

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019**

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

**C** Name of organization: **MaineHealth**

Doing business as:

Number and street (or P O box if mail is not delivered to street address): **22 Bramhall Street** Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: **Portland, ME 04102**

**F** Name and address of principal officer:  
**William L Caron Jr**  
**22 Bramhall Street**  
**Portland, ME 04102**

**D** Employer identification number: **01-0238552**

**E** Telephone number: **(207) 662-2576**

**G** Gross receipts \$ **2,471,108,677**

**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.mainehealth.org**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1951**

**M** State of legal domicile: **ME**

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
MaineHealth is a voluntary, not-for-profit community and referral system of hospitals, dedicated to providing high quality health care services to all persons who seek care regardless of their sex, race, religion, age, color, sexual orientation, national origin, physical or emotional disability or social or economic status. MaineHealth is also committed to education at the undergraduate, graduate, post-graduate and continuing education levels for physicians, nurses and allied health personnel, and in-service training for support staff all of which are essential to the delivery of quality patient care. Outreach education to other institutions and agencies is also vital to the fulfillment of the MaineHealth's mission. MaineHealth also supports basic and clinical research as essential to the advancement of health care.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	24
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	14
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	0
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1,176
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	1,686,698
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	61,054,317	68,086,239
<b>9</b> Program service revenue (Part VIII, line 2g)	1,199,064,761	1,933,139,975
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,294,341	25,876,176
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	249,398,227	253,067,698
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,540,811,646	2,280,170,088

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,162,440	7,330,255
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	700,690,580	1,145,536,150
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>4,246,283</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	626,295,490	927,114,240
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,332,148,510	2,079,980,645
<b>19</b> Revenue less expenses Subtract line 18 from line 12	208,663,136	200,189,443

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	2,015,529,466	2,923,881,397
<b>21</b> Total liabilities (Part X, line 26)	993,247,994	1,360,470,171
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	1,022,281,472	1,563,411,226

## 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: \_\_\_\_\_ Date: **2020-08-13**

Albert G Swallow III CFO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_

Firm's name ▶: \_\_\_\_\_ Firm's EIN ▶: \_\_\_\_\_

Firm's address ▶: \_\_\_\_\_ Phone no: \_\_\_\_\_

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

**Part III Statement of Program Service Accomplishments**

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

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

See Schedule O

**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 \$ 1,528,298,394 including grants of \$ 1,779,826 ) (Revenue \$ 2,151,121,545 )  
See Additional Data

**4b** (Code ) (Expenses \$ 107,543,440 including grants of \$ ) (Revenue \$ 12,735,191 )  
See Additional Data

**4c** (Code ) (Expenses \$ 33,851,488 including grants of \$ 5,550,429 ) (Revenue \$ 24,348,779 )  
See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ 1,669,693,322

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>3a</b>	Yes		
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>		<b>3b</b>	Yes		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		<b>4a</b>		No	
<b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<b>5a</b>		No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>		No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		<b>6a</b>		No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		<b>7a</b>	Yes		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>	Yes		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>		No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>			
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>7f</b>			
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>			
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b> Gross income from members or shareholders . . . . .		<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .		<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .		<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .		<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>		No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>		<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .		<b>15</b>		No	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .		<b>16</b>		No	

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (24); 1b Enter the number of voting members included in line 1a, above, who are independent (14); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (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? (No); 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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 (Lugene Inzana, 22 Bramhall Street, Portland, ME 04102 (207) 662-2576).







**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>	1,380,710			
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>	1,277,497			
	<b>d</b> Related organizations	<b>1d</b>	5,573,404			
	<b>e</b> Government grants (contributions)	<b>1e</b>	22,300,292			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	37,554,336			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . .			68,086,239		

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> Net Patient Service Revenue		622110	1,933,139,975	1,933,139,975	
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . .				1,933,139,975		

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			22,159,274			22,159,274
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss) . . . . .				3,716,902	3,716,902	
	<b>8a</b> Gross income from fundraising events (not including \$ 1,277,497 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .				32,362		32,362
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> Other Revenue	900099		183,960,320	183,753,332	206,988		
<b>b</b> HR and IS Shared Services Rev	900099		67,595,306	67,595,306			
<b>c</b> Dietary Services	561000		1,034,198		1,034,198		
<b>d</b> All other revenue . . . . .			445,512		445,512		
<b>e Total.</b> Add lines 11a-11d . . . . .				253,035,336			
<b>12 Total revenue.</b> See Instructions . . . . .				2,280,170,088	2,188,205,515	1,686,698	22,191,636

