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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization
St Mary's Regional Medical Center

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
93 Campus Avenue PO Box 7291

City or town, state or province, country, and ZIP or foreign postal code
Lewiston, ME 042430291

F Name and address of principal officer:
Steven Jorgensen
93 Campus Avenue PO Box 7291
Lewiston, ME 042430291

H(a) Is this a group return for subordinates?
☐ Yes ☒ No

H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.stmarysmaine.com

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1967

M State of legal domicile: ME

D Employer identification number
01-0211551

E Telephone number
(207) 777-8100

G Gross receipts \$ 235,134,979

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
We are a Catholic health ministry, providing healing and care for the whole person, in service to all in our communities.

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 10

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 1,837

6 Total number of volunteers (estimate if necessary) 6 174

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 1,469,384 1,754,611

9 Program service revenue (Part VIII, line 2g) 206,534,258 232,586,738

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 492,949 793,630

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -1,076 -10,626

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 208,495,515 235,124,353

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 1,832

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 108,053,214 110,763,218

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 124,815,760 124,157,441

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 232,868,974 234,922,491

19 Revenue less expenses. Subtract line 18 from line 12 -24,373,459 201,862

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 148,573,306 147,144,163

21 Total liabilities (Part X, line 26) 79,197,702 70,529,104

22 Net assets or fund balances. Subtract line 21 from line 20 69,375,604 76,615,059

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
Jeffrey Hundman CFO
Type or print name and title

2020-11-06
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ BAKER NEWMAN & NOYES LLC
Firm's address ▶ 650 ELM STREET SUITE 302
MANCHESTER, NH 03101

Preparer's signature
Date 2020-11-06
Check ☐ if self-employed
PTIN P01310283
Firm's EIN ▶ 01-0494526
Phone no. (800) 244-7444

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

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

St. Mary's Regional Medical Center is comprised of a 233-bed acute care facility, a primary care provider network, urgent care and emergency department, behavioral and mental health services, and outpatient specialty practices that combine talented and compassionate caregivers with state of the art medical technology to meet the healthcare needs in the Androscoggin County area and beyond.

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 \$	33,308,740	including grants of \$	0) (Revenue \$	41,350,104)
See Additional Data					

4b	(Code:) (Expenses \$	9,659,128	including grants of \$	0) (Revenue \$	11,991,027)
See Additional Data					

4c	(Code:) (Expenses \$	10,673,341	including grants of \$	0) (Revenue \$	13,250,088)
See Additional Data					

	(Code:) (Expenses \$	119,321,496	including grants of \$	1,832) (Revenue \$	165,995,519)
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The Medical Center provides a vast array of medical care and community health services, which includes, but is not limited to, the following programs and facilities: physician services; orthopedics; chemical dependency services; OB/GYN women's health services; nursery and youth services; ICU; PACU; infusion therapy; urgent care; family practice services; endoscopy; neurology; lab services; diagnostic radiology; MRI; mammography; ultrasound; nuclear medicine; CT scans; physical therapy; occupational therapy; speech therapy; respiratory therapy; pulmonary rehabilitation; diagnostic cardiology; cath labs; pharmacy; ambulance services; psychiatry services; urology; sleep lab; diabetes center services; wound and hyperbaric center services; gastroenterology; rheumatology; weight management services; and skilled nursing facilities and nursing home services.

4d	Other program services (Describe in Schedule O.)				
	(Expenses \$	119,321,496	including grants of \$	1,832) (Revenue \$	165,995,519)

4e	Total program service expenses ▶	172,962,705			
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b 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	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
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	No

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
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	No
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	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	108
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	Yes

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

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 10		
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 8		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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:
 ▶Michael Hendrix Treasurer & CFO 93 Campus Avenue PO Box 7291 Lewiston, ME 042430291 (207) 777-8100

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 ☐

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.

See instructions for the order in which to list the persons above.

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

[illegible]

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										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								5,752,234	701,147	298,859

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 ▶ 137

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
Covenant Health Inc 100 Ames Pond Drive Suite 102 Tewksbury, MA 01876	Management services	26,124,115
Metz Culinary Management Two Woodland Drive Dallas, PA 18612	Meal services and cafeteria management	4,488,972
Medefis Inc PO Box 5068 New York, NY 100875068	Locum nursing services	3,312,282
United Ambulance Service 192 Russell Street Lewiston, ME 04240	Ambulance services	2,323,980
Health Carousel LLC PO Box 714216 Cincinnati, OH 452714216	Locum nursing services	2,084,723

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 ▶ 45

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Part VIII		Statement of Revenue			
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>					
		(A)	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	78,272		
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,676,339		
	g Noncash contributions included in lines 1a - 1f: \$	1g	698,404		
	h Total. Add lines 1a-1f ▶		1,754,611		
Program Service Revenue	2a Patient and healthcare services	Business Code			
		621300	226,409,210	226,409,210	
	b Pharmaceutical sales	446110	3,512,456	3,512,456	
	c Dining and cafeterias	722514	1,330,761	1,330,761	
	d Tuition and education services	611600	1,138,408	1,138,408	
	e Rental income	532000	195,903	195,903	
	f All other program service revenue.				
g Total. Add lines 2a-2f. ▶		232,586,738			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		339,097		339,097
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
	6a Gross rents	(i) Real	(ii) Personal		
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) ▶				
	8a Gross income from fundraising events (not including \$ 78,272 of contributions reported on line 1c). See Part IV, line 18				
	b Less: direct expenses				
	c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses				
	c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold				
	c Net income or (loss) from sales of inventory ▶				
Miscellaneous Revenue		Business Code			
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d ▶					
12 Total revenue. See instructions ▶		235,124,353	232,586,738	0	783,004

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,832	1,832		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,275,983	1,445,249	830,734	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	90,725,286	69,485,147	21,240,139	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	745,769	552,612	193,157	
9 Other employee benefits	11,129,535	8,244,127	2,885,408	
10 Payroll taxes	5,886,645	4,356,117	1,530,528	
11 Fees for services (non-employees):				
a Management	26,124,115		26,124,115	
b Legal	69,512		69,512	
c Accounting	88,200		88,200	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	30,890,495	28,763,373	2,127,122	
12 Advertising and promotion	43,388		43,388	
13 Office expenses	4,797,707	3,550,303	1,247,404	
14 Information technology	485,132	358,998	126,134	
15 Royalties				
16 Occupancy	6,275,189	4,643,640	1,631,549	
17 Travel	308,909	228,593	80,316	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	437,331	323,625	113,706	
20 Interest	1,875,028	1,387,521	487,507	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,657,419	4,186,490	1,470,929	
23 Insurance	4,397,476	3,254,132	1,143,344	
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 Drugs/medical supplies	24,194,876	24,194,876		
b Provision for bad debts	11,260,395	11,260,395		
c ME provider tax	5,226,906	5,226,906		
d Food/dietary costs	2,025,363	1,498,769	526,594	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	234,922,491	172,962,705	61,959,786	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		11,788,673	1	8,831,443	
	2	Savings and temporary cash investments		3,787,257	2	1,495,311	
	3	Pledges and grants receivable, net			3	247,192	
	4	Accounts receivable, net		27,200,907	4	30,478,723	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		1,633,052	8	1,734,572	
	9	Prepaid expenses and deferred charges		3,095,222	9	814,661	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	161,554,815			
	b	Less: accumulated depreciation	10b	99,318,640	58,820,855	10c	62,236,175
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11			12	13,841,758	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		42,247,340	15	27,464,328	
16	Total assets. Add lines 1 through 15 (must equal line 34)		148,573,306	16	147,144,163		
Liabilities	17	Accounts payable and accrued expenses		24,018,165	17	27,233,718	
	18	Grants payable			18		
	19	Deferred revenue		731,394	19	334,444	
	20	Tax-exempt bond liabilities		40,833,947	20	37,209,015	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		318,632	23	4,529,121	
	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		13,295,564	25	1,222,806	
	26	Total liabilities. Add lines 17 through 25		79,197,702	26	70,529,104	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		61,569,936	27	67,545,180	
	28	Net assets with donor restrictions		7,805,668	28	9,069,879	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		69,375,604	32	76,615,059	
33	Total liabilities and net assets/fund balances		148,573,306	33	147,144,163		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	235,124,353
2	Total expenses (must equal Part IX, column (A), line 25)	2	234,922,491
3	Revenue less expenses. Subtract line 2 from line 1	3	201,862
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	69,375,604
5	Net unrealized gains (losses) on investments	5	305,636
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	6,731,957
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	76,615,059

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

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

Additional Data

Software ID:

Software Version:

EIN: 01-0211551

Name: St Mary's Regional Medical Center

Form 990 (2019)

Form 990, Part III, Line 4a:

Surgical Care: The Medical Center provides all surgical services and related care (except open heart procedures) to patients who need surgical intervention. Patients range from infants to geriatrics. Total Patient days = 9,360

Form 990, Part III, Line 4b:

Behavioral Health: St. Mary's Regional Medical Center offers the most advanced behavioral healthcare diagnostic and treatment services available to children, adolescents and adults in both inpatient and outpatient programs. Inpatient and outpatient treatments include comprehensive psychiatric assessments and evaluations, education, individual and group therapy, individualized bio-psychosocial treatment plans, and discharge and aftercare planning. Total patient days = 14,140

Form 990, Part III, Line 4c:

Emergency Care: St. Mary's Regional Medical Center offers a 24-hour per day Level II Emergency Care facility. Services provided include both medical and behavioral care services. Total patient days = 139Total patient visits = 29,026

