 | 5,624,686 |
| d Equipment | | 559,741,504 | 394,393,141 | 165,348,363 |
| e Other | | 47,083,904 | | 47,083,904 |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c) )* ▶ | | | | 472,185,304 |

**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) HEDGE FUNDS | 56,758,134 | F |
| (B) LIMITED PARTNERSHIPS | 35,294,853 | F |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 12 )* ▶ | 92,052,987 | |

**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) PREPAID CAPITAL COSTS | 83,987,102 |
| (2) AR UNDER REIMBURSEMENT REGULATIONS | 30,007,000 |
| (3) DUE FROM RELATED PARTIES | 18,152,835 |
| (4) OTHER ASSETS | 10,628,360 |
| (5) ESCROW OF DEBT SERVICE | 2,076,352 |
| (6) CHARITABLE REMAINDER TRUST | 571,040 |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 15 )* ▶ | 145,422,689 |

**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.

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| See Additional Data Table | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | 576,332,215 |

**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:** 01-0238552
**Name:** MAINE MEDICAL CENTER

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

| 1 (a) Description of Liability | (b) Book Value |
|---|---|
| ACCRUED RETIREMENT BENEFITS | 265,531,193 |
| ENDOWMENTS HELD FOR MEMBERS | 102,055,296 |
| A/P UNDER REIMBURSEMENT REGULATIONS | 65,310,000 |
| NOTES PAYABLE TO AFFILIATE | 64,044,975 |
| DUE TO RELATED PARTIES | 31,679,302 |
| SELF INSURANCE RESERVES | 17,562,211 |
| ASSET RETIREMENT OBLIGATION | 17,355,987 |
| SWAP AGREEMENTS | 9,121,542 |
| OTHER LIABILITIES | 2,256,302 |
| LEASES PAYABLE | 1,415,407 |

**Supplemental Information**

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

**Supplemental Information**

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

**Supplemental Information**

| Return Reference | Explanation |
|---|---|
| SCHEDULE D, PAGE 3, PART X | THE INTERNAL REVENUE SERVICE HAS PREVIOUSLY DETERMINED THAT MMC AND ITS SUBSIDIARIES (EXCE PT MAINE MEDICAL PARTNERS (MMP) AND SAINT JOSEPH'S REHABILITATION AND RESIDENCE (SJRR)) AR E ORGANIZATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND A RE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE IR C SJRR WAS PREVIOUSLY COVERED UNDER A GROUP EXEMPTION ISSUED TO THE UNITED STATES CONFERE NCE OF CATHOLIC BISHOPS SJRR WILL FILE ITS OWN TAX EXEMPTION APPLICATION DURING FISCAL YE AR 2018 MMP HAD SIGNIFICANT NET OPERATING LOSS CARRYOVERS AT SEPTEMBER 30, 2017 AND 2016 A VALUATION ALLOWANCE HAS BEEN PROVIDED FOR THE ENTIRE DEFERRED TAX BENEFIT FOR THE NET O PERATING LOSSES, DUE TO UNCERTAINTY OF REALIZATION MMP DID NOT HAVE TAXABLE INCOME IN 201 7 OR 2016 ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING CO NSOLIDATED FINANCIAL STATEMENTS THE MEDICAL CENTER RECOGNIZES THE EFFECT OF INCOME TAX PO SITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED IN COME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFT Y PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT CHANGES IN MEASUREMENT ARE REFLECTED IN T HE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS THE MEDICAL CENTER DID NOT RECOGNIZE THE EFFECT OF ANY INCOME TAX POSITIONS IN EITHER 2017 OR 2016 |

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

# Statement of Activities Outside the United States

► 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*.

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization
MAINE MEDICAL CENTER

**Employer identification number**
01-0238552

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☑ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|---|---|---|---|---|
| (1) CENTRAL AMERICA AND THE CARIBBEAN | | | INVESTMENTS | | 51,649,816 |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | | | | | 51,649,816 |
| b Total from continuation sheets to Part I | | | | | |
| c **Totals** (add lines 3a and 3b) | | | | | 51,649,816 |

**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 |

**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).

| Return Reference | Explanation |
|---|---|
| SCHEDULE F, PAGE 1, PART I, LINE 3 | CENTRAL AMERICA AND THE CARIBBEAN 0 51,649,816 |

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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
MAINE MEDICAL CENTER

**Employer identification number**
01-0238552

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

**1** Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

**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? Yes | (iii) No | (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 |
|---|---|---|---|---|---|---|
| 1 GHIORSI SORRENTI<br>255 MADISON AVENUE<br><br>WYCKOFF, NJ 07481 | PLANNING | | No | | 15,000 | -15,000 |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| **Total** | | | ▶ | | 15,000 | -15,000 |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

ME, FL, NH

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

| Revenue | | (a) Event #1 RADIOTHON/TELET (event type) | (b) Event #2 BBCH GOLF (event type) | (c) Other events 11 (total number) | (d) Total events (add col (a) through col (c)) |
|---|---|---|---|---|---|
| | 1 Gross receipts | 286,742 | 270,500 | 584,948 | 1,142,190 |
| | 2 Less Contributions | 286,742 | 204,632 | 530,422 | 1,021,796 |
| | 3 Gross income (line 1 minus line 2) | | 65,868 | 54,526 | 120,394 |
| Direct Expenses | 4 Cash prizes | 512 | | 500 | 1,012 |
| | 5 Noncash prizes | 529 | 5,032 | 5,533 | 11,094 |
| | 6 Rent/facility costs | | 34,200 | 30,023 | 64,223 |
| | 7 Food and beverages | 911 | 12,961 | 2,056 | 15,928 |
| | 8 Entertainment | 600 | | | 600 |
| | 9 Other direct expenses | 25,370 | 22,542 | 47,029 | 94,941 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 187,798 |
| | 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | -67,404 |

**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 | ☐ Yes ____% ☐ No | ☐ Yes ____% ☐ No | ☐ Yes ____% ☐ No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶ | | | | |

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

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

b If "No," explain _____

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

b If "Yes," explain _____

**11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

**13** Indicate the percentage of gaming activity conducted in

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

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

Name ▶ ----------

Address ▶ ----------

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

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

Name ▶ ----------

Address ▶

----------

**16** Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

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

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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**
MAINE MEDICAL CENTER

**Employer identification number**
01-0238552

## Part I Financial Assistance and Certain Other Community Benefits at Cost

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | 1a | Yes | |
| b | If "Yes," was it a written policy? | 1b | Yes | |
| 2 | If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year | | | |
| | ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities | | | |
| 3 | Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year | | | |
| a | Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care | 3a | Yes | |
| | ☐ 100% ☐ 150% ☐ 200% ☑ Other 175 0000000000 % | | | |
| 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 |
| | ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ 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 | Yes | |
| 5a | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a | Yes | |
| b | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b | Yes | |
| 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 eligibile for free or discounted care? | 5c | | No |
| 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) | | | 17,853,133 | | 17,853,133 | 1 440 % |
| b Medicaid (from Worksheet 3, column a) | | | 115,252,307 | 92,409,186 | 22,843,121 | 1 840 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d **Total** Financial Assistance and Means-Tested Government Programs | | | 133,105,440 | 92,409,186 | 40,696,254 | 3 290 % |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 629,764 | | 629,764 | 0 050 % |
| f Health professions education (from Worksheet 5) | | | 93,961,068 | 11,638,982 | 82,322,086 | 6 650 % |
| g Subsidized health services (from Worksheet 6) | | | 48,522,215 | | 48,522,215 | 3 920 % |
| h Research (from Worksheet 7) | | | 26,349,318 | 16,216,511 | 10,132,807 | 0 820 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 359,969 | | 359,969 | 0 030 % |
| j **Total.** Other Benefits | | | 169,822,334 | 27,855,493 | 141,966,841 | 11 460 % |
| k **Total.** Add lines 7d and 7j | | | 302,927,774 | 120,264,679 | 182,663,095 | 14 740 % |

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

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|---|---|---|---|---|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | | | | |
| 3 Community support | | | 90,017 | | 90,017 | 0 010 % |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | 154,573 | | 154,573 | 0 010 % |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | 2,220,015 | | 2,220,015 | 0 180 % |
| 9 Other | | | | | | |
| 10 Total | | | 2,464,605 | | 2,464,605 | 0 200 % |

**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 Heathcare Financial Management Association Statement No 15? | 1 | | | No |
| 2 | Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount | 2 | 14,272,837 | | |
| 3 | Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit | 3 | | | |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements | | | | |