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,550,429	5,550,429		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	1,709,003	1,709,003		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	70,823	70,823		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	11,936,638	2,950,800	8,985,838	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,354,167	1,354,167		
<b>7</b> Other salaries and wages	864,425,928	647,764,836	213,624,574	3,036,518
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	63,672,505	47,875,960	15,788,881	7,664
<b>9</b> Other employee benefits	143,472,527	107,828,076	35,560,323	84,128
<b>10</b> Payroll taxes	60,674,385	45,615,924	15,043,549	14,912
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal	2,450,873		2,450,873	
<b>c</b> Accounting	1,903,532		1,903,532	
<b>d</b> Lobbying	48,400	48,400		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	2,382,906		2,382,906	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	90,911,657	77,543,634	13,296,134	71,889
<b>12</b> Advertising and promotion	3,229,318	2,402,733	792,391	34,194
<b>13</b> Office expenses	9,990,628	7,372,191	2,431,254	187,183
<b>14</b> Information technology	29,811,839	22,418,503	7,393,336	
<b>15</b> Royalties				
<b>16</b> Occupancy	55,690,452	41,868,095	13,807,563	14,794
<b>17</b> Travel	4,110,620	3,066,968	1,002,416	41,236
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	4,588,042	4,320,612	249,801	17,629
<b>20</b> Interest	10,927,910	8,217,759	2,710,112	39
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	119,162,119	89,606,090	29,550,945	5,084
<b>23</b> Insurance	7,316,618	5,502,097	1,814,521	
<b>24</b> 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.)				
<b>a</b> Medical supplies	347,981,726	347,981,726		
<b>b</b> Other	110,585,859	81,248,765	28,942,165	394,929
<b>c</b> Outside medical service	59,502,707	59,502,707		
<b>d</b> Hospital tax	32,675,186	32,675,186		
<b>e</b> All other expenses	33,843,848	25,197,838	8,309,926	336,084
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,079,980,645	1,669,693,322	406,041,040	4,246,283
<b>26</b> 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 Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	26,805	<b>1</b>	2,728,094
	<b>2</b> Savings and temporary cash investments . . . . .	440,180,452	<b>2</b>	293,272,373
	<b>3</b> Pledges and grants receivable, net . . . . .	20,984,622	<b>3</b>	32,275,916
	<b>4</b> Accounts receivable, net . . . . .	128,360,555	<b>4</b>	236,101,704
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	626,341	<b>7</b>	1,159,103
	<b>8</b> Inventories for sale or use . . . . .	22,237,803	<b>8</b>	37,300,764
	<b>9</b> Prepaid expenses and deferred charges . . . . .	8,730,348	<b>9</b>	15,316,127
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 2,299,433,460		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 1,326,150,914	531,772,480	<b>10c</b> 973,282,546
	<b>11</b> Investments—publicly traded securities . . . . .	604,528,237	<b>11</b>	791,089,992
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	110,757,925	<b>12</b>	209,818,633
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	17,380,799	<b>13</b>	24,248,642
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	129,943,099	<b>15</b>	307,287,503
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,015,529,466	<b>16</b>	2,923,881,397	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	116,818,831	<b>17</b>	202,204,857
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	12,792,513	<b>19</b>	31,855,058
	<b>20</b> Tax-exempt bond liabilities . . . . .	323,667,714	<b>20</b>	402,347,947
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	232,223
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	11,636,339
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	539,968,936	<b>25</b>	712,193,747
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	993,247,994	<b>26</b>	1,360,470,171
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	888,632,991	<b>27</b>	1,349,968,723
	<b>28</b> Temporarily restricted net assets . . . . .	101,731,265	<b>28</b>	128,614,211
	<b>29</b> Permanently restricted net assets	31,917,216	<b>29</b>	84,828,292
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	1,022,281,472	<b>33</b>	1,563,411,226	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,015,529,466	<b>34</b>	2,923,881,397	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,280,170,088
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,079,980,645
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	200,189,443
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,022,281,472
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	24,185,619
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	316,754,692
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,563,411,226