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 Newman Physician	40.00 0.00					X		915,884	0	34,260
Joseph Strauss Physician	40.00 0.00					X		825,534	0	34,488
Gregory Pomeroy Physician	40.00 0.00					X		772,571	0	22,796
Jeffery Davila MD Director	40.10 0.20	X						726,411	0	1,882
Michael Kelley MD Director (end 5/19)	40.10 0.20	X						602,415	0	26,873
Sacha Matthews Physician	40.00 0.00					X		555,592	0	29,398
Scott Treworgy Physician	40.00 0.00					X		492,518	0	23,308
Steve Jorgensen President & CEO	0.10 40.30			X				0	434,308	33,342
Christopher T Bowe Chief Medical Officer	40.00 0.00				X			405,049	0	29,579
Michael Hendrix Treasurer & CFO	0.10 40.80			X				0	266,839	35,419

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			
Philip Hickey CEO Post Acute Care	40.00 0.00				X			222,316	0	9,305
Anne Brown MD Director	40.10 0.20	X						172,811	0	17,152
Joan Daigneault Secretary	40.10 0.20			X				61,133	0	1,057
Judy Andrucki Esq Director (end 5/19)	0.10 0.20	X						0	0	0
John Chapman Director (end 5/19)	0.10 0.20	X						0	0	0
Donald Fournier Director (end 8/19)	0.10 0.20	X						0	0	0
David Geiger Esq Director	0.10 0.20	X						0	0	0
Ralph Harder MD Director	0.10 0.20	X						0	0	0
Lena Hartley Director	0.10 0.20	X						0	0	0
John Isaacson Director (end 5/19)	0.10 3.20	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			
Jack Keith MD Director (end 5/19)	0.10 0.20	X						0	0	0
Carolyn Lepage Director (end 5/19)	0.10 0.20	X						0	0	0
Kathy McManus Director	0.10 0.20	X						0	0	0
John Murphy MD Director	0.10 0.20	X						0	0	0
Steve Ouellette Director	0.10 0.20	X						0	0	0
Anne Schuettinger Director (end 5/19)	0.10 0.20	X						0	0	0
Mark Anthoine Chair	0.10 0.20	X		X				0	0	0
James Place MD Vice Chair	0.10 0.20	X		X				0	0	0

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
St Mary's Regional Medical Center

Employer identification number
01-0211551

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a	10%-facts-and-circumstances test—2019. 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 ▶ <input type="checkbox"/>						
b	10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/>						
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 ▶ <input type="checkbox"/>						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 01-0211551

Name: St Mary's Regional Medical Center

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization St Mary's Regional Medical Center	Employer identification number 01-0211551
---	--

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 (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		17,386
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?		No	
j	Total. Add lines 1c through 1i			17,386
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
Part II-B, Line 1:	The Medical Center partners with the Maine Hospital Association, a like-minded health care association which supports public policies and initiatives that focus on improving health outcomes and the experience of health care, while also aiming to reduce the overall cost of receiving that care. To maintain this partnership, the Center pays membership dues to the Association. A portion of the dues paid to the Association have been designated as available for lobbying expenditures. Any lobbying expenditures paid by the Association are incurred in order to help track and discuss legislation affecting health care policy. In 2019, the Center paid the Association total dues of \$69,543, of which 25%, or \$17,386, is estimated to be available for lobbying expenditures.

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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
St Mary's Regional Medical Center

Employer identification number
01-0211551

Part I

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ 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 7/25/06, 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 ► \$

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

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,805,668	29,998,051	5,847,103	2,035,795	2,006,226
b Contributions	1,747,954	1,608,019	26,243,632	4,917,990	1,100,997
c Net investment earnings, gains, and losses	4,051			389	345
d Grants or scholarships					
e Other expenditures for facilities and programs	487,794	23,800,402	2,092,684	1,107,071	1,071,773
f Administrative expenses					
g End of year balance	9,069,879	7,805,668	29,998,051	5,847,103	2,035,795

2

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

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 7.920 %

c

Temporarily restricted endowment ▶ 92.080 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
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		826,146		826,146
b Buildings		91,902,806	50,872,480	41,030,326
c Leasehold improvements		1,045,129	592,302	452,827
d Equipment		57,589,236	47,849,893	9,739,343
e Other		10,191,498	3,965	10,187,533
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				62,236,175

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) Providentia Prima Trust, class B shares	11,295,274	F
(B) Investment in joint venture - United Ambulance	2,546,484	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	13,841,758	

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) Due from affiliates	23,391,252
(2) Funds held by Trustee - debt service reserves	4,073,076
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	27,464,328

Part X

Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	1,222,806

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

☒

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 01-0211551
Name: St Mary's Regional Medical Center

Supplemental Information

Return Reference	Explanation
Part V, Line 4:	St. Mary's Regional Medical Center's endowment funds, in conjunction with any revenues generated from the the funds, are used to further the Medical Center's exempt mission and operations, which includes the following uses: to offer patients the best medical technology available; preventive services; and a "whole person approach" to meeting the needs of the Androscoggin county area.

Supplemental Information

Return Reference	Explanation
Part X, Line 2:	<p>Covenant and its member organizations are considered not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code, except as noted below. Tax-exempt organizations could be required to record an obligation for income taxes as the result of a tax position they have historically taken on various tax exposure items including unrelated business income or tax status. Under guidance issued by the Financial Accounting Standards Board, assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position. Estimated interest and penalties, if applicable, related to uncertain tax positions are included as a component of income tax expense. The System has evaluated the position taken on its filed tax returns. The System has concluded no uncertain income tax positions exist at December 31, 2019.</p>

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Commit to Get Fit</u> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	78,272			78,272
	2 Less: Contributions	78,272			78,272
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes	0			
	5 Noncash prizes	0			
	6 Rent/facility costs	0			
	7 Food and beverages	450			450
	8 Entertainment	0			
	9 Other direct expenses	10,176			10,176
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				10,626
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-10,626	

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))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11

Does the organization conduct gaming activities with nonmembers?

☐ Yes

☐ No
- 12

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

☐ Yes

☐ No
- 13

Indicate the percentage of gaming activity conducted in:

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

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

Name ▶

Address ▶

15a

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

☐ Yes

☐ No

b

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

c

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

Name ▶

Address ▶

16

Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$.

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions:

a

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

☐ Yes

☐ No

b

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

Part IV

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

Return Reference	Explanation
Schedule G, Part II, Fundraising Events	In accordance with the IRS instructions for the reporting of income on Schedule G, event revenue deemed to be charitable contributions has been reported on line 2, thus reducing the total gross event income on line 3. This presentation gives the appearance on Schedule G of a loss from the respective event. However, when the charitable contributions are considered and added back, the event had a profit of \$67,646.

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury

Internal Revenue Service

Name of the organization
St Mary's Regional Medical Center

Employer identification number
01-0211551

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,892,797		3,892,797	1.740 %
b Medicaid (from Worksheet 3, column a)			40,541,687	34,702,536	5,839,151	2.610 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			44,434,484	34,702,536	9,731,948	4.350 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	3	11,128	483,044	19,500	463,544	0.210 %
f Health professions education (from Worksheet 5)	4	795	1,142,511	0	1,142,511	0.510 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	1		7,882	0	7,882	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	20,392	405,188	52,000	353,188	0.160 %
j Total. Other Benefits	10	32,315	2,038,625	71,500	1,967,125	0.880 %
k Total. Add lines 7d and 7j	10	32,315	46,473,109	34,774,036	11,699,073	5.230 %

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		12,158	192,467	97,818	94,649	0.040 %
2 Economic development						
3 Community support		3,217	133,099	48,500	84,599	0.040 %
4 Environmental improvements						
5 Leadership development and training for community members		87	64,757	16,500	48,257	0.020 %
6 Coalition building		1,254	26,356	9,500	16,856	0.010 %
7 Community health improvement advocacy		18	10,957	0	10,957	0 %
8 Workforce development						
9 Other						
10 Total		16,734	427,636	172,318	255,318	0.110 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	11,260,395	
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	225,208	
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	62,269,006
6 Enter Medicare allowable costs of care relating to payments on line 5	6	75,350,913
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-13,081,907
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:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> 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

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 St Mary's Regional Medical Center

Name of hospital facility or letter of facility reporting group _____

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

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Schedule H, Part V, Section C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>See Schedule H, Part V, Section C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>See Schedule H, Part V, Section C</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

St Mary's Regional Medical Center

Name of hospital facility or letter of facility reporting group		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: <div><div>a</div><div><input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000% and FPG family income limit for eligibility for discounted care of 200.000000000000%</div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c</div><div><input type="checkbox"/> Asset level</div><div>d</div><div><input checked="" type="checkbox"/> Medical indigency</div><div>e</div><div><input checked="" type="checkbox"/> Insurance status</div><div>f</div><div><input type="checkbox"/> Underinsurance discount</div><div>g</div><div><input checked="" type="checkbox"/> Residency</div><div>h</div><div><input checked="" type="checkbox"/> Other (describe in Section C)</div></div>	13	Yes
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): <div><div>a</div><div><input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>b</div><div><input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div>c</div><div><input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div><div>d</div><div><input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e</div><div><input checked="" type="checkbox"/> Other (describe in Section C)</div></div>	15	Yes
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): <div><div>a</div><div><input checked="" type="checkbox"/> The FAP was widely available on a website (list url): See Schedule H, Part V, Section C</div><div>b</div><div><input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): See Schedule H, Part V, Section C</div><div>c</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): See Schedule H, Part V, Section C</div><div>d</div><div><input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>e</div><div><input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>f</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>g</div><div><input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</div><div>h</div><div><input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i</div><div><input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</div><div>j</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	16	Yes

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

St Mary's Regional Medical Center

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

St Mary's Regional Medical Center

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 1

Name and address	Type of Facility (describe)
1 1 - St Mary's D'Youville Pavilion 102 Campus Avenue Lewiston, ME 04240	Nursing home and restorative facility
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, Ln 7 Col(f):	The Center has estimated that 2% of its total annual bad debts, or approximately \$225,208, may potentially be due to free care accounts and services. However, this estimated amount has not been included in Part I or Part II.