**Section B. Medicare**

| | | | |
|---|---|---|---|
| 5 | Enter total revenue received from Medicare (including DSH and IME) | 5 | 246,765,620 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 247,030,607 |
| 7 | Subtract line 6 from line 5 This is the surplus (or shortfall) | 7 | -264,987 |
| 8 | Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used | | |

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

**Section C. Collection Practices**

| | | | | | |
|---|---|---|---|---|---|
| 9a | Did the organization have a written debt collection policy during the tax year? | 9a | Yes | | |
| b | If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI | 9b | Yes | | |

**Part IV Management Companies and Joint Ventures**

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

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

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

**Name of hospital facility or letter of facility reporting group** MAINE MEDICAL CENTER

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 1

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

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

**Financial Assistance Policy (FAP)**

MAINE MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group**

| | | | Yes | No |
|---|---|---|---|---|
| | 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? | 13 | Yes | |
| | If "Yes," indicate the eligibility criteria explained in the FAP | | | |
| a | ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 175 000000000000 % and FPG family income limit for eligibility for discounted care of _____ % | | | |
| b | ☐ Income level other than FPG (describe in Section C) | | | |
| c | ☐ Asset level | | | |
| d | ☑ Medical indigency | | | |
| e | ☐ Insurance status | | | |
| f | ☐ Underinsurance discount | | | |
| g | ☑ Residency | | | |
| h | ☐ Other (describe in Section C) | | | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 | Yes | |
| 15 | Explained the method for applying for financial assistance? | 15 | Yes | |
| | If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | | | |
| a | ☑ Described the information the hospital facility may require an individual to provide as part of his or her application | | | |
| b | ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | | |
| c | ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | | |
| d | ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | | |
| e | ☐ Other (describe in Section C) | | | |
| 16 | Was widely publicized within the community served by the hospital facility? | 16 | Yes | |
| | If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | | | |
| a | ☑ The FAP was widely available on a website (list url) SEE PART V, SECTION C | | | |
| b | ☑ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C | | | |
| c | ☑ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C | | | |
| d | ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| e | ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| f | ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| g | ☑ 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 | ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP | | | |
| i | ☐ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | | |
| j | ☐ Other (describe in Section C) | | | |

## Part V Facility Information *(continued)*

### Billing and Collections

MAINE 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** ☐ Reporting to credit agency(ies) | | | |
| **b** ☐ Selling an individual's debt to another party | | | |
| **c** ☐ 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** ☐ Actions that require a legal or judicial process | | | |
| **e** ☐ Other similar actions (describe in Section C) | | | |
| **f** ☑ 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** ☐ Reporting to credit agency(ies) | | | |
| **b** ☐ Selling an individual's debt to another party | | | |
| **c** ☐ 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** ☐ Actions that require a legal or judicial process | | | |
| **e** ☐ 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** ☑ 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** ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process | | | |
| **c** ☑ Processed incomplete and complete FAP applications | | | |
| **d** ☑ Made presumptive eligibility determinations | | | |
| **e** ☐ Other (describe in Section C) | | | |
| **f** ☐ None of these efforts were made | | | |

### Policy Relating to Emergency Medical Care

| | | | |
|---|---|---|---|
| **21** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? | 21 | Yes | |
| If "No," indicate why | | | |
| **a** ☐ The hospital facility did not provide care for any emergency medical conditions | | | |
| **b** ☐ The hospital facility's policy was not in writing | | | |
| **c** ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) | | | |
| **d** ☐ Other (describe in Section C) | | | |

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

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MAINE MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group**

| | | Yes | No |
|---|---|---|---|
| **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? . . . . . **23** | | No |
| | 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? . . . . . **24** | | No |
| | If "Yes," explain in Section C | | |

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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 |
|---|---|
| See Add'l Data | |
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**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? **39**