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 01-0238552

**Name:** MaineHealth

Form 990 (2018)

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

Patient CareMaineHealth is a not-for-profit health system dedicated to improving the health of patients and communities by providing high-quality affordable care, educating tomorrow's caregivers, and researching better ways to provide care. MaineHealth includes tertiary care hospitals, critical access hospitals, primary and specialty practice locations, a stand-alone behavioral health hospital, an accountable care organization, an integrated lab company, and a home healthcare organization. (Continued on Schedule O)(Continued from page 2 of 990, Line 4a) These health system resources offer expertise in multiple disciplines including emergency medicine, surgery, radiology, oncology, behavioral health, and a level one trauma center. Summary operating metrics from FY19 are included in the table below. Category CountHospital I/P Discharges (exc Newborns & Swing Beds) 48,669 Hospital I/P Days (exc Newborns & Swing Beds) 272,513 Swing Bed Days 3,239 Total Surgeries (IP/OP, exc Cath Lab & Endo) 53,888 ED Visits (excludes urgent care) 229,351 Nursing Facility Days (Skilled & Intermediate) 149,587 Home Care Visits 161,193 Laboratory Tests 4,333,159 MaineHealth organizations focused on four strategic priorities in FY19: Care Team Well Being, Healthy Communities, Affordable Care and Patient Centered Care. Care Team WellbeingOur employees are our greatest strength, and care team wellbeing is a priority. We focus on team member engagement, protection from burnout, and work-life balance. Each local health system within the MaineHealth organization identified specific goals to achieve care team wellbeing. These goals included establishing a formal physician and nurse retention program, increasing the availability of leadership development workshops, implement a workforce shortage identification policy, and creating a career center. To measure care team wellbeing, MaineHealth selected Gallup to measure care team engagement. A care team engagement survey will be conducted in 2020 and will support measurement and intervention to improve care team wellbeing. Healthy CommunitiesTo improve the health of our communities, we focused on developing population health programs to decrease health disparities. Our programs addressed the physical, mental, and behavioral, and socioeconomic determinant aspects of health and well-being. Our program philosophy promoted involvement, engagement, and autonomy so each individual can achieve the highest quality of life. In 2019, MaineHealth 1. Established Opioid Health Homes across our service area, and implemented an Opioid Use Disorder Hub & Spoke Model, allowing the organization to reach hundreds of new patients seeking treatment. 2. Provided social determinants of health training to care managers, conducted poverty awareness testing, and implemented food scarcity screening at pediatric offices in order to identify upstream health concerns. 3. Combined operations of adult and pediatric medical and surgical obesity treatment programs in order to provide surgical treatment to as many eligible adults as possible. Patient Centered CareMaineHealth focuses on continuous improvement in timely access to safe, efficient, effective, and equitable primary and specialty care. Improved communication and coordination of services among health care providers, patients and their caregivers, and community-based resources play a pivotal role in achieving these outcomes. By implementing referral processes, providing education, and establishing a thorough discharge process, MaineHealth has improved access to higher quality, patient centered care. In FY19, MaineHealth increased the number of Colorectal Cancer Screenings by 4.1%, Diabetes Treatments increased by 1.7%, Adverse Childhood Experiences Screening increased by 29.4%, and Congestive Heart Failure Admissions decreased by 13%. MaineHealth focused on providing a streamlined patient experience by investing in a shared patient medical record. In FY19, two additional MaineHealth organizations went live on our Epic medical record, and over the next two years our system will share a single medical record. Affordable CareGrowth in the cost of providing care and reductions in payment lead us to intensely focus on providing the highest quality care at the lowest possible cost. To achieve this goal and position ourselves as a market leader in delivering world-class care at an affordable price, we will foster a culture of innovation. This approach demands that we leverage the latest in technology, engage with our providers and staff, and promote lean processes in caring for our patients. As a way to best reduce cost of care, the MaineHealth System chose to undergo a unification process over the course of FY18, FY19, and continues into FY20. The unification process includes, but is not limited to, integrating services. Centralizing services within our system, why we are share resources efficiently to gain operating efficiencies is a priority as it will benefit patients through operating efficiency measures. To best ensure our Organization is operating efficiently, we set operating margin target goals. The projected FY19 income from operations of \$83.2 million equates to an operating margin of 3.05%. This amount exceeds the year end goal of \$72.8 million and 2.75%. Achieving this result represents an increase over FY18 income from operations of \$67.9 million and an operating margin of 2.69%. Finally, these realized efficiencies support realization of charity care. MaineHealth ensures an up-to-date and System-wide applied charity care policy. In FY19, MaineHealth provided \$17,572,376 in charity care to our community. Moving forward, we continue to evaluate our charity care policy.