Form and Line Reference	Explanation
Part II, Community Building Activities:	<p>St. Mary's is very active in programs that address the root causes of health problems, such as poverty, homelessness and environmental concerns. Leadership is involved in local coalition building and economic development to address these issues.</p> <p>Physical Improvements: St. Mary's Nutrition Center Gardens and Food Access: The 2019 season saw positive growth for Community Gardens on both sides of the Androscoggin River. St. Mary's Nutrition Center staff supported nine community gardens across the Twin Cities - two in Auburn and seven in Lewiston and helped 132 households (561 individuals) grow food for themselves and their families. In addition to offering weekly times for gardeners to access resources and ask questions, staff focused their energy on creating cohesive programming, improving infrastructure, and building community across gardens through gatherings, workshops, and field trips to area farms. In addition to facilitating learning opportunities and stronger connections among gardeners, Nutrition Center staff spent the season hard at work strengthening garden infrastructure and increasing accessibility. Pathways in the Nutrition Center garden were built to be accessible for wheelchairs and other mobility devices thanks to the efforts of Limb-It Tree and Landscaping and volunteer groups. Blake Street Garden's decaying wooden raised beds were replaced with sturdy new beds made of concrete blocks, with the help of volunteers from Wolf Pack Fitness and John F. Murphy homes. Finally, both the Knox Street and the Nutrition Center Gardens received new raised beds thanks in part to a past Healthy Neighborhood mini-grant. It takes a team effort to maintain and improve so many Community Gardens. Much of the weekly and seasonal tasks such as removing invasive plants, cleaning up trash or building raised beds is supported by dedicated community gardeners, Nutrition Center staff, Fellows and volunteers. Thanks to a mini-grant from Healthy Neighborhoods the Nutrition Center, in partnership with the Root Cellar and Goodwill's Take 2, created a neighborhood lawn-care service called the Lew Crew. The Lew Crew is a small business opportunity that provided area youth with a paid, skills-building work while helping to maintain and beautify neighborhood green spaces. Growing Our Tree Streets: Lewiston recently became the first city in Maine to be awarded a Choice Neighborhoods Planning Grant through the U.S. Department of Housing and Urban Development - a program that aims to provide a comprehensive approach to revitalization projects. The main purpose of the grant is to plan and execute major housing improvements in a 12-block section where nearly half of the residents live below the federal poverty level and the childhood lead-poisoning rate is three times that of the entire state. The focus area of the Choice Neighborhood is census tracts 201, 203 and 204, which include the neighborhoods surrounding Bates College and St. Mary's Regional Medical Center. The Tree Streets neighborhood, a 30-block area within the zone, has experienced some of the highest rates of poverty in Maine for decades and one third of the residents in the neighborhood are under age 18. St. Mary's leadership serve on the planning committee for this improvement plan. Here is a link to the transformation plan which was finalized in 2019 and approved by the Lewiston City Council: https://www.lewistonmaine.gov/DocumentCenter/View/10530/GrowingOurTreeStreets_FINAL_091119_lowresforweb</p> <p>The Good Food Bus: The Good Food Bus is a mobile food market, creating easier access to good food across Maine. Sponsored by St. Mary's Nutrition Center, it is a market on wheels providing direct and convenient access to fresh vegetables, fruit, and other grocery items. Our goal is to provide food that is local, convenient, and affordable and help to make the better choice the easier one. We strive to help all Maine people put good food on their tables with an emphasis on those who are at a greater risk for food insecurity. After a pilot in 2018, the Good Food Bus unveiled a new and improved Membership Program aimed at connecting customers more closely with the project while helping to reduce the cost of the food sold. The Membership is free to sign up and in addition to getting discounts at Neighborhood (lower income) market stops, members can opt into receiving weekly e-newsletters and day-of text message reminders. In 2018, members at Neighborhood Market stops received 25% off their purchases. After much consideration about the impact, the discount was increased to 50% for the 2019 season. Tremendous results were seen thanks to massive community involvement and a large increase in Member sign-ups and participation. Membership program highlights: - Membership program grew from 700 to 1800 members from 2018 to 2019- Neighborhood Membership and discount offered at 8 out of 12 market stops- 820 transactions using Neighborhood discount- \$5,100 in discounts given through Membership Program</p>

Form and Line Reference	Explanation
Part II, Community Building Activities:	<p>ogramThe Good Food Bus has also been continuing its focus on supporting Maine farmers and creating a new marketplace for their products. This season, \$25,000 of Maine produce and goods were purchased and sold at our markets. This not only allowed us to connect more people than ever with fresh, healthy food, but also put money back into Maine's economy. Statistics from 2019:- 12 distinct market stops- Over 50% of revenue from communities at risk for food insecurity- 3,060 total transactions- 44% from Neighborhood Market locations- 311 SNAP/EBT transactionsCommunity Support:St. Mary's Nutrition Center Children's Programs: Children's programming at the Nutrition Center (NC) experienced a great deal of exciting growth and change during 2019. During the 2018-2019 school year NC staff offered over 850 gardening and cooking sessions with over 1400 kids in 94 classrooms, afterschool programs, and summer school sites in local schools. The inaugural class of School Garden Coaches was piloted in four Lewiston-Auburn schools, partnered with Lewiston and Auburn School Nutrition Departments to offer staff training days at Whiting Farm, and participated in a district-wide teacher workshop day. One exciting project has been a partnership with Connors Elementary School which opened in August 2019 and consolidated Longley and Martel, two previous partner schools. In advance of the consolidation, NC staff and FoodCorps service members worked with champion teachers from Longley and Martel to form a Connors Farm to School team. The team, consisting of one kindergarten teacher, one STEM teacher, one ELL teacher, one FoodCorps member, and one cafeteria manager then applied and was accepted into this year's Northeast Farm to School Institute at Shelburne Farms in Shelburne, VT. They attended a three-day retreat in June and developed a year-long farm to school work plan with the help of a coach, the Development Director of Maine School Garden Network. The team now meets monthly with a larger farm to school committee to discuss projects such as building a new school garden, conducting cafeteria taste tests, and forming a new student Green Team. Outside of the classroom, the Knox Street and Hillview Kids Gardens allow kids to explore and help grow their own food, often right outside their front door. Teens in the summer and fall gardener job training programs designed and led hands-on and interactive activities as part of these fun and educational garden and cooking times. This opportunity not only paired younger kids with older mentors but allowed teens to build valuable leadership and teaching skills. Some of the in-school programming this year was supported in part through a collaborative agreement with the Auburn and Lewiston school districts and Maine Farm and Sea Cooperative as part of Auburn's USDA Farm to School implementation grant that wraps up in June 2020.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2:	This amount represents accounts sent to the collection agency minus payments that have been collected plus a factor estimating the self-pay amounts in accounts receivable that will be uncollectible.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 3:	<p>For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the System records an allowance for doubtful accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4:	<p>Accounts are written off when all reasonable internal and external collection efforts have been performed. The estimates for implicit price concessions are based upon management's assessment of historical write-offs and expected net collections, business and economic conditions, trends in federal, state and private employer health care coverage and other collection indicators. Management relies on the results of detailed reviews of historical write-offs and collections at facilities that represent a majority of the systems revenues and accounts receivable as a primary source of information in estimating the collectability of accounts receivable.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8:	None were reported but it is important to note that approximately 30% of medicare patients also qualify for medicaid. Costing on line 6 is based on ratio of cost to charge from worksheet 2.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b:	St. Mary's Regional Medical Center will make a reasonable effort to determine whether an individual qualifies for financial assistance prior to initiating any collection activity.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2:	In addition to the official Community Health Needs Assessment reported in Part V, Section B, St. Mary's assesses the needs of our community in an on-going basis through several key methods. Leaders are active on community health boards; these monthly meetings allow for continued assessment and sharing of information. Patient or resident advisory panels also help us assess needs of patients and the community. We also work closely with Community Clinical Services (an FQHC look-alike) to share information about some of the health disparities experienced by community members. St. Mary's works with the local ethnic community based organizations for information as well.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3:	St. Mary's Regional Medical Center provides financial education at the point of registration by having brochures available. These brochures provide information about the hospital bill and various options on financial assistance. On the backside of the monthly patient statements also provides education of the financial assistance availability and options to those who need it.