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

## Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

### 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| PART I, LINE 7 - COSTING METHODOLOGY EXPLANATION | THE COSTING METHODOLOGY FOR THE AMOUNTS REPORTED IN PART I, LINE 7 OF THE SCHEDULE H IS BASED ON A RATIO OF PATIENT CARE COST TO CHARGES THIS COST TO CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES PROVIDED IN THE INSTRUCTIONS FOR SCHEDULE H |
| PART II - COMMUNITY BUILDING ACTIVITIES | COMMUNITY SUPPORT - MAINE MEDICAL CENTER (MMC) IS DEEPLY INVOLVED IN DISASTER PLANNING AT THE LOCAL AND STATE LEVELS ONE OF THREE STATE REGIONAL RESOURCE CENTERS FOR EMERGENCY PREPAREDNESS IS LOCATED AT THE MEDICAL CENTER, AND THE HOSPITAL HAS A FULL-TIME DIRECTOR OF EMERGENCY PREPAREDNESS - MMC IS A DUES PAYING MEMBER OF GREATER PORTLAND CHAMBER OF COMMERCE AND MAINE STATE CHAMBER OF COMMERCE - SARSSM (SEXUAL ASSAULT RESPONSE SERVICES OF MAINE) - SOUTHERN MAINE REGIONAL RESOURCE CENTER FOR HEALTH EMERGENCY PREPAREDNESS - COORDINATED ALL EMERGENCY PREPAREDNESS ACTIVITIES OF THE SOUTHERN 4 COUNTIES OF MAINE INCLUDING YORK, CUMBERLAND, SAGADAHOC AND LINCOLN THIS INCLUDES BOTH REGIONAL HOSPITALS, AND OVER 300 MEDICAL CENTERS, LABORATORIES, CLINICS AMBULATORY CENTER, PHYSICIAN PRACTICES, LONG TERM CARE CENTERS, HOME HEALTH AGENCIES IN OUR REGION THIS INCLUDES PUBLIC HEALTHCARE EMERGENCY PREPAREDNESS - COMMUNITY NURSE SUPPORT - NURSE LIAISON FOR THE TOWN OF SCARBOROUGH TEACHING BASIC LIFE SUPPORT AND ATTENDING PANEL DISCUSSIONS PHYSICIANS FROM FALMOUTH AND SOUTH PORTLAND PEDIATRICS OFFICES PROVIDING EDUCATIONAL OPPORTUNITY AND OPEN DISCUSSION FOR LOCAL SCHOOL RNS LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS - DOC4ADAY PROGRAM - MEDICAL EXPLORERS - PROJECT MEDICAL EDUCATION (PME) - HEATHCARE PROFESSIONAL PIPELINE PROGRAM WORKFORCE DEVELOPMENT - CNA TRAINING PROGRAM - SUMMER VOLUNTEERS - NUTRITION & FOOD STUDENTS FROM MAINE COLLEGES - HANLEY LEADERSHIP DEVELOPMENT - UNE ELECTIVE COURSE ON MEDICATION TRANSACTIONS AT MMC - INTRODUCTORY PHARMACY STUDENT EXPERIENTIAL LEARNING PROGRAM - NURSE PRACTITIONERS AND PHYSICIAN ASSISTANT CLINICAL INTERSHIP SITE - PORTLAND FAMILY MEDICINE MEDICAL ASSISTANT EXTERN MENTORING SITE - STUDENT NURSING PRECEPTING - TRAINING OF NURSE PRACTITIONER STUDENTS - PSYCHIATRY - REHAB MEDICINE EDUCATIONAL PROGRAM - UNE TRAUMA AND RECOVERY CLASS FOR SOCIAL WORK - COURSE INSTRUCTION AT USM FOR SOCIAL WORK AND PSYCHIATRY - SOCIAL WORK STUDENT INTERSHIP SUPERVISION - OUTPATIENT PSYCHIATRY TRAINING |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY | SEE PART III, LINE 4 - BAD DEBT EXPENSE FOOTNOTE TO THE FINANCIAL STATEMENTS |
| BAD DEBT EXPENSE FOOTNOTE TO FINANCIAL STATEMENTS | MAINE MEDICAL CENTER (MMC) DOES NOT HAVE A SPECIFIC FOOTNOTE IN THE FINANCIAL STATEMENTS THAT DESCRIBES "BAD DEBT EXPENSE " HOWEVER, REFERENCE IS MADE WITHIN THE FOOTNOTES TO A BAD DEBT POLICY IN A COUPLE OF INSTANCES WITHIN THE FOOTNOTE DESCRIBING "NET PATIENT SERVICE REVENUE", THE FOLLOWING EXPLAINS THE PROVISION FOR BAD DEBTS "FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS, THE MEDICAL CENTER RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS WRITTEN OFF AGAINST THE ALLOWANCE FOR BAD DEBTS " THE AMOUNT OF EXPENSE ASSOCIATED WITH THE PROVISION OF SERVICES, ULTIMATELY WRITTEN OFF AS BAD DEBT AT MMC, HAS BEEN CALCULATED AT 14,272,837 FOR THE CURRENT FISCAL YEAR THIS AMOUNT WAS CALCULATED USING A COST TO CHARGE RATIO BAD DEBT EXPENSE REPRESENTS HEALTHCARE SERVICES MMC HAS PROVIDED WITHOUT COMPENSATION AS A TAX-EXEMPT ORGANIZATION, MMC PROVIDES NECESSARY PATIENT CARE REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THE SERVICES MMC CANNOT DETERMINE THE AMOUNT OF BAD DEBT EXPENSE THAT COULD BE REASONABLY ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S FREE CARE POLICY IN ADDITION, BAD DEBT EXPENSE ALSO INCLUDES AMOUNTS FOR SERVICES PROVIDED TO INDIVIDUALS EXPERIENCING DIFFICULT PERSONAL OR ECONOMIC CIRCUMSTANCES RELATED TO A PORTION OF OUR COMMUNITY BASED PATIENT POPULATION THEIR MEDICAL BILLS OFTEN PLACE THESE INDIVIDUALS IN UNTENABLE POSITIONS WHERE THEY ARE NOT ABLE TO HANDLE THEIR PERSONAL DEBT AND THEN THEIR NEW MEDICAL DEBT HOWEVER, BECAUSE OF THEIR INCOME LEVEL, THEY DO NOT QUALIFY FOR FREE CARE BY PROVIDING NECESSARY HEALTHCARE SERVICES TO THOSE INDIVIDUALS EITHER WHO FAIL TO APPLY FOR FINANCIAL ASSISTANCE OR WHO ARE EXPERIENCING DIFFICULT PERSONAL OR ECONOMIC CIRCUMSTANCES, MMC BELIEVES THAT BAD DEBT EXPENSE SHOULD BE INCLUDED AS A COMMUNITY BENEFIT |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| PART III, LINE 8 - MEDICARE EXPLANATION | MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST TO CHARGE RATIO MAINE MEDICAL CENTER BELIEVES THAT THE MEDICARE SHORTFALL SHOULD BE INCLUDED AS A COMMUNITY BENEFIT BECAUSE THE MEDICAL CENTER HAS A CLEAR MISSION COMMITMENT TO SERVING ELDERLY PATIENTS AND ADULTS WITH DISABILITIES THROUGH THE PROVISION OF SPECIFIC SUBSIDIZED PROGRAMS DEVELOPED TO HELP IMPROVE THE HEALTH STATUS OF THESE PATIENTS IF THESE CRITICAL SUBSIDIZED PROGRAMS WERE NOT PROVIDED BY THE MEDICAL CENTER, THEY WOULD BECOME THE OBLIGATION OF THE FEDERAL GOVERNMENT |
| PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION | PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE HAVE THEIR ACCOUNT BALANCE ADJUSTED ACCORDINGLY ONCE FINANCIAL ASSISTANCE HAS BEEN APPROVED FOR PATIENTS THAT DO NOT QUALIFY FOR 100% FINANCIAL ASSISTANCE, THE APPROPRIATE DISCOUNT PERCENTAGE IS APPLIED AND THE REMAINING BALANCE IS BILLED TO THE RESPONSIBLE PARTY MONTHLY PAYMENT ARRANGEMENTS CAN BE ESTABLISHED BY THE RESPONSIBLE PARTY BY CONTACTING THE PATIENT FINANCIAL SERVICES CUSTOMER SERVICE DEPARTMENT AS A TAX-EXEMPT HOSPITAL, MAINE MEDICAL CENTER PROVIDES NECESSARY PATIENT CARE REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THE SERVICES |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| PART VI, LINE 2 - NEEDS ASSESSMENT | THE ONEMAINE HEALTH COLLABORATIVE (ONEMAINE), A PARTNERSHIP BETWEEN MAINEHEALTH, EASTERN MAINE HEALTHCARE SYSTEMS, AND MAINEGENERAL HEALTH, WAS FIRST CREATED IN 2007 AS A WAY TO SHARE INFORMATION AND IDENTIFY THE HEALTH NEEDS OF THE COMMUNITIES SERVED BY THE THREE SYSTEMS IN JANUARY 2010, ONEMAINE CONTRACTED WITH THE UNIVERSITY OF NEW ENGLANDS CENTER FOR COMMUNITY AND PUBLIC HEALTH (CCPH) TO CONDUCT A STATEWIDE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THAT WAS PUBLISHED IN 2011 THE ASSESSMENT, CONDUCTED IN COLLABORATION WITH THE UNIVERSITY OF SOUTHERN MAINES MUSKIE SCHOOL FOR PUBLIC HEALTH AND MARKET DECISIONS, INC , WAS DESIGNED TO IDENTIFY THE MOST IMPORTANT HEALTH ISSUES IN THE STATE, BOTH OVERALL AND BY COUNTY, USING SCIENTIFICALLY VALID HEALTH INDICATORS AND COMPARATIVE INFORMATION THE ASSESSMENT ALSO IDENTIFIED PRIORITY HEALTH ISSUES WHERE BETTER INTEGRATION OF PUBLIC HEALTH AND HEALTHCARE CAN IMPROVE ACCESS, QUALITY, AND COST EFFECTIVENESS OF SERVICES TO RESIDENTS OF MAINE THIS PROJECT REPRESENTED ONEMAINES EFFORTS TO SHARE INFORMATION THAT CAN LEAD TO IMPROVED HEALTH STATUS AND QUALITY OF CARE AVAILABLE TO MAINE RESIDENTS, WHILE BUILDING UPON AND STRENGTHENING MAINES EXISTING INFRASTRUCTURE OF SERVICES AND PROVIDERS THE MAINE SHARED HEALTH NEEDS ASSESSMENT AND PLANNING PROCESS (SHNAPP) PROJECT IS A COLLABORATIVE EFFORT AMONG MAINE'S FOUR LARGEST HEALTHCARE SYSTEMS - CENTRAL MAINE HEALTHCARE, EASTERN