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

Teaching (Medical Education Program)MaineHealth's flagship hospital, Maine Medical Center, has a long history of educating medical students, residents, and faculty. The Department of Medical Education, with a staff of 50, manages 11 residencies and 10 fellowships, all approved by the Accreditation Council for Graduate Medical Education. Currently there are approximately 250 residents and fellows. Historically, about one-third of MMC's residency graduates have stayed in Maine to practice. Our graduates also go on to outstanding fellowship programs. (Continued on Schedule O)(Continued from page 2 of 990, Line 4b) Established in 2008, the Tufts University School of Medicine - Maine Medical Center Program, known as the "Maine Track," offers a unique and innovative curriculum, exposing students to rural practices and training in a major tertiary medical center. There are 40 matriculants in each TUSM class dedicated to Maine Track. Much of the curriculum is based in Maine, particularly in the 3rd & 4th years of medical school. MMC developed a unique 9-month Longitudinal Integrated Clerkship offered at MMC and in 8 community hospital sites. Additionally clerkship students from the UNE College of Osteopathic Medicine rotate through MMC annually. The Hannaford Center for Safety, Innovation and Simulation is a state-of-the-art 15,000 square-foot training center that utilizes the latest in human medical simulator technology to take medical education to the highest level possible. The center provides learners and faculty with extremely realistic scenarios, allowing them to gain significant skills while greatly reducing patient risk. MMC is the flagship provider for Continuing Medical Education in Maine, accredited through the Maine Medical Association. The goal of the CME program is to provide continuing education of the highest quality for physicians, both on the MMC medical staff and outside the greater Portland community. Launched in 2015, the MMC Institute for Teaching Excellence (MITE) provides faculty development opportunities (e.g., Scholars program) for educators. In addition to offering certificate programs, support for medical education research and a wide variety of high-quality educational opportunities, the Institute hosts a Speaker's Bureau to facilitate dissemination of high-quality faculty development. By promoting academic medicine excellence at all levels of medical education, the Institute and the newly formed MITE Academy seeks to support, nurture and promote all medical educators in the State of Maine. Significant FY2019 accomplishments include - Development of a pre-medical "pipeline" program- Exploration of teaching the 1st/2nd Maine Track years in Maine- Rural Internal Medicine residency track at Stephens Memorial Hospital- Interprofessional Partnership to Advance Patient Care and Education (iPACE) grant for P2COther active initiatives include - Joint Masters of Nursing degree with Tufts School of Medicine- Center for Educational Innovation- Integrating CME/OPPE/MOC efforts, national accreditation for CME status

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

ResearchMaine Medical Center Research Institute is the research arm of MaineHealth which supports and encourages a broad spectrum of research ranging from basic laboratory-based research to translational and clinical research, to patient-centered outcomes research. The institute is divided into the following divisions: Center for Molecular Medicine, Clinical and Translational Research, the Center for Psychiatric Research, and the Center for Outcomes Research and Evaluation. (Continued on Schedule O)(Continued from page 2 of 990, Line 4c) In 2019, we had roughly \$25M in annual grant income and received 35 new grants, allowing our clinical and biomedical researchers to contribute to worldwide body of scientific research. In addition, over 200 Clinical Trial studies took place with the top areas of focus in Oncology, Cardiology, and Neurology. Notably in FY2019, MMCRI became a part of several national clinical trial research networks sponsored by the National Institutes of Health (NIH) in the research areas of cancer, cardiothoracic surgery, emergency care, and lung injuries and sepsis. These awards give researchers an opportunity to collaborate with colleagues and research organizations across the country on large clinical trials as well as to broaden our research and increase innovation at MMCRI. Other FY2019 highlights included 252 scientific articles published, over 3,700 biospecimens distributed by our BioBank Tissue Repository, 11 patents filed, and 3 biotechnical companies launched.