Form and Line Reference	Explanation
Part VI, Line 4:	<p>During 2018-2019, a community health needs assessment (CHNA) was conducted by St. Mary's Regional Medical Center, Central Maine Medical Center, Healthy Androscoggin and other community health agencies as part of a statewide initiative through the Maine Shared CHNA. St. Mary's Regional Medical Center (SMRMC) is a 233-bed acute care hospital, a primary care provider network, urgent care and emergency department, behavioral and mental health services, and outpatient specialty practices that combine talented and compassionate caregivers with state-of-the-art medical technology to meet the healthcare needs in the Androscoggin County area and beyond. St. Mary's draws most of its inpatient and outpatient population from Androscoggin County, therefore the needs of this geographic area are the focus of the assessment. Androscoggin County is located in south central Maine and is one of three counties that comprise the Western Public Health District. It contains roughly 8% (107,376) of Maine's 1.27 million residents. Androscoggin County contains Maine's second and fifth largest cities: Lewiston (population 36,592 in the 2010 census) and Auburn (population 23,055 in the 2010 census) respectively. Located across from each other on the Androscoggin River, the twin cities of Lewiston and Auburn are the central hub of the region. The county is working to transform the downtown area from vacant textile mills and abandoned shoe factories to a region known for progressive health care, tourism, high-precision manufacturing, telemarketing and financial services. Over the past 20 years, Lewiston has become home to a large African immigrant population (approximately 11% of the population of Lewiston). The "New Mainers" come from Somalia, Djibouti, Angola, Sudan, Ethiopia, and the Democratic Republic of the Congo, among others. Androscoggin County is one of the few counties in Maine experiencing a growth in population because of this emigration. This population growth has enhanced cultural and economic aspects of Lewiston and Auburn while also presenting unique healthcare opportunities and challenges. The rest of the county is comprised of small rural towns with an average population of 222 persons per square mile. The county is primarily white (92.8%) with black (3.8%) and two or more races at 2.1%. Androscoggin County's population reflects two interesting trends: the highest number of people is in the under 18 years category (22%) and the second highest concentration of the population is over age 65 (17%). The unemployment rate was 3.3% as of April 2019. Slightly over 10% of the primary languages spoken in the home are categorized as "other than English" so interpretation services are available as well as cultural brokers hired by the local hospitals to assist new Mainers in navigating the health systems. Lewiston/Auburn qualifies as a Medically Under-served Area, defined as having too few primary care providers, with high infant mortality, high poverty rates and/or high elderly populations. The poverty rate in Maine is 14.8% and the median income is \$48,728 annually. Lewiston's poverty rate is even higher-21% (2017 American Community Survey) and the rate of childhood poverty in Lewiston is 43% (according to the 2013-2017 American Community Survey). Additionally, the Community Needs Index (CNI) identifies the severity of community health needs for a specific geography by analyzing the degree to which the following health care access barriers exist in the community: a. income barriers; b. education/literacy barriers, c. culture/language barriers, d. insurance barriers, and e. housing barriers. The score is a weighted average; the current (July 2019) score for Androscoggin County is 3.1; the score for the city of Lewiston is 4.2 (based on scale of 1-5 with 5 being the highest need). While the county scored improved from 3.2 to 3.1 since the 2016 CHNA, Lewiston's rating remains at 4.2 which is in the category of "highest need". Androscoggin County currently ranks 12 (out of 16 counties in Maine) for health. This score includes including health behaviors, clinical care, physical environment, and social and environmental factors. These physical, social and environmental factors can contribute to, or detract from, overall health. The BroadStreet Network measures social vulnerability through its "Area Deprivation Index" (ADI.) The ADI is calculated by combining 17 indicators of income, education, employment, and housing quality. The ADI has been used for 20 years by the Health Resources & Services Administration (HRSA). The ADI and percentile scores are calculated by using Census Block Group level data. While Androscoggin County has a deprivation score of 100.6, Lewiston's score is even higher at 108.1 (the higher the score, the greater the vulnerability). Understanding the health needs of a community allows public health and health care organizations to design and implement cost-effective strategies that improve the health status of the population.</p>

Form and Line Reference	Explanation
Part VI, Line 4:	ulations they serve. A comprehensive data driven assessment process can identify, with a high degree of accuracy, priority health needs and issues related to prevention, diagnosis and treatment. Assessment tools also may assist in pinpointing access to care barriers, utilization of evidence based guidelines, and utilization of health services.

Form and Line Reference	Explanation
Part VI, Line 5:	<p>St. Mary's provided many community health improvement services to address the public health needs identified in Androscoggin County in the most recent Community Health Needs Assessment. The most significant public health issues continue to be chronic diseases, mental health, substance use, obesity and tobacco use. Community health education and improvement services focused on chronic diseases and substance use. Initiatives included health screenings for cancer, cooking classes (embedded within food access strategies), and self-help programs for smoking cessation and weight loss. St. Mary's also focused on access to care for underserved populations. Community Education and Health Improvement Efforts: St. Mary's offered community education and health screenings to address the prioritized health needs in Androscoggin County. St. Mary's also hosted and/or facilitated community support groups for health services as well as exercise programs targeted for wellness and prevention. - Since Maine has an excessively high rate of cancer incidence, several initiatives were related to cancer prevention and screening. Staff offered special mammography screenings on a Saturday for those who work on weekdays. Two educational sessions were held at the local Area on Aging that focused on risk and prevention of breast cancer. Six employees also participated in the annual Survivorship Day at the local cancer support center and offered a cooking class that focused on the importance of nutrition. About 100 people attended the program. The medical director of our occupational medicine program (WorkMed) attended a conference that reported on the increased risk of cancer for firefighters and then developed and offered a special workshop for fire chiefs in the state of Maine about cancer screening and prevention for firefighters. Over 50 fire chiefs from around the state (as well as other town/city officials) attended the fall 2018 program where they received education on the types of cancer for which their firefighters are at greatest risk. - Maine is facing an opiate crisis. In 2017, Maine's fatal opioid overdose rate was 29.9 per 100,000 people (the sixth highest in the country). St. Mary's is a partner in a major community grant for the Community in Recovery program. Its goal is to create a community response and safe pathway to recovery that provides full access, reduces stigma and encourages the possibility of successful overall well-being and participation. In 2018 St. Mary's leadership continued to serve on the steering committee and also offered medication assisted therapy (MAT) training for providers in order to increase access to MAT in our community. Providers from both local hospitals and the local mental health social service agency participated in the training. St. Mary's also hosted a session to educate community health agencies about statistics related to substance use in Androscoggin County in the summer of 2018 following the release of the county level data for the Maine Shared Community Health Needs Assessment. - St. Mary's hosted a four-part film conversation series in November 2018 entitled "It's About How You Live" in order to educate the community about the importance of advance care planning and the resources and support available through palliative care. The series was well-received by the community members who attended. HIV Case Management Program: The HIV/AIDS Case Management Program started in 1998 when St. Mary's was awarded the Ryan White grant/contract under the Maine CDC and is now the second largest AIDS Service organization in the state of Maine. The program serves 95 clients between Portland and Ellsworth, Maine. Services provided include: medical, dental and eye care linkages; ongoing monitoring of client health status including treatment and care, lab results and helping to ensure ongoing treatment adherence on all levels; access to vital medications, linkages to health care, substance abuse and mental health services; and access to food and financial assistance as well as housing and transportation assistance. The program also offers client support groups, holiday luncheons and much needed personal care supplies. In 2018 the number of clients who are asylum seekers doubled (from 5 to 10 clients). Since most asylum seekers are not eligible for any assistance, they are very grateful for the support provided through the HIV case management program, in terms of both tangible support and being treated respectfully. One client remarked, "Wherever I go here at St. Mary's, people attend to me, rather than ignoring me." Health Initiatives/Collaboration with Other Health Entities: St. Mary's is an affiliate member of MaineHealth, one of the major health systems in Maine. MaineHealth has created The Center for Health Improvement which supports and serves MaineHealth organizations and others with integrated clinical, community and policy approaches. One of St. Mary's senior leaders has been appointed to serve on t</p>

Form and Line Reference	Explanation
Part VI, Line 5:	<p>his council. In 2018, the council developed a charter which outlines areas for which input and recommendations will be provided: - Development of population health priorities within MaineHealth Strategic Plans (system, service lines, member organizations, etc.)- Development and dissemination of aligned strategies in clinical, community and policy domains- Implementation of appropriate measurement, evaluation, and achievement of outcomes- Coordination of population health-related initiatives among system members and affiliates- Creation and maintenance of partnerships with public and private sectors- Advocacy regarding funding and resource allocations- Effective implementation of the Community Health Needs Assessment process- Effective implementation of the Health Index Commit to Get Fit Challenge: Since lack of physical activity and obesity are significant health challenges in our country, St. Mary's decided to create a community event to encourage physical activity. The health and wellbeing of our employees and community members are of the utmost importance to St. Mary's. The Commit to Get Fit Challenge is focused on encouraging individuals of all levels of physical activity to engage in our event. We welcome and support the person who is committed to running their first 5K with as much enthusiasm as the person who is putting all their effort into walking our 3K. Our success can be seen on the faces of the walkers and runners as they cross the finish line. On May 5th, 2018, St. Mary's Health System held our 5th annual Commit to Get Fit Challenge. Close to 400 hundred individuals participated in our 3K walk, 5K, 10K and 15K run with 60 plus volunteers helping to make our event run smoothly. Thanks to our many generous sponsors, donations from employees and community members and the fees from registrations we were able to raise close to \$70,000. The proceeds from this event help to support three important areas of our healthcare system, the Marguerite d'Youville Fund for the Needy, the Nutrition Center and the Resident Activity Fund at St. Mary's d'Youville Pavilion. St. Mary's Nutrition Center: Cooking Classes: Poverty and poor nutrition are significant public health issues in the area we serve. St. Mary's subsidizes the St. Mary's Nutrition Center to address these needs. The long-term goal of the Nutrition Center is to build a viable, just food system, while supporting local leaders, strengthening community ties, and engaging youth as agents of change. The Nutrition Center operates on the belief that equity in our food system is deeply tied to inequity within our community, and that a whole-person, and whole-community, approach is critical to creating long-term change in order to improve the overall health of the community. Located in a previously vacant, but beautiful, historic school building in the midst of downtown Lewiston, Maine's most economically challenged neighborhoods, the Nutrition Center serves families, youth, adults, elders and refugees across the city's many diverse communities with a focus on those who have limited incomes and an increased risk for food insecurity. In 2018 community cooking classes featured the theme "Eat the World." Each cooking class featured a different country and a chef native to that country led the class. Ten sessions were held in 2018 with attendance ranging from 12-45 people at each session. Cuisine included food from Sudan, Iraq, Morocco, Senegal, Nigeria, Angola, and Yemen.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6:	<p>St. Mary's Health System, a member of Covenant Health, includes St. Mary's Regional Medical Center, a 233-licensed bed acute care facility; Community Clinical Services, with primary care and behavioral physicians, and nurse practitioners; St. Mary's d'Youville Pavilion, one of the largest nursing homes north of Boston, with 210 beds dedicated to long-term care, a secure Alzheimer's unit, a rehab speciality care suite, and a state of the art Rehab Center; St. Mary's Residences, an independent living center. Our Mission is to continue the healing ministry of the Catholic Church in the Spirit of St. Marguerite d'Youville by providing preventive, curative, restorative, and supportive services with compassion and respect for everyone. We take seriously the "preventive" aspect of the mission statement by offering Prevention and Wellness programs for the community, offer health screenings and working to provide access to healthy food through the Nutrition Center. The nursing home offers education to the community about fall prevention, grief support and caregiver support. Health system leadership participate in various community groups to conduct health care needs assessments and to develop community interventions to improve health.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	ME