MAINE HEALTHCARE SYSTEMS (EMHS), MAINEGENERAL HEALTH, AND MAINEHEALTH - AS WELL AS THE MAINE CENTER FOR DISEASE CONTROL AND PREVENTION AN OFFICE OF THE MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) THE CURRENT COLLABORATION EXPANDS UPON THE ONEMAINE HEALTH COLLABORATIVE CREATED IN 2007 AS A PARTNERSHIP AMONG EMHS, MGH AND MAINEHEALTH THE MAINE CDC AND OTHER PARTNERS JOINED THESE ENTITIES TO DEVELOP A PUBLIC-PRIVATE PARTNERSHIP IN 2012 THE FOUR HOSPITAL SYSTEMS AND THE MAINE CDC SIGNED A MEMORANDUM OF UNDERSTANDING IN EFFECT BETWEEN JUNE 2014 AND DECEMBER 2019 COMMITTING RESOURCES TO THE MAINE SHNAPP PROJECT THE OVERALL GOAL OF THE MAINE SHNAPP IS TO "TURN DATA INTO ACTION" BY CONDUCTING A SHARED COMMUNITY HEALTH IMPROVEMENT PLANNING PROCESS FOR STAKEHOLDERS ACROSS THE STATE THE COLLABORATIVE ASSESSMENT AND PLANNING EFFORT WILL ULTIMATELY LEAD TO THE IMPLEMENTATION OF COMPREHENSIVE STRATEGIES FOR COMMUNITY HEALTH IMPROVEMENT AS PART OF THE LARGER PROJECT, THE MAINE SHNAPP HAS POOLED ITS RESOURCES TO CONDUCT THIS SHARED COMMUNITY HEALTH NEEDS ASSESSMENT (SHARED CHNA) TO ADDRESS COMMUNITY BENEFIT REPORTING NEEDS OF HOSPITALS, SUPPORT STATE AND LOCAL PUBLIC HEALTH ACCREDITATION EFFORTS, AND PROVIDE VALUABLE POPULATION HEALTH ASSESSMENT DATA FOR USE IN PRIORITIZING AND PLANNING FOR COMMUNITY HEALTH IMPROVEMENT THIS ASSESSMENT BUILDS ON THE EARLIER ONEMAINE 2011 CHNA THAT WAS DEVELOPED BY THE UNIVERSITY OF NEW ENGLAND AND THE UNIVERSITY OF SOUTHERN MAINE, AS WELL AS THE 2012 MAINE STATE HEALTH ASSESSMENT THAT WAS DEVELOPED BY THE MAINE DHHS THIS SHARED CHNA INCLUDES A LARGE SET OF STATISTICS ON HEALTH STATUS AND RISK FACTORS FROM EXISTING SURVEILLANCE AND HEALTH DATASETS IT DIFFERS FROM EARLIER ASSESSMENTS IN TWO WAYS FIRSTLY, IT INCLUDES INPUT FROM A BROAD SET OF STAKEHOLDERS FROM ACROSS THE STATE FROM THE 2015 SHNAPP STAKEHOLDERS' SURVEY SECONDLY, IT DOES NOT INCLUDE THE HOUSEHOLD TELEPHONE SURVEY CONDUCTED FOR THE ONEMAINE EFFORT |
| PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE | FINANCIAL ASSISTANCE INFORMATION IS PROVIDED IN THE ADMITTING AND EMERGENCY REGISTRATION LOCATIONS IN THE FOLLOWING MANNER - POSTINGS INCLUDING FREE CARE AND MONTHLY PAYMENT PLAN - HANDOUTS - INTERVIEWS PATIENTS RECEIVE MAINEHEALTH'S FREE CARE GUIDELINES AND FINANCIAL POLICIES BROCHURE EXPLAINING OUR BILLING POLICIES AND CONTACT INFORMATION UPON REQUEST IF THE PATIENT IS SELF-PAY, UNDER INSURED OR CAN'T AFFORD TO PAY THEIR HOSPITAL BILL, THEY MAY RECEIVE A FINANCIAL COUNSELING PACKET AND/OR REFERRED TO FINANCIAL COUNSELING FROM THE REGISTRATION STAFF OR CHANGE HEALTHCARE, AN OUTSIDE VENDOR WHO HELPS MANAGE THE SELF- PAY ACCOUNTS THE PACKET INCLUDES - INFORMATION ON MAINEHEALTH'S FINANCIAL POLICIES - FINANCIAL ASSISTANCE INFORMATION INCLUDING FREE CARE PROGRAM, MONTHLY PAYMENT PLAN PROGRAM, AND CARE PARTNERS, MEDACCESS AND OTHER COMMUNITY RESOURCE NEEDS - PROGRAM APPLICATIONS AND INSTRUCTIONS FOR MAINEHEALTH'S FREE CARE PROGRAM, AND MONTHLY PAYMENT PLAN APPLICATION - CONTACT INFORMATION FOR ASSISTANCE WITH APPLICATIONS, BILLS OR FINANCIAL CONCERNS SELF-PAY OR UNDERINSURED PATIENTS REGISTERING IN PERSON OR VIA A PHONE INTERVIEW RECEIVE FINANCIAL COUNSELING INCLUDING INFORMATION ON OUR FINANCIAL ASSISTANCE PROGRAMS REGISTRATION STAFF OR CHANGE HEALTHCARE PROVIDE FORMS AND ASSIST WITH COMPLETING FINANCIAL ASSISTANCE APPLICATIONS AND PROVIDING FOLLOW UP CONTACT INFORMATION MAINEHEALTH'S WEB SITE INCLUDES ON LINE REGISTRATION AND PATIENT BILLING INFORMATION - BILLING PROCESS - FREE CARE - MONTHLY PAYMENT PLAN - PATIENT STATEMENT - PRICE INFORMATION - CONTACT US AND QUESTIONS PRIMARY LANGUAGE, DEAF AND HARD OF HEARING AND INTERPRETER NEEDS ARE ASSESSED DURING THE REGISTRATION INTERVIEW AND SERVICES ARE PROVIDED AS NEEDED IF A PATIENT DOES NOT RESPOND AT PRE-REGISTRATION, REGISTRATION, OR WHILE RECEIVING CARE, ALL OF THESE PROGRAMS ARE EXPLAINED AGAIN BY THE SINGLE BILLING OFFICE STAFF THE INTENT OF THESE EFFORTS IS TO ENSURE THAT THE PATIENT IS FULLY INFORMED OF AND ABLE TO TAKE ADVANTAGE OF THESE ASSISTANCE PROGRAMS |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| PART VI, LINE 4 - COMMUNITY INFORMATION | THE COMMUNITY HEALTH NEEDS ASSESSMENT DESCRIBES THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVICES SEE HTTPS //MAINEHEALTH ORG/HEALTHY-COMMUNITIES/COMMUNITY-HEALTH-NEEDS- ASSESSMENT FOR THE COMPLETED CHNA |
| PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH | MAINE MEDICAL CENTER'S DAY-TO-DAY OPERATIONS AS A TAX-EXEMPT ORGANIZATION INCLUDE MANY SYSTEM-WIDE INITIATIVES IN CUMBERLAND COUNTY AND IN THE STATE OF MAINE AND THE NORTHERN NEW ENGLAND REGION CLINICAL SERVICES RANGE FROM OUTPATIENT CLINICS FOR A DIVERSE POPULATION TO FULL INPATIENT AND SURGICAL SERVICES TO A REGIONAL TRAUMA CENTER AND A NEUROSCIENCE INSTITUTE MANY OF OUR SERVICES AND SPECIALTIES ARE NOT AVAILABLE ELSEWHERE IN THE STATE OR IN OUR REGION WE HAVE PROGRAMS IN UNDERGRADUATE, GRADUATE, POST-GRADUATE, AND CONTINUING EDUCATION, ENGAGE IN CLINICAL RESEARCH, AND SUPPORT ORGANIZATIONS AND EFFORTS WHOSE MISSIONS AUGMENT OR COMPLEMENT OURS WE STRIVE TO BE A GOOD "INSTITUTIONAL CITIZEN" OF OUR REGION AND STATE WITH THESE PROGRAMS, MAINE MEDICAL CENTER HOPES TO FILL EXISTING LOCAL GAPS WHILE MAKING A POSITIVE IMPACT IN THE COMMUNITIES WE SERVE THESE PROGRAMS INCLUDE SUBSIDIZED HEALTH SERVICES, COMMUNITY-BASED CLINICAL SERVICES, COMMUNITY EDUCATION SERVICES, HEALTH CARE SUPPORT SERVICES, COMMUNITY BUILDING ACTIVITIES, MEDICAL EDUCATION AND RESEARCH SEE THE ATTACHED COMMUNITY BENEFIT REPORT FOR ADDITIONAL INFORMATION ON EACH OF THESE PROGRAMS AND SERVICES MAINE MEDICAL CENTER MADE A NET ASSET TRANSFER TO ITS WHOLLY OWNED SUBSIDIARY, MAINE MEDICAL PARTNERS, IN THE AMOUNT OF 60,558,000 TO COVER THE LOSSES RELATED TO MISSION-CRITICAL PHYSICIAN PRACTICES TO ENSURE ACCESS FOR THE COMMUNITY TO SUCH SPECIALTIES AS TRAUMA SURGERY, NEUROSURGERY, UROLOGY, VARIOUS PEDIATRIC SPECIALTIES, AND HIGH-RISK OBSTETRICS |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM | MAINEHEALTH IS A NOT-FOR-PROFIT FAMILY OF LEADING HIGH-QUALITY PROVIDERS AND OTHER HEALTHCARE ORGANIZATIONS WORKING TOGETHER SO THEIR COMMUNITIES ARE THE HEALTHIEST IN AMERICA RANKED AMONG THE NATION'S TOP 100 INTEGRATED HEALTHCARE DELIVERY NETWORKS, MAINEHEALTH IS GOVERNED BY A BOARD OF TRUSTEES CONSISTING OF COMMUNITY AND BUSINESS LEADERS FROM ITS SOUTHERN, CENTRAL AND WESTERN MAINE REGIONAL SERVICE AREAS THE COLLABORATION OF MAINEHEALTH MEMBERS MAKES IT POSSIBLE TO OFFER AN EXTENSIVE RANGE OF CLINICAL INTEGRATION AND COMMUNITY HEALTH PROGRAMS, MANY AIMED AT IMPROVING ACCESS TO PREVENTIVE AND PRIMARY CARE SERVICES MAINEHEALTH INCLUDES THE FOLLOWING MEMBER ORGANIZATIONS LINCOLNHEALTH GROUP, MAINE MEDICAL CENTER, MAINE BEHAVIORAL HEALTHCARE (SPRING HARBOR HOSPITAL), COASTAL HEALTHCARE ALLIANCE (PEN BAY MEDICAL CENTER AND WALDO COUNTY GENERAL HOSPITAL), SOUTHERN MAINE HEALTH CARE (SOUTHERN MAINE MEDICAL CENTER AND GOODALL CAMPUSES), WESTERN MAINE HEALTH CARE (STEPHENS MEMORIAL HOSPITAL), THE MEMORIAL HOSPITAL AT NORTH CONWAY, N H , MAINEHEALTH CARE AT HOME, MAINE PHYSICIAN HOSPITAL ORGANIZATION, NORDX, SYNERNET AND MAINEHEALTH ACCOUNTABLE CARE ORGANIZATION THE STRATEGIC AFFILIATES OF MAINEHEALTH ARE MAINEGENERAL MEDICAL CENTER, MID COAST HOSPITAL AND ST MARYS REGIONAL MEDICAL CENTER |
| PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT | MAINE |