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**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			
Ann Hooper Trustee	1 00 0 00	X						0	0	0
Brian H Noyes Trustee	1 00 0 00	X						0	0	0
William A Burke Chairman	1 00 0 00	X		X				0	0	0
Brett Loffredo MD Trustee	50 00 0 00	X						240,695	0	40,500
Bruce P Garren Trustee	1 00 0 00	X						0	0	0
Christopher Claudio Trustee	1 00 0 00	X						0	0	0
Christopher W Emmons Trustee	1 00 0 00	X						0	0	0
L Clint Boothby Trustee	1 00 0 00	X						0	0	0
Daniel Loiselle MD Trustee	1 00 0 00	X						0	0	0
David James Kumaki MD FACP Trustee	1 00 50 00	X						0	275,814	48,898



**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			
Greg Dufour ..... Vice Chairman	1 00 ..... 0 00	X		X				0	0	0
George Isaacson ..... Trustee	1 00 ..... 0 00	X						0	0	0
Jere G Michelson ..... Trustee	1 00 ..... 0 00	X						0	0	0
Kathleen A Herlihy MD MHP ..... Trustee	50 00 ..... 0 00	X						258,642	0	51,640
Katherine B Coster ..... Trustee	1 00 ..... 0 00	X						0	0	0
Lisa Tran Beaul MD ..... Trustee	50 00 ..... 0 00	X						528,981	0	69,864
Melissa Smith ..... Trustee	1 00 ..... 0 00	X						0	0	0
Morris Fisher ..... Trustee	1 00 ..... 0 00	X						0	0	0
Marie J McCarthy ..... Trustee	1 00 ..... 0 00	X						0	0	0
Nancy Hasenfus MD ..... Trustee	1 00 ..... 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Peter Manning MD ..... Trustee	50 00 ..... 0 00	X						400,746	0	13,612
Susannah Swihart ..... Trustee	1 00 ..... 0 00	X						0	0	0
George Hissong ..... Trustee	1 00 ..... 0 00	X						0	0	0
Thomas J Ryan MD ..... Trustee	50 00 ..... 0 00	X						524,626	0	41,020
Heidi Hansen ..... Trustee	1 00 ..... 0 00	X						0	0	0
Katherine Pope MD ..... Trustee	1 00 ..... 0 00	X						0	0	0
Michael Q Simonds ..... Trustee	1 00 ..... 0 00	X						0	0	0
Frank H Frye ..... Trustee	1 00 ..... 0 00	X						0	0	0
Adrian M Moran MD ..... Trustee	50 00 ..... 0 00	X						48,559	0	2,164
Margaret Bush ..... Trustee	1 00 ..... 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Lisa Almeder MD Trustee	50 00 ..... 0 00	X						218,964	0	69,019
William L Caron Jr CEO	50 00 ..... 0 00			X				1,555,829	0	120,606
Albert G Swallow III Treasurer	50 00 ..... 0 00			X				807,176	0	96,707
Robert Frank Secretary	50 00 ..... 0 00			X				525,684	0	73,361
Beth Kelsch Asst Secretary	50 00 ..... 0 00			X				233,236	0	62,449
Richard W Petersen MaineHealth President	50 00 ..... 0 00			X				1,562,329	0	104,484
Jeffrey Sanders EVP & COO	50 00 ..... 0 00			X				690,339	0	70,868
Lugene Inzana Sr VP of Finance/CFO	50 00 ..... 0 00			X				590,943	0	44,096
Joel Botler MD CMO	50 00 ..... 0 00			X				693,887	0	120,885
Marjorie Wiggins SVP of Nursing & CNO	50 00 ..... 0 00			X				521,570	0	93,303