Form and Line Reference	Explanation
Schedule H, Part II, Community Building Activities (continued):	<p>St. Mary's Nutrition Center Youth Programs:2019 was a busy year for our youth programs with approximately 60 young people participating in 5 different training programs and monthly community dinners. In addition to improving leadership opportunities for youth, time was spent cooking and sharing good food with the wider community and helping youth lead positive change in their school system. One example of this change included a project aimed at increasing student voice in school wide decision-making process. The youth Campaign Crew (YC C), spent the 2018-2019 winter interviewing and surveying middle school students about different school issues. The Crew presented their findings and recommendations to the Middle School principal and members of the Department of Education at the statehouse through the Young People's Caucus. These recommendations, including starting up a Student Advisory Council, are now largely being carried out at the middle school due to the persistence and care with which this group handled this project. This set the tone for a year of young people rising to the challenge, caring for their community, and getting work done. Another highlight of our programming this year were our interns. These four high-schoolers- graduates of other youth programs, dove headfirst into planning and leading programs for other youth. They were dedicated, kind, considerate, and always willing to learn and challenge themselves. They brought a spirit of fun while also prioritizing equity, agency, and truthfulness. Because of the interns, this year's summer programs included a series of workshops addressing systems of oppression and youth voice, which were one of the most highly praised elements of the program. More than 20 youth participated in our Summer Youth Gardeners (SYG) program. The SYGs (youth gardeners) cared for, and harvested from two Youth Production Gardens, providing fresh veggies for Nutrition Center-sponsored meals, their families, pantry guests and other community members. They cooked for each other and guests twice a week, learning skills and new ways to eat healthy, fresh produce that they themselves grew. Projects that were new to the SYG program this year included: - Bringing beauty and food to downtown with the Edible Lisbon Street garden boxes; - Planting and running two Garden Carnivals for kids at Hillview Apartments; - Preparing and served meals at Trinity Soup Kitchen. Eight former SYGs then returned for the Fall Gardener program, where they increased their leadership skills, took on specific projects, and connected with each other and their community. Interns continue to lead Nutrition Center programs, and over the winter they are serving as an Advisory Council as Youth Programs Expectations and Goals are examined. The Nutrition Center continues to work to more authentically partner with young people, and to that end, we deliberate with the focus, content, and structure of our programs. We strive to be flexible with our plans and prioritize building real relationships and networks with youth. We are honored to get to work alongside so many young people and be inspired by their resilience, creativity, and spirit. St. Mary's Nutrition Center Food Champion Program: The Community Food Champion Program is a peer to peer promotion and support program of St. Mary's Nutrition Center. Community Food Champions are residents from Lewiston- Auburn who help their neighbors learn about and access more fresh, affordable, local food. The program was piloted in 2018 and in 2019, five community champions participated, speaking a range of languages that included English, French, Somali and Arabic. Champions conducted weekly outreach during St. Mary's food pantry hours, the Good Food Bus stops and at area agencies. They completed more than 600 hours of outreach and signed up 853 people of low income for the Neighborhood Membership Program (a 50% discount at the Good Food Bus stops). \$5,100 in discounts were distributed through the membership program. Champions also assisted with translation and outreach at weekly garden times. Under Leadership Development :St. Mary's Nutrition Center Leadership Development programming: The Nutrition Center continued its efforts to engage community members in meaningful volunteer roles as well as provide training and leadership opportunities. Examples of this include:- Nutrition Center management staff conducted a full overhaul of the Volunteer Program - redesigning recruitment, intake process, orientation, and training. After the implementation, we have been intentional in reflecting and assessing the new approach. Additional opportunities for improvement have been identified, particularly the need to provide more interpreting and translation for the very diverse base of community members interested in volunteering.- Seven community members and local college students completed Fellowships at the Nutrition Center - gaining professional and community engagement experience</p>

Form and Line Reference	Explanation
Schedule H, Part II, Community Building Activities (continued):	<p>nce while helping us extend and improve our community impact.- One volunteer for the Food Pantry, a recent asylum seeker from Angola, was selected for a full-time staff position using a competitive hiring process that prioritized community hiring preference and equity in the approach. Workshops around community engagement and outreach were provided for the Community Food Champions as well as other community members playing outreach/advocate roles within partner organizations. Additionally, the NC paid the registration fee for the Community Food Champions to join an Adult Education class teaching basic Microsoft Excel - a skill set they requested.</p> <p>Under Coalition Building: St. Mary's Nutrition Center Local Foods, Local Places: In early 2019 the St. Mary's Nutrition Center applied for, and was awarded, a Technical Assistance (TA) grant sponsored by the U.S. Department of Agriculture (USDA), Environmental Protection Agency (EPA), and the Northern Border Regional Commission called Local Foods, Local Places. Local Foods, Local Places (LFLP) helps cities and towns across the country protect the environment and human health by engaging with local partners to reinvest in existing neighborhoods as they develop local food systems. LFLP supports locally led, community-driven efforts to protect air and water quality, preserve open space and farmland, boost economic opportunities for local farmers and businesses, improve access to healthy local food, and promote childhood wellness. With support from the TA Team provided through the grant, each Local Foods Local Places participant identifies goals for their city or town, convenes a steering committee of community stakeholders and plans and implements a two-day community-driven conversation and action planning session. The goal of this session, and subsequent steering committee meetings, is to draft and finalize an Action Plan for the City to further the highlighted goals. The goals of Local Foods Local Places Lewiston-Auburn, Maine program were outlined as follows:</p> <ol style="list-style-type: none"> 1. Strengthen access to local food while expanding market opportunities and infrastructure for farm and food businesses. 2. Integrate local food and agriculture into city planning and economic development strategies. 3. Build food and agriculture as a defining brand identity for Lewiston-Auburn. 4. Increase equitable access, ownership, and preservation of land to grow food in Lewiston-Auburn. <p>Close to 80 residents, farmers, and other community stakeholders attended the first public session of the Local Foods, Local Places Lewiston-Auburn workshop on the evening of October 22nd to help establish a Local Food Vision for the region. The following day, approximately 50 community stakeholders took that vision and drafted action steps for each of the four goals. Following the LFLP event, the steering committee along with additional community members and the TA team revised and finalized the Local Foods Local Places Action Plan. The final document provides background and context about Lewiston-Auburn, an overview of the two-day LFLP event and nearly 20 action steps. The document can be found at the following web-address: https://goodfood4la.org/wp-content/uploads/2020/01/LFLP-L-A-Community-Action-Plan-FINAL.pdf A small team from the original steering committee along with key stakeholders are already putting those action steps into place.</p>

Additional Data

Software ID:

Software Version:

EIN: 01-0211551

Name: St Mary's Regional Medical Center

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

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		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	St Mary's Regional Medical Center 93 Campus Avenue Lewiston, ME 042430291 38244	X	X					X			