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 01-0238552

**Name:** MAINE MEDICAL CENTER

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

| **Section A. Hospital Facilities**<br><br>(list in order of size from largest to smallest—see instructions)<br>How many hospital facilities did the organization operate during the tax year?<br>**1**<br><br>Name, address, primary website address, and state license number | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | **Other (Describe)** | **Facility reporting group** |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | MAINE MEDICAL CENTER<br>22 BRAMHALL STREET<br>PORTLAND, ME 04102<br>WWW MMC ORG<br>38680 | X | X | X | X | | X | X | | | |

**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 |
|---|---|
| FACILITY 1, MAINE MEDICAL CENTER - PART V, LINE 5 | COMMUNITY INPUT WAS TAKEN INTO ACCOUNT WHEN CONDUCTING THE CHNA, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH THIS INCLUDED INDIVIDUALS FROM THE FOLLOWING FACILITIES CITY OF PORTLAND - HEALTH AND HUMAN SERVICES DEPARTMENT, THE OPPORTUNITY ALLIANCE, MERCY HEALTH SYSTEM, VNA HOME HEALTH HOSPICE, MAINE CENTERS FOR DISEASE CONTROL, UNITED WAY OF GREATER PORTLAND, MAINE MEDICAL CENTER, MAINEHEALTH, AND MAINE BEHAVIORAL HEALTHCARE |
| FACILITY 1, MAINE MEDICAL CENTER - PART V, LINE 6A | THE CHNA WAS CONDUCTED THROUGH A PARTNERSHIP BETWEEN MAINEHEALTH, CENTRAL MAINE HEALTHCARE, EASTERN MAINE HEALTHCARE SYSTEMS, MAINEGENERAL HEALTH, AND THE MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES |

**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 |
|---|---|
| FACILITY 1, MAINE MEDICAL CENTER - PART V, LINE 7D | THE CHNA AND IMPLEMENTATION STRATEGY ARE POSTED ON THE FOLLOWING WEBSITE HTTPS //MAINEHEALTH ORG/HEALTHY-COMMUNITIES/COMMUNITY-HEALTH- NEEDS-ASSESSMENT |
| FACILITY 1, MAINE MEDICAL CENTER - PART V, LINE 11 | FOR THE 2016-2018 CHNA, THE ORGANIZATION HAS IDENTIFIED PRIORITIES AND DEVELOPED STRATEGIES TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA AND PROVIDED REASONS IF IDENTIFIED NEEDS ARE NOT BEING ADDRESSED PLEASE SEE THE 2016-2018 COMMUNITY HEALTH NEEDS ASSESSMENT AND ANNUAL IMPLEMENTATION REPORT UPDATE FY17 AT HTTPS //MAINEHEALTH ORG/HEALTHY-COMMUNITIES/COMMUNITY-HEALTH-NEEDS- ASSESSMENT FOR DETAILS OF THE ACTIVITIES UNDERTAKEN BY THE ORGANIZATION |

**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 |
|---|---|
| FACILITY 1, MAINE MEDICAL CENTER - PART V, LINE 16J | THE FINANCIAL ASSISTANCE POLICY (FAP)/FREE CARE POLICY, FAP/FREE CARE APPLICATION AND THE PLAIN LANGUAGE SUMMARY ARE AVAILABLE ON THE FOLLOWING WEBSITE HTTPS //MAINEHEALTH ORG/PATIENTS-VISITORS/BILLING- INSURANCE/FINANCIAL-ASSISTANCE/FREE-CARE FACILITY 1, MAINE MEDICAL CENTER - PART V, LINE 16I THE FAP, FAP APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY WERE TRANSLATED INTO THE PRIMARY LANGUAGES SPOKEN BY LIMITED ENGLISH PROFICIENCY POPULATIONS AND MADE AVAILABLE AS OF JULY 2018 |

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

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

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

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

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

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

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

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

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

| Name and address | Type of Facility (describe) |
|---|---|
| ORTHOPEDICS<br>119 GANNETT DRIVE<br>SOUTH PORTLAND, ME 04106 | ORTHOPEDIC CARE |
| OTOLARYNGOLOGY<br>1250 FOREST AVENUE<br>PORTLAND, ME 04103 | OTOLARYNGOLOGY SERVICES |
| MAINE TRANSPLANT PROGRAM<br>19 WEST STREET<br>PORTLAND, ME 04102 | KIDNEY AND PANCREAS TRANSPLANT |
| MMC BIDDEFORD IV THERAPY<br>26 WEST COLE ROAD SUITE 101<br>BIDDEFORD, ME 04005 | IV THERAPY |
| ENDOCRINOLOGY & DIABETES<br>175 US ROUTE 1<br>SCARBOROUGH, ME 04074 | ENDOCRINOLOGY AND DIABETES |
| MENTAL HEALTH SERVICES<br>66 BRAMHALL STREET<br>PORTLAND, ME 04102 | MENTAL HEALTH SERVICES |
| MMC SANFORD IV THERAPY<br>27 INDUSTRIAL AVE SUITE 102<br>SANFORD, ME 04073 | IV THERAPY |
| CARDIOLOGY<br>35 MEDICAL CENTER PARKWAYSUITE 101<br>AUGUSTA, ME 04330 | CARDIOLOGY |
| LAKES REGION PRIMARY CARE<br>584 ROOSEVELT TRAIL<br>WINDHAM, ME 04062 | GENERAL MEDICINE |
| MAINE INSTITUTE FOR SLEEP AND BREATHING DISORDERS<br>930 CONGRESS STREET<br>PORTLAND, ME 04102 | SLEEP AND BREATHING DISORDERS |
| CARDIOLOGY<br>99 CAMPUS AVENUE SUITE 301<br>LEWISTON, ME 04240 | CARDIOLOGY |
| CARDIOLOGY<br>4 GLEN COVE DRIVE SUITE 108<br>ROCKPORT, ME 04856 | CARDIOLOGY |
| OTOLARYNGOLOGY<br>30 WEST COLE ROAD 1ST FLOOR<br>BIDDEFORD, ME 04005 | OTOLARYNGOLOGY |
| CARDIOLOGY<br>149 NORTH STREET<br>WATERVILLE, ME 04901 | CARDIOLOGY |
| YARMOUTH PEDIATRICS<br>45 FOREST FALLS DRIVE SUITE 1A<br>YARMOUTH, ME 04096 | PEDIATRICS |

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

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

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

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

| Name and address | Type of Facility (describe) |
|---|---|
| ENDORCINOLOGY AND DIABETES CENTER<br>963 SABATTUS ST<br>LEWISTON, ME 04240 | ENDOCRINOLOGY AND DIABETES |
| MMC BARIATRIC SURGERY CLINIC<br>12 ANDOVER ROAD<br>PORTLAND, ME 04102 | GENERAL MEDICAL AND SURGICAL |
| AMBULATORY CLINIC SERVICES<br>48-52 GILMAN STREET<br>PORTLAND, ME 04102 | GENERAL MEDICINE |
| CENTER FOR TOBACCO INDEPENDENCE<br>315 PARK AVENUE SECOND FLOOR<br>PORTLAND, ME 04101 | TOBACCO TREATMENT CENTER |
| CLINIC<br>193 MAIN STREET<br>NORWAY, ME 04268 | CLINIC |
| CLINIC<br>55 MAIN STREET<br>BRIDGTON, ME 04009 | CLINIC |
| ADMINISTRATIVE OFFICES<br>300 SOUTHBOROUGH DRIVE SUITE 201<br>SOUTH PORTLAND, ME 04106 | ADMIN |
| OTOLARYNGOLOGY<br>1250 FOREST AVENUE SUITE 301<br>PORTLAND, ME 04103 | OTOLARYNGOLOGY |
| PEAKS ISLAND FAMILY MEDICINE<br>87 CENTRAL AVENUE<br>PEAKS ISLAND, ME 04108 | GENERAL MEDICINE |