**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			
Matthew R Sanborn MD ..... Surgeon	50 00 ..... 0 00					X		1,422,065	0	47,652
Robert Ecker MD ..... Surgeon	50 00 ..... 0 00					X		1,401,595	0	72,209
Joseph T Alexander MD ..... Surgeon	50 00 ..... 0 00					X		1,247,897	0	80,239
Dougald MacGillivray MD ..... Surgeon	50 00 ..... 0 00					X		1,247,291	0	68,033
Konrad Barth MD ..... Surgeon	50 00 ..... 0 00					X		1,235,793	0	85,733
Peter Bates MD ..... (Fmr Officer) SVP Medical Affairs	50 00 ..... 0 00						X	332,898	0	52,983

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

**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](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MaineHealth

Employer identification number

01-0238552

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

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

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>	Yes	No
<b>b</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>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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**

- 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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 01-0238552

**Name:** MaineHealth

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
**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 MaineHealth	Employer identification number 01-0238552
-----------------------------------------	----------------------------------------------

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

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

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

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

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?


Yes  No

**4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?	Yes		20,000
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		65,587
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		160,921
<b>j</b> Total Add lines 1c through 1i			246,508
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b> Current year	<b>2b</b>	
<b>b</b> Carryover from last year	<b>2c</b>	
<b>c</b> Total	<b>3</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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	Part IIB, Line 1f Grant to No on Question 1 in support of lobbying activities that opposed the proposed enactment of a payroll tax and non-wage income tax to fund a program called the Universal Home Care Program Grant to Maine Economic Growth Coalition in support of Question 4 for a bond issuance to directly support Maine's public universities and the State's future workforce and economic prosperity Part IIB, Line 1g Lobbied state legislators and executive branch officials on matters of concern to MaineHealth, our local health systems, and our patients Part IIB, Line 1i Amount represents portion of dues paid to various organizations that relate to lobbying expense Maine Hospital Association - \$86,042 American Hospital Association - \$54,752 National Association of Children's Hospitals - \$17,635 Maine State Chamber of Commerce - \$300 MHCA - \$2,091 National Rural Health Association - \$101

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
MaineHealth

**Employer identification number**  
01-0238552

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

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

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

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

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	
<b>a</b> Total number of conservation easements	<b>2a</b>	1
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	54 00
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**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 ► 1

**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 ► 5 00

**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      ► \$ 52,228

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

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

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



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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |                                        | Amount |
|----------------------------------------|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 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
<b>1a</b> Beginning of year balance . . . . .	102,712,122	100,061,713	93,775,123	95,914,866	109,296,215
<b>b</b> Contributions . . . . .	12,325,688	2,437,017	254,233	209,664	1,193,188
<b>c</b> Net investment earnings, gains, and losses	-1,591,717	6,156,967	11,533,363	3,650,641	-9,299,173
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	5,566,598	5,943,575	5,501,006	6,000,048	5,275,364
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	107,879,495	102,712,122	100,061,713	93,775,123	95,914,866

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶ 66 830 %
  - c** Temporarily restricted endowment ▶ 33 170 %
- 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
- |                                              |     |    |
|----------------------------------------------|-----|----|
| <b>(i)</b> unrelated organizations . . . . . | Yes | No |
| <b>(ii)</b> related organizations . . . . .  | Yes | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . **3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	54,286,824			54,286,824
<b>b</b> Buildings . . . . .	1,063,516,301		598,211,984	465,304,317
<b>c</b> Leasehold improvements	32,185,414		11,392,933	20,792,481
<b>d</b> Equipment . . . . .	972,928,291		716,545,997	256,382,294
<b>e</b> Other . . . . .	176,516,630			176,516,630
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				973,282,546

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) Hedge Funds	87,754,891	C
(B) Limited Partnerships	76,727,949	C
(C) Real Estate	45,335,793	C
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	209,818,633	

**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)		
<b>Total.</b> (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) AR under reimbursement regulations	91,691,648
(2) Other assets	16,017,250
(3) Due from affiliates	32,980,361
(4) Charitable remainder trust	578,000
(5) Prepaid capital costs	158,564,324
(6) Escrow of debt service	7,455,920
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	307,287,503

**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	
Accrued retirement benefits	322,191,472
Investments held for members	58,207,858
A/P under reimbursement regs	138,263,485
Notes payable to affiliates	119,163,763
Due to affiliates	33,823,239
Asset retirement obligation	17,148,980
Swap agreements	11,210,943
Leases payable	12,011,970
Other liabilities	172,037
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	712,193,747