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
St. Mary's Regional Medical Center	<p>Part V, Section B, Line 5: Understanding the health needs of a community allows public health and health care organizations to design and implement cost-effective strategies that improve the health status of the populations they serve. A comprehensive data driven assessment process can identify, with a high degree of accuracy, priority health needs and issues related to prevention, diagnosis and treatment. Assessment tools also may assist in pinpointing access to care barriers, utilization of evidence based guidelines, and utilization of health services. In Maine, healthcare leaders and public health leaders collaborated to conduct the assessment and analyze the data for this latest CHNA in a collaboration designated as The Maine Shared Health Needs Assessment (Maine Shared CHNA.)Maine Shared Community Health Needs Assessment Charter: Vision: The Maine Shared Community Health Needs Assessment helps to turn data into action so that Maine will become the healthiest state in the US. Mission: The Maine Shared Community Health Needs Assessment is a dynamic public private partnership that creates Shared Community Health Needs Assessment reports, engages and activates communities, and supports data-driven health improvements for Maine people.Steering Committee Statement of Purpose: The Steering Committee provides leadership for the creation of an efficient, integrated, and sustainable process to conduct triennial Maine Shared Community Health Needs Assessments (Maine Shared CHNAs) and subsequent public health improvement plans/hospital implementation strategies. In addition, this group provides stewardship of the resources made available through Central Maine Healthcare (CMHC), Maine Center for Disease Control and Prevention (Maine CDC), MaineGeneral Health (MGH), MaineHealth (MH), and Northern Light Health (NLH) to: [a] strengthen Maine's state and community health improvement efforts; [b] meet Treasury Department/Internal Revenue Service (IRS) community benefit reporting requirements for hospitals; and [c] meet public health agencies' Public Health Accreditation Board (PHAB) requirements. St. Mary's Regional Medical Center is an affiliate of MaineHealth.Data Analysis: Over 200 health indicators from over 30 sources were used for the Maine Shared CHNA. These indicators were arranged under 24 health topics and analyzed by demographic characteristics and geographic stratification. Community Input: Community outreach and engagement for the Maine Shared CHNA occurred at the statewide, public health district, county and local levels. The statewide community engagement committee met monthly from March 2018-January 2019 to review and oversee the engagement process. In addition, local community engagement planning committees met in each of Maine's 16 counties. St. Mary's facilitated and hosted the Androscoggin local community engagement planning committee through the Community Health Stakeholder Coalition (established for the first cycle of the Maine Shared CHN</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
St. Mary's Regional Medical Center	<p>A 7 years ago.) In Androscoggin County, representatives from the two local hospital systems came together in 2012 to establish the Community Health Stakeholder Coalition, a group of community health agencies, public health and hospitals. They developed this purpose statement: Improve the health of Androscoggin County by convening community health stakeholders to collaborate on:-</p> <ul style="list-style-type: none"> - Conducting community health needs assessments- - Educating members and constituents on findings of community health needs assessments- - Develop strategies to address prioritized needs- - Sharing relevant resources through networking <p>For the most recent CHNA, members included: Jamie Paul, Western Maine District Coordinating Council of the Maine Center for Disease Control and Prevention; Elizabeth Keene, VP of Mission Integration, St. Mary's Health System; Holly Lasagna and Corrie Brown, Healthy Androscoggin; Catherine Ryder, Executive Director, Tri-County Mental Health Services; Angela Richards, Androscoggin Home Healthcare + Hospice; Sam Boss and Kristen Cloutier, Harwood Center at Bates College; Joan Churchill, Executive Director, Community Clinical Services; Nate Miller, Seniors Plus; Shawn Yardley, Executive Director, Community Concepts; Barry Schmieks, Auburn Police Department; Joe Philippon, Lewiston Police Department; Jennifer McCarthy and Ann Marie Day of Healthcentric Advisors; Katherine Lary of Western Maine Community Action; Ruby Bean of Community Concepts; and Melanie Gagnon, YWCA. This group began meeting monthly in the spring of 2012 and continues to meet to assess and address community health needs. These members represent community health, public health, hospitals, minority populations, local colleges, community action agencies and the local Federally Qualified Health Center (FQHC.) Three community engagement sessions were held in Androscoggin County in 2018. Two sessions were hosted by the local community engagement planning team (October 3, 2018 and October 11, 2018). One session was held in June and was a County Health Rankings Health Action Forum (to solicit community information from immigrants, refugees and asylum seekers). One session in each county was facilitated by JSI, the vendor hired by the Maine Shared CHNA to oversee the data collection, analysis and community sessions. The other session was facilitated by employees from St. Mary's Regional Medical Center and Central Maine Medical Center who serve on the Community Health Stakeholder Coalition. Other methods for obtaining feedback from organizations and groups included, but were not limited to key informant interviews (focused conversations) and focus groups. In addition to the two community forums held in Androscoggin County, a forum was held with refugees and immigrants to specifically address health issues in their communities. Key informants were also interviewed to speak to the needs of this population. Mental health was identified as one of the leading health concerns for this population, specific</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
St. Mary's Regional Medical Center	<p>cally trauma and stress around immigration status in the current political climate, separation from families, and experiences in their home country. Oral health was another clinical concern identified across several community engagement activities. Community members also identified a need for health services that are linguistically and culturally appropriate and increased efforts to improve health literacy around chronic disease management, substance use, and life skills (e.g., how to keep a healthy home, how to dress appropriately for cold weather). Many health needs for this population fall into the category of social determinants of health: accessible and comprehensive health insurance, safer and more affordable housing, better access to transportation, and more opportunities to bolster community relations and social cohesion. Youth were identified as a priority population in community forums. Specific issues of concern were youth mental health issues (specifically stress, depression, and anxiety); substance use (specifically opioids, marijuana, and vaping/Juuling), lack of education and promotion around nutrition and physical activity, and unsupervised youth. In addition to the data collected and analyzed for the County Health Profiles, the Maine CDC created Health Equity Data Summaries (available at www.mainechna.org) which provides selected data analyzed by sex, race, ethnicity, sexual orientation, education, and income. These data are at the state level, as much of the county level data would be suppressed due to small numbers and privacy concerns, and the previous analyses have shown that health disparities found at the state level are generally similar in individual counties. These forums, essential components of the Maine Shared CHNA, allowed for community members to review the data and vote for community health priorities. Participants at the community forums met in small groups to discuss opportunities for collaboration and specific issues for each priority. The conversations largely informed both the implementation strategies and strategic plans for the hospitals. Health data results were also presented to the hospital's board of trustees' strategy committee. The State of Maine is fortunate to have many sources of data to help assess health needs of communities. The 2016 Maine Shared Community Health Needs Assessment, County Rankings results, the state health plan, the Community Health Needs Index (CHNI), and community engagement results provide a comprehensive picture of all major health indicators in the community. A copy of the 2019 Androscoggin County CHNA can be found at this link: https://www.stmarysmaine.com/media/file/Androscoggin_Report_2019.pdf</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
St. Mary's Regional Medical Center	Part V, Section B, Line 6a: Central Maine Medical Center

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
St. Mary's Regional Medical Center	<p>Part V, Section B, Line 6b: The Maine Shared CHNA began as the OneMaine Health Collaborative in 2007 as a partnership between MaineGeneral Health (MGH), MaineHealth (MH), and Northern Light Health (NLH, formerly known as Eastern Maine Healthcare System or EMHS). After conversations with the Statewide Coordinating Council for Public Health, the Maine Center for Disease Control (Maine CDC) joined the collaborative in 2012. The effort was then named the Maine Shared Health Needs Assessment and Planning Process (SHNAPP). Central Maine Healthcare (CMHC) joined the group in 2013. In 2014, CMHC, Maine CDC, MGH, MH and NLH signed a formal Memorandum of Understanding and drafted the Maine Shared CHNA Charter (PDF) to guide the collaborative. In 2017, the name was changed to the Maine Shared Community Health Needs Assessment or Maine Shared CHNA. Funding for the Maine Shared CHNA is provided by the partnering healthcare systems with generous in-kind support from the Maine CDC. Governance is provided by the Steering Committee. Countless community partners and stakeholders provide additional support by participating in either the Metrics Committee, Community Engagement Committee, Local Planning Committees, or the Data Analysis Workgroup. Funding for the Maine Shared CHNA is provided by Central Maine Healthcare, MaineGeneral Health, MaineHealth, and Northern Light Health, with generous in-kind support from the Maine Center for Disease Control and Prevention, an office of the Department of Health and Human Services and countless community partners and stakeholder groups. These stakeholder groups include the Metrics Committee, Data Analysis Workgroup, Community Engagement Committee, Local Planning Committees, and the Steering Committee. Special thanks to the Maine Health Data Organization for working with us to access their data. For a listing of committee members please visit www.mainechna.org and click on "About Maine CHNA." Significant analysis was conducted by epidemiologists at the Maine CDC and the University of Southern Maine's Muskie School of Public Service. John Snow, Inc. provided analysis, methodology, and design support. In addition, the Steering Committee gratefully acknowledges the countless community volunteers who gave their time and passionately committed to hosting, facilitating, attending, and engaging in this effort. From Aroostook to York, Oxford to Washington County, over 2,000 Mainers gave their time and talent to this effort.</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
St. Mary's Regional Medical Center	<p>Part V, Section B, Line 11: The following descriptions are the prioritized community health needs identified by the data, community engagement and key informant interviews. Prioritized Significant Community Health Needs: Social Determinants of Health (25%); Mental Health (19%); Substance Use (14%); Access to Care (12%); and Tobacco Use (9%). Social Determinants of Health: A key theme from the community engagement sessions and key interviews in Androscoggin County (as well as the entire state of Maine) was the impact that social determinants of health (specifically housing, transportation, poverty, employment, cultural barriers and Adverse Childhood Experiences or ACEs) have on county residents. The number of people living in poverty is higher than the state (14.8% vs. 13.5%). The percentage of households that are food insecure is higher than the state (16% vs. 15.1%). Slightly over 1/4 of high school students have experienced at least 3 adverse childhood experiences, and the number of children with confirmed elevated blood levels for lead is significantly higher than the state (3.4% vs. 2.2%). St. Mary's is addressing this priority by focusing on cultivating equitable access to food and land by increasing access to urban spaces for food production, creating more equitable access to healthy, local food through community engagement and creating community food champions to support outreach and education. New community gardens will be established, two new pilot food access programs will be created and 5-10 community members will be trained as community food champions. Access to Health Care and Primary Care: While Androscoggin County has a relatively low percentage of uninsured residents, access to care is an issue. The percentage of individuals unable to obtain healthcare due to cost was significantly higher than the state (14.5% vs. 10.3%). St. Mary's did not select this as a priority. We already offer financial assistance, help connect people to resources and assist patients in applying for MaineCare. In addition, Community Clinical Services, the local Federally Qualified Health Center, offers access and financial assistance. Mental Health: Androscoggin County residents receive outpatient mental health treatment at a higher rate than Maine residents (21% vs. 17%). The percentage of middle school students who reported having seriously considered suicide increased significantly between 2011 and 2017 (from 14.5% to 18.8%). A theme for mental health was the need for increased education and resources around the mental (and physical) health effects of Adverse Childhood Experiences (ACEs). St. Mary's will address mental health by improving integration and treatment of mental health in the community. The strategies will include improving the physical environment for people with psychiatric illness, exploring new treatment options for people who cannot tolerate medication as treatment for mental illness, implementing depress/suicide screening, expanding a pediatric</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
St. Mary's Regional Medical Center	<p>c behavioral health home, expanding partnership with schools serving at-risk youth and cre ating a plan to address Adverse Childhood Experiences (ACEs).Substance and Alcohol Use: Op ioid use was the leading substance use issue discussed in the community forums. In Androsc oggin County, substance use hospitalizations were higher than the state in 2016 (39 vs 18 per 10,000 population). The rate of overdose deaths increased from 12.5 to 18.4 per 100,00 0 (2007-2011 and 2012-2016 data).St. Mary's will address this by working to prevent and tr eat substance use disorder. Strategies will include developing protocols for rapid access to suboxone in the Emergency Department, increasing timely access to treatment after Emerg ency Department visits for substance use disorder, providing integrative therapies for pai n management, providing greater access to polypharmacy guidance for opioid tapers, decreas ing access to prescription drugs in the community and facilitating access to 12 step and o ther recovery programs.Tobacco Use: Tobacco use is one of the leading causes of preventabl e illnesses and death. Maine has made progress in reducing tobacco use. The percentage of Maine adults who smoked cigarettes in 2017 was significantly lower than in 2011. However, the emergence of electronic products is of grave concern. (Data from a 2018 national youth survey indicate up to a 78% increase in the use of electronic devices since 2017.)St. Mar y's did not select this as a priority because the local public health agency, Healthy Andr oscoggin, addresses this key issue in the community. St. Mary's does participate by hostin g tobacco cessation programs. St. Mary's is partnering with the other local hospital, Cent ral Maine Medical Center, to address youth tobacco and vaping use.Potentially available he alth care facilities and resources available to meet the health needs identified: The asse ssment identified a number of strong community assets, including the two local hospitals (including behavioral services at SMRMC) and their community benefit programs, an Urgent Ca re Center by SMRMC, primary care physicians at accredited patient-centered medical homes, dentists, school-based health centers, federally qualified health centers through Communit y Clinical Services, a free clinic, community health agencies for mental health services a nd substance abuse, a local home care and hospice agency, social service agencies for outr each to the rural poor, the elderly, victims of domestic violence and children, St. Mary's Nutrition Center (emergency food pantry, community gardens, farmers' markets, cooking cla sses and outreach for Somali Nutrition programs), public school systems and Catholic schoo l systems with active home and school associations, numerous religious communities and com munity coalitions to support downtown Lewiston.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
St. Mary's Regional Medical Center	Part V, Section B, Line 13h: Household size