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**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization
MAINE MEDICAL CENTER

**Employer identification number**
01-0238552

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 12

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

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| (1) SCHOLARSHIPS | 226 | 1,634,265 | | | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

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

# Additional Data

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

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| BOWDOIN COLLEGE<br>3530 COLLEGE STATION<br>BRUNSWICK, ME 040118426 | 01-0215213 | 501C3 | 15,851 | | | | RESEARCH |
| BUCK INSTITUTE FOR RESEARCH<br>ON AGING<br>8001 REDWOOD BLVD<br>NOVATO, CA 949451400 | 94-3030609 | 501C3 | 31,496 | | | | RESEARCH |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| HARVARD PILGRIM HEALTH CARE INC<br>93 WORCESTER STREET<br>WELLESLEY, MA 024813609 | 04-2452600 | 501C3 | 36,842 | | | | RESEARCH |
| INDIANA UNIVERSITY<br>400 E 7TH STREET RM 501<br>BLOOMINGTON, IN 474053004 | 35-6001673 | 501C3 | 8,121 | | | | RESEARCH |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| PARTNERS HEALTHCARE SYSTEMS INC AND AFFILIATES 529 MAIN STREET CHARLESTOWN, MA 02129 | 04-3230035 | 501C3 | 494,851 | | | | RESEARCH |
| UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR, MI 481091274 | 38-6006309 | 501C3 | 408,885 | | | | RESEARCH |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| THE UNIVERSITY OF CALIFORNIA -DAVIS<br>1850 RESEARCH PARK DRIVE<br>SUITE 300<br>DAVIS, CA 956186153 | 94-3067788 | 501C3 | 35,316 | | | | RESEARCH |
| UNIVERSITY OF PENNSYLVANIA<br>3451 WALNUT STREET<br>PHILADELPHIA, PA 191046205 | 23-1352685 | 501C3 | 51,606 | | | | RESEARCH |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| TUFTS UNIVERSITY<br>4 COLBY STREET<br>MEDFORD, MA 021556013 | 10-4210363 | 501C3 | 168,653 | | | | RESEARCH |
| THE UNIVERSITY OF NORTH CAROLINA<br>AT CHAPEL HILL<br>104 AIRPORT DRIVE SUITE 2200<br>CB1350<br>CHAPEL HILL, NC 275991350 | 56-6001393 | 501C3 | 118,534 | | | | RESEARCH |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS, TX 753909020 | 75-6002868 | 501C3 | 539,004 | | | | RESEARCH |
| YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 065081873 | 06-0646973 | 501C3 | 310,726 | | | | RESEARCH |

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**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

# Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization
MAINE MEDICAL CENTER

**Employer identification number**
01-0238552

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use | | |
| | ☐ Travel for companions | ☐ Payments for business use of personal residence | | |
| | ☐ Tax idemnification and gross-up payments | ☐ Health or social club dues or initiation fees | | |
| | ☐ Discretionary spending account | ☐ Personal services (e g , maid, chauffeur, chef) | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | **1b** | | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | **2** | | |
| **3** | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III | | | |
| | ☐ Compensation committee | ☐ Written employment contract | | |
| | ☐ Independent compensation consultant | ☐ Compensation survey or study | | |
| | ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee | | |
| **4** | During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | | No |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | **Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| **5** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization? | **5b** | | No |
| | If "Yes," on line 5a or 5b, describe in Part III | | | |
| **6** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization? | **6b** | | No |
| | If "Yes," on line 6a or 6b, describe in Part III | | | |
| **7** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | | No |
| **8** | Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III | **8** | | No |
| **9** | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **9** | | |

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

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

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

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

## Part III Supplemental Information

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

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

## Additional Data

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable 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 |
|---|---|---|---|---|---|---|---|---|
| 1 RICHARD W PETERSEN<br>PRESIDENT & CEO | (I) | 762,524 | 212,000 | 232,447 | 117,560 | 19,966 | 1,344,497 | |
| | (II) | | | | | - | - | |
| 1 WILLIAM L CARON JR<br>TRUSTEE | (I) | | | | | | | |
| | (II) | 841,603 | 228,000 | 105,369 | 141,114 | -<br>19,748 | -<br>1,335,834 | |
| 2 CINDY BOYACK MDTRUSTEE | (I) | 245,490 | | 4,561 | 64,094 | 8,755 | 322,900 | |
| | (II) | | | | | - | - | |
| 3 BRETT LOFFREDO MD<br>TRUSTEE | (I) | 219,834 | 2,777 | 2,841 | 24,044 | 8,870 | 258,366 | |
| | (II) | | | | | - | - | |
| 4 LISA ALMEDER MDTRUSTEE | (I) | 174,516 | 5,100 | 657 | 42,453 | 13,971 | 236,697 | |
| | (II) | | | | | - | - | |
| 5 JEFFREY SANDERS<br>EVP & COO | (I) | 435,122 | 125,003 | 4,698 | 57,076 | 17,068 | 638,967 | |
| | (II) | | | | | - | - | |
| 6 JOEL BOTLER MDCMO | (I) | 383,436 | 61,140 | 67,798 | 95,322 | 16,769 | 624,465 | |
| | (II) | | | | | - | - | |
| 7 MARJORIE WIGGINS<br>SVP OF NURSING & CNO | (I) | 328,608 | 48,065 | 99,922 | 80,614 | 9,239 | 566,448 | |
| | (II) | | | | | - | - | |
| 8 LUGENE INZANA<br>SR VP OF FINANCE/CFO | (I) | 405,939 | 62,650 | 2,322 | 31,676 | 16,870 | 519,457 | |
| | (II) | | | | | - | - | |
| 9 ROBERT FRANKSECRETARY | (I) | | | | | | | |
| | (II) | 359,428 | 50,000 | 13,163 | 59,412 | -<br>9,354 | -<br>491,357 | |
| 10 BETH KELSCH<br>ASST SECRETARY | (I) | | | | | | | |
| | (II) | 168,015 | | 420 | 22,526 | -<br>15,358 | -<br>206,319 | |
| 11<br>DOUGALD MACGILLIVRAY MD<br>SURGEON | (I) | 1,097,521 | 160,000 | 13,813 | 29,439 | 21,099 | 1,321,872 | |
| | (II) | | | | | - | - | |
| 12 ROBERT ECKER MD<br>SURGEON | (I) | 1,092,712 | 163,242 | 3,924 | 29,526 | 20,516 | 1,309,920 | |
| | (II) | | | | | - | - | |
| 13 JOSEPH ALEXANDER MD<br>SURGEON | (I) | 999,267 | 131,483 | 67,189 | 44,509 | 20,607 | 1,263,055 | |
| | (II) | | | | | - | - | |
| 14 JAMES WILSON MD<br>SURGEON | (I) | 1,000,745 | 131,483 | 54,671 | 44,026 | 19,998 | 1,250,923 | |
| | (II) | | | | | - | - | |
| 15 KONRAD BARTH MD<br>SURGEON | (I) | 993,695 | 131,483 | 58,540 | 44,717 | 19,998 | 1,248,433 | |
| | (II) | | | | | - | - | |
| 16 PETER BATES MD<br>CHIEF ACADEMIC OFFIC | (I) | 322,209 | 46,020 | 160,968 | 74,814 | 16,423 | 620,434 | |
| | (II) | | | | | - | - | |

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# Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

## 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

Name of the organization
MAINE MEDICAL CENTER

Employer identification number
01-0238552

## Part I Bond Issues

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

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 59,640,000 | 4,095,000 | | |
| 2 | Amount of bonds legally defeased | | | | |
| 3 | Total proceeds of issue | 107,180,008 | 17,998,986 | 85,967,554 | |
| 4 | Gross proceeds in reserve funds | 13,020,438 | 1,746,209 | 942,821 | |
| 5 | Capitalized interest from proceeds | | | | |
| 6 | Proceeds in refunding escrows | | | | |
| 7 | Issuance costs from proceeds | 484,392 | 186,573 | 1,271,033 | |
| 8 | Credit enhancement from proceeds | 38,754 | | | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | 4,226 | | 41,929,758 | |
| 11 | Other spent proceeds | 106,009,079 | 17,812,413 | 42,754,483 | |
| 12 | Other unspent proceeds | | | | |
| 13 | Year of substantial completion | 2008 | | 2016 | |