**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.

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

**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.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 01-0238552

**Name:** MaineHealth

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

1 (a) Description of Liability	(b) Book Value
Accrued retirement benefits	322,191,472
Investments held for members	58,207,858
A/P under reimbursement regs	138,263,485
Notes payable to affiliates	119,163,763
Due to affiliates	33,823,239
Asset retirement obligation	17,148,980
Swap agreements	11,210,943
Leases payable	12,011,970
Other liabilities	172,037

## Supplemental Information

Return Reference	Explanation
Part II, Line 9	In 2002 Spring Harbor Hospital acquired a 54-acre parcel of land designated as a conservation easement which was conveyed as part of a land purchase upon which the hospital was built

## Supplemental Information

Return Reference	Explanation
Part III, Line 4	MaineHealth's artwork creates a healing and comfortable environment for our patients and visitors

## Supplemental Information

Return Reference	Explanation
Part IV, Line 2b	The organization maintains cash accounts for clients who are incapable of managing their Social Security or SSI payments. The payments are deposited into the account and a Social Security Representative Payee manages the account for them.



## Supplemental Information

Return Reference	Explanation
Part V, Line 4	Current year contributions include \$9,900,931 that represent endowment funds that were transferred from related organizations as a result of unification. The endowed funds support the following types of activities: Tufts scholarship program, training and education of nurses, MMC research and education programs, supporting the salary of endowed Chair of Pediatrics and free bed funding.

**Supplemental Information**

Return Reference	Explanation
Part X, Line 2	<p>The Internal Revenue Service has previously determined that the System and its subsidiaries (except Maine Medical partners (MMP)(a subsidiary of MaineHealth) are organizations as described in Section 501(c)(3) of the Internal Revenue Code (IRC) and are exempt from federal income taxes on related income pursuant to Section 501(a) of the IRC. Maine Medical Partners (MMP) had significant net operating loss carryovers as of September 30, 2019 and 2018. A valuation allowance has been provided for the entire deferred tax benefit for the net operating losses, due to uncertainty of realization. MMP did not have material taxable income in 2019 or 2018. Accordingly, a provision for income taxes has not been made in the accompanying consolidated financial statements. The System recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. Recognized income tax positions are measured at the largest amount of benefit that is greater than fifty percent likely to be realized upon settlement. Changes in measurement are reflected in the period in which the change in judgement occurs. The System did not recognize the effect of any income tax positions in either 2019 or 2018. On December 22, 2017, the President signed into law H.R. 1, originally known as the Tax Cuts and Jobs Act. The new law includes several provisions that result in substantial changes to the tax treatment of tax-exempt organizations and their donors. The Institute has reviewed these provisions and the potential impact and concluded the enactment of H.R. 1 will not have a material effect on the operations of the organization.</p>

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
MaineHealth

**Employer identification number**  
01-0238552

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Investments		68,059,145
<b>3a</b> Sub-total	0	0			68,059,145
<b>b</b> Total from continuation sheets to Part I					0
<b>c Totals</b> (add lines 3a and 3b)	0	0			68,059,145

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa - Angola, Benin, Botswana, Burkina Faso,	Research	25,865	Wire Transfer			
		Sub-Saharan Africa - Angola, Benin, Botswana, Burkina Faso,	Research	25,551	Wire Transfer			
		Sub-Saharan Africa - Angola, Benin, Botswana, Burkina Faso,	Research	19,408	Wire Transfer			

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

3 Enter total number of other organizations or entities . . . . . **▶**

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*  Yes  No

**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
Part I, Line 1	All subrecipient grants listed on Part II, Line 1 were recognized on the System for Award Management website (sam gov) as non-profit organizations

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2018

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization MaineHealth

Employer identification number

01-0238552

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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



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

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		<b>Radiothon</b> (event type)	<b>BBCH Golf Open</b> (event type)	<b>18</b> (total number)	Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	350,976	304,550	874,494	1,530,020
	<b>2</b> Less Contributions . . . . .	350,976	238,682	687,839	1,277,497
	<b>3</b> Gross income (line 1 minus line 2) . . . . .		65,868	186,655	252,523
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	659	4,212	4,187	9,058
	<b>6</b> Rent/facility costs . . . . .		36,960	25,773	62,733
	<b>7</b> Food and beverages . . . . .	1,159	15,583	2,716	19,458
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	7,137	22,659	99,116	128,912
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				220,161
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				32,362	