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
St. Mary's Regional Medical Center	Part V, Section B, Line 15e: St. Mary's website provides access to the free care application as well as contact information for assistance in answering any questions or in completing the application.

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 10a:	The Center's most recently adopted implementation strategy is available at the following web address: https://www.stmarysmaine.com/community-health/community-health

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7a and 7 b:	The Center's CHNA report was made available at the Center's own website at the following web address: https://www.stmarysmaine.com/community-health/community-health In addition, the Center's CHNA report was made available on the website of Maine Health, at the following web address: https://mainehealth.org/healthy-communities/community-health-needs-assessment

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Lines 16a, 16b, and 16c:	The Center's Financial Assistance Policy is available at the following web address: https://www.stmarysmaine.com/media/file/Financial%20Assistance%20Policy%20from%20policy%20stat%20012319.pdf The Center's Financial Assisance Application and Plain Language Summary is available at the following web address: https://www.stmarysmaine.com/media/file/Financial%20Application%20St%20Marys%20and%20CCS.pdf

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization St Mary's Regional Medical Center		Employer identification number 01-0211551

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		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 on 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.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

[illegible]

Part III **Supplemental Information**

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

Return Reference	Explanation
Part I, Line 3	Any compensation paid to the trustees, directors, officers or key employees of the Organization is subject to the oversight and decisions of Covenant Health, a related tax-exempt organization. Every two-to-three years the Compensation Committee of the Covenant Health Board of Directors engages an external consultant to provide competitive market data from various survey sources, which is then used to develop recommendations for changes to the compensation program. Since 2003, the Compensation Committee has engaged a human resources consultant to conduct this analysis. Objectives of the analysis are to assess the compositeness of the total cash compensation levels of the senior leadership team, develop market based competitive salary ranges for all executive positions, and ensure that the annual incentive opportunities, if there are any, are competitive and reasonable.

Additional Data

Software ID:
Software Version:
EIN: 01-0211551
Name: St Mary's Regional Medical Center

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Michael Newman Physician	(i)	896,034	0	19,850	2,711	31,549	950,144	0
	(ii)	0	0	0	0	0	0	0
1Joseph Strauss Physician	(i)	805,684	0	19,850	2,700	31,788	860,022	0
	(ii)	0	0	0	0	0	0	0
2Gregory Pomeroy Physician	(i)	767,613	0	4,958	2,770	20,026	795,367	0
	(ii)	0	0	0	0	0	0	0
3Jeffery Davila MD Director	(i)	722,541	0	3,870	0	1,882	728,293	0
	(ii)	0	0	0	0	0	0	0
4Michael Kelley MD Director (end 5/19)	(i)	601,318	0	1,097	2,796	24,077	629,288	0
	(ii)	0	0	0	0	0	0	0
5Sacha Matthews Physician	(i)	535,242	0	20,350	2,782	26,616	584,990	0
	(ii)	0	0	0	0	0	0	0
6Scott Treworgy Physician	(i)	487,982	0	4,536	2,769	20,539	515,826	0
	(ii)	0	0	0	0	0	0	0
7Steve Jorgensen President & CEO	(i)	0	0	0	0	0	0	0
	(ii)	412,358	0	21,950	2,800	30,542	467,650	0
8Christopher T Bowe Chief Medical Officer	(i)	404,107	0	942	2,764	26,815	434,628	0
	(ii)	0	0	0	0	0	0	0
9Michael Hendrix Treasurer & CFO	(i)	0	0	0	0	0	0	0
	(ii)	246,888	0	19,951	2,424	32,995	302,258	0
10Philip Hickey CEO Post Acute Care	(i)	220,845	0	1,471	0	9,305	231,621	0
	(ii)	0	0	0	0	0	0	0
11Anne Brown MD Director	(i)	172,339	0	472	1,516	15,636	189,963	0
	(ii)	0	0	0	0	0	0	0

Note: TO capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
St Mary's Regional Medical Center

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
01-0211551

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA Revenue Bond Series 2007A	01-0314384	560425v80	11-01-2007	6,685,000	Funding for construction and capital improvements		X		X		X
B MHHEFA Revenue Bond Series 2010B	01-0314384	560427JA5	06-24-2010	7,825,000	Refinancing of 1999 and 2001 tax-exempt bonds		X		X		X
C MHHEFA Revenue Bond Series 2014A	01-0314384	560427W77	07-24-2014	8,490,000	Refinancing of 2004A bonds		X		X		X
D MHHEFA Revenue Bond Series 2014	01-0314384	560427U61	07-24-2014	2,450,000	Refinancing of 2004A bonds		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	6,853,065		9,077,696		9,406,745		2,661,384	
4	Gross proceeds in reserve funds	444,500		603,175		1,615,380		616,000	
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows					1,560,850		2,993,216	
7	Issuance costs from proceeds	89,925		96,465		52,292		19,344	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	6,318,640							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2007		2010		2014		2014	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X			X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X	X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X		X		X		X	
b Name of provider	fsa		fsa		FSA		FSA	
c Term of GIC	3000.0000000000 %		2000.0000000000 %		900.0000000000 %		900.0000000000 %	
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X		X		X	
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		X

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Schedule K, Part III, Line 9; Part IV, Line 7, & Part V	While formal, written policies have not been adopted by the Organization, the Center carefully and consistently monitors its tax-exempt bond for potential violations. Additionally, the Organization routinely confers with bond counsel to ensure all relevant compliance requirements have been met.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
St Mary's Regional Medical Center

Employer identification number

01-0211551

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA Revenue Bond Series 2017B	01-0314384	00056042R	03-21-2017	6,000,000	Funding for construction and capital improvements		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	6,000,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	414,069							
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	120,000							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	5,465,931							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2017							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		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						
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 %							
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 ▶	0 %							
6 Total of lines 4 and 5	0 %							
7 Does the bond issue meet the private security or payment test? . . .		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						
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						

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							
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?								
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						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X							
b Name of provider	FSA							
c Term of GIC	3000.0000000000 %							
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						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

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

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

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.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
St Mary's Regional Medical Center

Employer identification number
01-0211551

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	X	6	696,321	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

0

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 isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

No

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 nonstandard contributions?

31

Yes

32a

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

32a

Yes

b

If "Yes," describe in Part II.