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | X | | X | | X | | | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | |
| 16 | Has the final allocation of proceeds been made? | X | | X | | | X | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | | |

## Part III Private Business Use

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

## Part III Private Business Use (Continued)

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | X | | X | | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | X | | |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | | 0 100 % | | | | 0 100 % | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | | | | | | | | |
| 6 | Total of lines 4 and 5 | | 0 100 % | | | | 0 100 % | | |
| 7 | Does the bond issue meet the private security or payment test? | | X | | X | | X | | |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | | | | | |
| c | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? | | | | | | | | |
| 9 | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? | | X | | X | | X | | |

## Part IV Arbitrage

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

**Part IV Arbitrage** (Continued)

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | X | | | X | | X | | |
| b | Name of provider | TRANSAMERICA LI | | | | | | | |
| c | Term of GIC | 2810 0000000000 % | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | X | | | | | | | |
| 6 | Were any gross proceeds invested beyond an available temporary period? | X | | | X | | X | | |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | | X | | X | | X | | |

**Part V Procedures To Undertake Corrective Action**

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

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

| Return Reference | Explanation |
|---|---|
| SCHEDULE K - DATE REBATE COMPUTATION PERFORMED | MAINE HEALTH & HIGHER ED FACILITIES 09/22/17 |

| Return Reference | Explanation |
| --- | --- |
| SCHEDULE K - ADDITIONAL INFORMATION | MAINE HEALTH & HIGHER ED FACILITIES - PART I, COLUMN (F), BOND A - REFUND BONDS ISSUED 5/18/2006 AND 7/12/2006 - PART I, COLUMN (F), BOND B - REFUND BONDS ISSUED 7/9/1998, 12/10/1998, 5/19/1999, AND 11/15/2001 - PART I, COLUMN (F), BOND C - REFUND BONDS ISSUED 5/22/2008, BUILD, RENOVATE, AND EQUIP HOSPITAL FACILITY - SERIES 2011A BONDS - WITH RESPECT TO PART I COLUMN (E), AND PART II LINES 1-12 (COLUMN B), THE INSTITUTION IS REPORTING ITS ALLOCABLE PORTION OF THIS BOND ISSUE, THE REMAINDER OF WHICH IS ALLOCABLE TO AFFILIATED ENTITIES FOR PURPOSES OF PART I, COLUMN (I), THE INSTITUTION HAS ASSUMED THAT THIS ARRANGEMENT DOES NOT CONSTITUTE A "POOLED FINANCING " - SERIES 2014 BONDS (ISSUED 1/7/2015) - WITH RESPECT TO PART I COLUMN (E), AND PART II LINES 1-12 (COLUMN C), THE INSTITUTION IS REPORTING ITS ALLOCABLE PORTION OF THIS BOND ISSUE, THE REMAINDER OF WHICH IS ALLOCABLE TO AFFILIATED ENTITIES FOR PURPOSES OF PART I COLUMN (I), THE INSTITUTION HAS ASSUMED THAT THIS ARRANGEMENT DOES NOT CONSTITUTE A "POOLED FINANCING " - SERIES 2008A BONDS AND SERIES 2014 BONDS - THE DIFFERENCE BETWEEN THE ISSUE PRICE (PART I) AND TOTAL PROCEEDS (PART II, LINE 3) IS DUE TO INVESTMENT EARNINGS - PART II, LINE 4, COLUMN A - THE AMOUNT SHOWN HERE CONSISTS OF 8,840,406 IN A DEBT SERVICE RESERVE FUND, PLUS 4,180,032 OF DEBT SERVICE FUND DEPOSITS - PART II, LINE 4, COLUMN B - THE AMOUNT SHOWN HERE CONSISTS OF 1,402,045 IN A DEBT SERVICE RESERVE FUND, PLUS 344,164 OF DEBT SERVICE FUND DEPOSITS - PART II, LINE 4, COLUMN C - THE AMOUNT SHOWN HERE CONSISTS OF DEBT SERVICE FUND DEPOSITS - PART III HAS NOT BEEN COMPLETED WITH RESPECT TO THE BONDS SHOWN IN COLUMN B, SINCE THE BONDS BEING REFINANCED BY SUCH BONDS WERE ISSUED BEFORE 2003 - PART IV, LINES 4B AND 4C, COLUMN A - THERE ARE THREE SEPARATE HEDGING CONTRACTS IDENTIFIED WITH THESE BONDS, WITH MORGAN STANLEY CAPITAL SERVICES INC (TERM 28 1 YEARS), MERRILL LYNCH CAPITAL SERVICES INC (TERM 18 1 YEARS), AND MORGAN STANLEY CAPITAL SERVICES INC (TERM 28 1 YEARS) - PART IV, LINE 6, COLUMN A - SUCH AMOUNTS WERE APPROPRIATELY YIELD- RESTRICTED - A TAX EXEMPT BOND POLICY WAS ENDORSED BY THE MAINEHEALTH FINANCE COUNCIL IN JULY, 2018 THIS POLICY IS EXPECTED TO BE ADOPTED BY ALL INDIVIDUAL MEMBER ORGANIZATIONS BEFORE 9/30/18 |

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# Schedule L (Form 990 or 990-EZ)

## Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (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
MAINE MEDICAL CENTER

Employer identification number
01-0238552

**Part I** **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? Yes | No |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

**Part II** **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? To | From | (e) Original principal amount | (f) Balance due | (g) In default? Yes | No | (h) Approved by board or committee? Yes | No | (i) Written agreement? Yes | No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total | | | | ▶ $ | | | | | | | | |

**Part III** **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|---|---|---|---|---|
| | | | | |
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**Part IV** **Business Transactions Involving Interested Persons.**

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|---|---|---|---|---|---|
| | | | | Yes | No |
| (1) ELLIOT BATES | SEE PART V | 76,312 | SEE PART V | | No |
| (2) JENNIFER CARON | SEE PART V | 92,503 | SEE PART V | | No |
| (3) CHRISTOPHER CLAUDIO | SEE PART V | 162,752 | SEE PART V | | No |
| | | | | | |
| | | | | | |
| | | | | | |

**Part V** **Supplemental Information**

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

| Return Reference | Explanation |
|---|---|
| SCHEDULE L, PART V | PETER BATES' SON, ELLIOT BATES IS A SENIOR PROJECT MANAGER EMPLOYED BY MAINE MEDICAL CENTER WILLIAM CARON IS AN EX-OFFICIO TRUSTEE OF MAINE MEDICAL CENTER HIS DAUGHTER IN LAW, JENNIFER CARON, IS A RESEARCH ASSOCIATE EMPLOYED BY MAINE MEDICAL CENTER CHRISTOPHER CLAUDIO IS A MEMBER OF THE BOARD OF TRUSTEES OF MAINE MEDICAL CENTER AS WELL AS CEO OF WINXNET WINXNET PROVIDES IT SERVICES TO MAINE MEDICAL CENTER ALL TRANSACTIONS WERE AT ARMS LENGTH, FOR FAIR VALUE, AND IN THE ROUTINE COURSE OF BUSINESS |

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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
MAINE MEDICAL CENTER

Employer identification number
01-0238552

## Part I Types of Property

| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|---|---|---|---|---|
| 1 | Art—Works of art | | | | |
| 2 | Art—Historical treasures | | | | |
| 3 | Art—Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities—Publicly traded | X | 15 | 989,056 | 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

| | | | Yes | No |
|---|---|---|---|---|
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | 30a | | No |
| b | If "Yes," describe the arrangement in Part II | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | 31 | Yes | |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | | No |
| b | If "Yes," describe in Part II | | | |
| 33 | If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II | | | |

**Part II** **Supplemental Information.**

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

| Return Reference | Explanation |
|---|---|
| SCHEDULE M, PAGE 2, PART II | THERE WAS ONE CONTRIBUTION OF STOCK THAT WAS RECEIVED DURING FY17 AS A PAYMENT ON A PRIOR YEAR PLEDGE ACCORDINGLY, NO ADDITIONAL REVENUE WAS RECORDED FOR THIS CONTRIBUTION THIS CONTRIBUTION IS INCLUDED IN COLUMN (B) |

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**
**▶ Attach to Form 990 or 990-EZ.**
**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization
MAINE MEDICAL CENTER

**Employer identification number**
01-0238552

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART V | LINE 1A MAINE MEDICAL CENTER, ACTING ON BEHALF OF MAINEHEALTH (EIN 01- 0431680), FILED 87 4 FORM 1099S FOR THE CALENDAR YEAR 2016 ON BEHALF OF THE FOLLOWING ORGANIZATIONS MAINEHEA LTH, MAINE MEDICAL CENTER, WALDO COUNTY GENERAL HOSPITAL, COASTAL HEALTHCARE ALLIANCE, MMC REALTY, MAINE MEDICAL PARTNERS, NORDX, AND MAINEHEALTH CARE AT HOME LINE 2A MAINE MEDIC AL CENTER (EIN 01-0238552) FILED FORM W-3, REPORTING 11,746 EMPLOYEES, FOR THE CALENDAR YE AR 2016 ON BEHALF OF THE FOLLOWING ORGANIZATIONS MAINEHEALTH, MAINE MEDICAL CENTER, MMC R EALTY, MAINE MEDICAL PARTNERS, NORDX, MAINEHEALTH CARE AT HOME AND MAINEHEALTH CARDIOLOGY |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PAGE 6, PART VI, LINE 2 | KATHERINE COSTER - GORHAM SAVINGS CHRISTOPHER EMMONS - GORHAM SAVINGS TRUSTEE CEO BUSINESS |

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART XI, LINE 9 | NET ASSETS RELEASED FROM RESTRICTIONS -6,262,053 EQUITY TRANSFERS TO AFFILIATES -59,261,68 7 RETIREMENT BENEFIT PLAN ADJUSTMENTS 64,338,779 TOTAL -1,184,961 |

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# 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
MAINE MEDICAL CENTER

**Employer identification number**
01-0238552

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

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

**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.

See Additional Data Table

| (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 | (g) Section 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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**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? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **(1)** MAINEHEALTH ACCOUNTABLE CARE ORG<br>110 FREE STREET<br>PORTLAND, ME 04101<br>45-2929273 | ACO | ME | 01-0238552 | RELATED | 185,726 | 4,721,570 | | No | | Yes | | 53 410 % |
| **(2)** GSM REALTY LLC<br>22 BRAMHALL STREET<br>PORTLAND, ME 04102<br>20-4582952 | REAL ESTAT | ME | N/A | | | | | No | | | No | |
| | | | | | | | | | | | | |
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**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 | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| **(1)**MAINE MEDICAL PARTNERS (MMP)<br>22 BRAMHALL STREET<br>PORTLAND, ME 04102<br>01-0442142 | HEALTHCARE | ME | N/A | | | | | Yes | |
| **(2)**SYNERNET INC<br>110 FREE STREET<br>PORTLAND, ME 04101<br>01-0539789 | ADMINSERV | ME | N/A | | | | | | No |
| **(3)**MAINE PHYSICIAN HOSPITAL ORG<br>110 FREE STREET<br>PORTLAND, ME 04101<br>01-0527540 | HEALTHCARE | ME | N/A | | | | | | No |
| | | | | | | | | | |
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**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

| | | Yes | No |
|---|---|---|---|
| **1** During the tax year, did the orgranization 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 | 1a | | No |
| **b** Gift, grant, or capital contribution to related organization(s) | 1b | | No |
| **c** Gift, grant, or capital contribution from related organization(s) | 1c | Yes | |
| **d** Loans or loan guarantees to or for related organization(s) | 1d | Yes | |
| **e** Loans or loan guarantees by related organization(s) | 1e | | No |
| **f** Dividends from related organization(s) | 1f | | No |
| **g** Sale of assets to related organization(s) | 1g | | No |
| **h** Purchase of assets from related organization(s) | 1h | | No |
| **i** Exchange of assets with related organization(s) | 1i | | No |
| **j** Lease of facilities, equipment, or other assets to related organization(s) | 1j | Yes | |
| **k** Lease of facilities, equipment, or other assets from related organization(s) | 1k | Yes | |
| **l** Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | No |
| **m** Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |
| **n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | No |
| **o** Sharing of paid employees with related organization(s) | 1o | Yes | |
| **p** Reimbursement paid to related organization(s) for expenses | 1p | Yes | |
| **q** Reimbursement paid by related organization(s) for expenses | 1q | Yes | |
| **r** Other transfer of cash or property to related organization(s) | 1r | Yes | |
| **s** Other transfer of cash or property from related organization(s) | 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

See Additional Data Table

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| | | | |
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**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate 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 | | Yes | No | |
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**Part VII** **Supplemental Information**

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

## Additional Data

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| (1)<br><br>110 FREE STREET<br>PORTLAND, ME 04101<br>01-0431680 | HEALTHCARE | ME | 501C3 | 12C | NA | | No |
| (1)<br><br>22 BRAMHALL STREET<br>PORTLAND, ME 04102<br>01-0434215 | PROP MGMT | ME | 501C3 | 12A | 01-0238552 | Yes | |
| (2)<br><br>78 ATLANTIC PLACE<br>SOUTH PORTLAND, ME 04106<br>01-0524834 | HOSPITAL | ME | 501C3 | 3 | 01-0431680 | | No |
| (3)<br><br>6 ST ANDREWS LANE<br>BOOTHBAY HARBOR, ME 04538<br>26-1475629 | HEALTHCARE | ME | 501C3 | 12B | 01-0431680 | | No |
| (4)<br><br>181 MAIN STREET<br>NORWAY, ME 04268<br>01-0411788 | HEALTHCARE | ME | 501C3 | 12B | 01-0431680 | | No |
| (5)<br><br>110 FREE STREET<br>PORTLAND, ME 04101<br>01-0542842 | HEALTHCARE | ME | 501C3 | 7 | 01-0431680 | | No |
| (6)<br><br>15 INDUSTRIAL PARK DRIVE<br>SACO, ME 04072<br>22-2571902 | HOME HLTH | ME | 501C3 | 10 | 01-0431680 | | No |
| (7)<br><br>301A US ROUTE ONE<br>SCARBOROUGH, ME 04074<br>01-0511356 | LABORATORY | ME | 501C3 | 10 | 01-0431680 | | No |
| (8)<br><br>4 WHITE STREET<br>ROCKLAND, ME 04841<br>22-2494475 | HEALTHCARE | ME | 501C3 | 12B | 01-0431680 | | No |
| (9)<br><br>110 FREE STREET<br>PORTLAND, ME 04101<br>45-2525629 | HEALTHCARE | ME | 501C3 | 10 | 01-0431680 | | No |
| (10)<br><br>3073 WHITE MOUNTAIN HIGHWAY<br>NORTH CONWAY, NH 03860<br>02-0222156 | HOSPITAL | NH | 501C3 | 3 | 01-0431680 | | No |
| (11)<br><br>PO BOX 626<br>BIDDEFORD, ME 040050626<br>01-0179500 | HOSPITAL | ME | 501C3 | 3 | 01-0431680 | | No |
| (12)<br><br>111 FRANKLIN HEALTH COMMONS<br>FARMINGTON, ME 04938<br>22-3209406 | HEALTHCARE | ME | 501C3 | 12B | 01-0431680 | | No |
| (13)<br><br>1133 WASHINGTON AVENUE<br>PORTLAND, ME 04103<br>01-0339489 | NURSINGHOM | ME | 501C3 | 10 | 01-0238552 | Yes | |

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

| | (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| (1) | MAINE MEDICAL PARTNERS | J | 45,480,909 | FAIR MARKET VALUE |
| (1) | MAINE MEDICAL PARTNERS | O | 123,865,090 | FAIR MARKET VALUE |
| (2) | MAINE MEDICAL PARTNERS | P | 25,097,026 | FAIR MARKET VALUE |
| (3) | MAINE MEDICAL PARTNERS | Q | 36,572,051 | FAIR MARKET VALUE |
| (4) | MAINE MEDICAL PARTNERS | R | 170,180,093 | FAIR MARKET VALUE |
| (5) | MMC REALTY | K | 2,924,074 | FAIR MARKET VALUE |
| (6) | MMC REALTY | Q | 1,345,688 | FAIR MARKET VALUE |
| (7) | MMC REALTY | O | 205,028 | FAIR MARKET VALUE |
| (8) | ST JOSEPH'S REHAB AND RESIDENCE | R | 258,518 | FAIR MARKET VALUE |