33

If the organization didn't 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
Part I, Line 32b:	The Organization sells gifts of stock as soon as administratively possible through its third party broker, Bar Harbor Bank & Trust.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

St Mary's Regional Medical Center

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public
Inspection****Employer identification number**

01-0211551

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	St. Mary's Health System is the sole corporate member of the organization.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	As the sole corporate member of the Organization, St. Mary's Health System retains the ability to elect and remove the Organization's board of directors with or without cause.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	<p>As the sole corporate member of the Organization, St. Mary's Heath System has the following powers and rights over the Organization and its subsidiaries as outlined in the Organization's bylaws: 1. To approve any change in the written statements of philosophy and mission; 2. To amend and to repeal the organizing and governing documents; 3. To approve all plans of merger, consolidation, reorganization, dissolution, or the sale, lease assignment, or transfer of substantially all of the assets, or the purchase or acquisition of an interest in any corporation, partnership, joint venture, or other entity; 4. To approve all long-range strategic plans before implementation; 5. To approve the acquisition, sale, or encumbrance of any real estate valued in excess of an amount set by the Member in writing; 6. To approve all capital budgets and non-budgeted expenses in excess of an amount set by the Member in writing; 7. To approve all debt in excess of limits set by the Member in writing; 8. To approve the sale, assignment, or transfer of any equity interest or membership interest in any subsidiary; 9. To approve any reclassification or other change of any capital stock or other equity security; 10. To approve the issuance of, or the creation of any obligation to issue, an equity security; and, 11. To evaluate the performance of the Medical Center in preserving, furthering, and promoting the purposes of the Medical Center.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The Form 990 is provided to the governing body for their review and approval prior to filing.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>This process is the responsibility of the Compliance Officer. A conflict of interest disclosure form is submitted to all leadership, board members, board committee members, employed physicians, medical directors and certain employees in key positions annually to be completed. Reminders are sent to all persons of interest to ensure that all conflict of interest disclosure forms are completed and collected.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>Any compensation paid to the trustees, directors, officers or key employees of the Organization is subject to the oversight and decisions of Covenant Health, a related tax-exempt organization. Every two-to-three years the Compensation Committee of the Covenant Health Board of Directors engages an external consultant to provide competitive market data from various survey sources, which is then used to develop recommendations for changes to the compensation program. Since 2003, the Compensation Committee has engaged a human resources consultant to conduct this analysis. Objectives of the analysis are to assess the competitiveness of the total cash compensation levels of the senior leadership team, develop market based competitive salary ranges for all executive positions, and ensure that the annual incentive opportunities, if there are any, are competitive and reasonable.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The Organization's Form 990, governing documents, conflict of interest policy, and financial statements are made available to the public upon request. The Organization's Form 990 is also made available on the website of its parent organization, Covenant Health, Inc., at the following web address: https://www.covenanthealth.net/financial-information/financial-information

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	Contracted support services: Program service expenses 16,700,727. Management and general expenses 2,127,122. Fundraising expenses 0. Total expenses 18,827,849. Nursing agencies: Program service expenses 7,458,355. Management and general expenses 0. Fundraising expenses 0. Total expenses 7,458,355. Physician fees: Program service expenses 4,604,291. Management and general expenses 0. Fundraising expenses 0. Total expenses 4,604,291.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9:	Net transfers from affiliates 6,731,957.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 2c:	The Audit Committee of Covenant Health assumes responsibility for oversight of the audit and selection of the independent auditor. This audit process has not changed from the previous year.

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
St Mary's Regional Medical Center

Employer identification number
01-0211551

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

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

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

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	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) Covenant Health Insurance LTD PO Box 69 Grand Cayman KY1-1102 CJ 04-3360127	Self-insurance company	CJ	N/A	C					No
(2) Campus Holding PO Box 7291 Lewiston, ME 04240 01-0406049	Holding company	ME	N/A	C					No
(3) St Joseph Corporate Services Inc 172 Kinsley Street Nashua, NH 03060 02-0405197	Holding company	NH	N/A	C					No
(4) Strauss Incorporated 360 Broadway Bangor, ME 04402 01-0391369	Repairs and transcriptions	ME	N/A	C					No
(5) GNM Corporation 172 Kinsley Street Nashua, NH 03060 02-0400550	Real estate holding company	NH	N/A	C					No
(6) SJ Physicians Services 172 Kinsley Street Nashua, NH 03060 02-0522234	Physician practice	NH	N/A	C					No

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

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

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

a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	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		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
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	Yes	
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	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
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.

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 01-0211551
Name: St Mary's Regional 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
1575 Cambridge Street Cambridge, MA 02138 04-2103582	Hospital and health care facility	MA	501(c)(3)	Line 10	Covenant Health Inc		No
215 Thatcher Street Brockton, MA 02302 04-2565937	Nursing home and restorative facility	MA	501(c)(3)	Line 10	Covenant Health Inc		No
PO Box 7291 Lewiston, ME 04243 22-2504349	Hospital and health care facility	ME	501(c)(3)	Line 12a, I	Covenant Health Inc		No
172 Kinsley Street Nashua, NH 03061 02-0222215	Hospital and health care facility	NH	501(c)(3)	Line 3	Covenant Health Inc		No
10 Pelham Road Lexington, MA 02421 04-3297834	Assisted living services	MA	501(c)(3)	Line 10	Covenant Health Inc		No
675 St Marys Villa Road Moscow, PA 18444 23-2057177	Nursing home and restorative facility	PA	501(c)(3)	Line 10	Covenant Health Inc		No
66 Newton Street Waltham, MA 02453 04-3333609	Nursing home and restorative facility	MA	501(c)(3)	Line 10	Covenant Health Inc		No
39 Queen Street Worcester, MA 01610 04-3419625	Nursing home and restorative facility	MA	501(c)(3)	Line 10	Covenant Health Inc		No
790 College Parkway Colchester, VT 05446 03-0181052	Real estate holding company	VT	501(c)(3)	Line 12a, I	Covenant Health Inc		No
407 Pool Street Biddeford, ME 04005 01-0342399	Nursing home and restorative facility	ME	501(c)(3)	Line 10	Covenant Health Inc		No
172 Lawrence Street Lawrence, MA 01841 04-2104851	Nursing home and restorative facility	MA	501(c)(3)	Line 10	Covenant Health Inc		No
799 Concord Avenue Cambridge, MA 02138 80-0199674	Private home-care health services	MA	501(c)(3)	Line 10	Covenant Health Inc		No
420 Bedford Street Lexington, MA 02420 04-6835128	Investment trust	MA	501(c)(3)	Line 12a, I	Covenant Health Inc		No
790 College Parkway Colchester, VT 05446 22-2495808	Charitable foundation	VT	501(c)(3)	Line 12a, I	Covenant Health Inc		No
1573 Cambridge Street Cambridge, MA 02138 04-3239593	Assisted living services	MA	501(c)(3)	Line 10	Youville Lifecare Inc		No
1575 Cambridge Street Cambridge, MA 02138 04-3239563	Hospital and health care facility	MA	501(c)(3)	Line 10	Youville Lifecare Inc		No
PO Box 7291 Lewiston, ME 04243 01-0409788	Physician pratice	ME	501(c)(3)	Line 10	St Mary's Health System		No
PO Box 7291 Lewiston, ME 04243 01-0211558	Nursing home and restorative facility	ME	501(c)(3)	Line 10	St Mary's Health System		No
PO Box 7291 Lewiston, ME 04243 22-2504356	Low income housing	ME	501(c)(3)	Line 10	St Mary's Health System		No
PO Box 7291 Lewiston, ME 04243 01-0539730	Affordable housing services	ME	501(c)(3)	Line 10	St Mary's Health System		No

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?
						YesNo
24 North River Road Nashua, NH 03055 02-0222795	Home health and hospice	NH	501(c)(3)	Line 10	St Joseph Hospital of Nashua NH Inc	No
172 Kinsley Street Nashua, NH 03061 02-0222215	Healthcare and surgery center	NH	501(c)(3)	Line 10	St Joseph Hospital of Nashua NH Inc	No
172 Lawrence Street Lawrence, MA 01841 04-2857794	Assisted living services	MA	501(c)(3)	Line 12a, I	Covenant Health Inc	No
189 Maple Street Lawrence, MA 01841 04-2921888	Adult day care services	MA	501(c)(3)	Line 10	Covenant Health Inc	No
189 Maple Street Lawrence, MA 01841 04-2647207	HUD low income housing	MA	501(c)(3)	Line 10	Covenant Health Inc	No
189 Maple Street Lawrence, MA 01841 04-2679954	HUD low income housing	MA	501(c)(3)	Line 10	Covenant Health Inc	No
189 Maple Street Lawrence, MA 01841 04-2186043	HUD low income housing	MA	501(c)(3)	Line 10	Covenant Health Inc	No
189 Maple Street Lawrence, MA 01841 04-2921889	Elderly transportation services	MA	501(c)(3)	Line 10	Covenant Health Inc	No
172 Lawrence Street Lawrence, MA 01841 46-3073987	Nonprofit funding and support	ME	501(c)(3)	Line 12a, I	Covenant Health Inc	No
360 Broadway Bangor, ME 04402 22-2480149	Healthcare foundation	ME	501(c)(3)	Line 10	Covenant Health Inc	No
360 Broadway Bangor, ME 04402 01-0212435	Hospital and health care facility	ME	501(c)(3)	Line 3	St Joseph Healthcare Foundation	No
360 Broadway Bangor, ME 04402 22-2480150	Lease holding company	ME	501(c)(2)		St Joseph Healthcare Foundation	No
360 Broadway Bangor, ME 04402 22-2480373	Physician pratice	ME	501(c)(3)	Line 10	St Joseph Healthcare Foundation	No
360 Broadway Bangor, ME 04402 01-0422885	Home health and hospice	ME	501(c)(3)	Line 10	St Joseph Healthcare Foundation	No
15 Sumner Brown Road Cumberland, RI 02864 05-0342330	Nursing home	RI	501(c)(3)	Line 10	Covenant Health Inc	No
150 Water Street Haverhill, MA 01830 23-7090088	Nursing home	MA	501(c)(3)	Line 10	Covenant Health Inc	No
100 Ames Pond Drive Tewksbury, MA 01876 22-2484505	Health care management and resource organization	MA	501(c)(3)	Line 10	N/A	No
100 Ames Pond Drive Tewksbury, MA 01876 80-0199674	Charitable foundation	MA	501(c)(3)	Line 12a, I	Covenant Health Inc	No