**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))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> 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
- |          |                             |   |
|----------|-----------------------------|---|
| <b>a</b> | The organization's facility | % |
| <b>b</b> | An outside facility         | % |

**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
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**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service  
 Name of the organization  
 MaineHealth

# Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

OMB No 1545-0047  
2018  
**Open to Public Inspection**  
 Employer identification number  
 01-0238552

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

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> 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 checked="" 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			
<b>3</b> 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 <b>a</b> 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 type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>17500 0000000000</u> %	<b>3a</b>	Yes	
<b>b</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 type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b>		No
<b>c</b> 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			
<b>4</b> 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"?	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>		No
<b>c</b> 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?	<b>5c</b>		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>	Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			17,572,376		17,572,376	0 840 %
<b>b</b> Medicaid (from Worksheet 3, column a)			220,784,169	188,540,072	32,244,097	1 550 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			238,356,545	188,540,072	49,816,473	2 390 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			2,306,711	153,335	2,153,376	0 100 %
<b>f</b> Health professions education (from Worksheet 5)			107,543,440	12,735,191	94,808,249	4 560 %
<b>g</b> Subsidized health services (from Worksheet 6)			147,903,928	67,013,137	80,890,791	3 890 %
<b>h</b> Research (from Worksheet 7)			33,851,488	24,348,779	9,502,709	0 460 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			4,151,366		4,151,366	0 200 %
<b>j Total.</b> Other Benefits			295,756,933	104,250,442	191,506,491	9 210 %
<b>k Total.</b> Add lines 7d and 7j			534,113,478	292,790,514	241,322,964	11 600 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			1,000		1,000	0 %
3 Community support			254,740		254,740	0 010 %
4 Environmental improvements						
5 Leadership development and training for community members			107,077		107,077	0 010 %
6 Coalition building						
7 Community health improvement advocacy			21,250		21,250	0 %
8 Workforce development			3,430,078		3,430,078	0 160 %
9 Other						
<b>10 Total</b>			3,814,145		3,814,145	0 180 %

**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?		No
2 Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount		
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		
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	425,326,550
6 Enter Medicare allowable costs of care relating to payments on line 5	6	477,998,859
7 Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-52,672,309
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** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

8

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

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

**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)  
 Facility Reporting Group - A

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): \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .		No
<b>2</b>	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 . . . . .		No
<b>3</b>	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)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
<b>5</b>	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 . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</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 . . . . .		No
<b>7</b>	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)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V, Section C</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>See Part V, Section C</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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		
<b>12a</b>	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)? . . . . .		No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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)**

Facility Reporting Group - A

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		
<b>13</b>	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	Yes	
	<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>175 000000000000</u> % and FPG family income limit for eligibility for discounted care of _____ %		
	<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
	<b>c</b> <input type="checkbox"/> Asset level		
	<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
	<b>e</b> <input type="checkbox"/> Insurance status		
	<b>f</b> <input type="checkbox"/> Underinsurance discount		
	<b>g</b> <input checked="" type="checkbox"/> Residency		
	<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	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)	Yes	
	<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
	<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
	<b>c</b> <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		
	<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
	<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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)	Yes	
	<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>See Part V, Section C</u>		
	<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>See Part V, Section C</u>		
	<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>See Part V, Section C</u>		
	<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
	<b>e</b> <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)		
	<b>f</b> <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)		
	<b>g</b> <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		
	<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
	<b>i</b> <input 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		
	<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

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

Facility Reporting Group - A

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

		Yes	No	
<b>17</b>	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	
<b>18</b>	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			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	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)			
<b>a</b>	<input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)			
<b>f</b>	<input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

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

Facility Reporting Group - A

**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
<b>23</b>		No
<b>24</b>		No

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

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

Form and Line Reference	Explanation
See Add'l Data	

**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? 133

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

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part I, Line 7	The costing methodology for the amounts reported in Part I, Line 7 of the Schedule H is based on a ratio of patient care cost to charges. This cost to charge ratio was derived from Worksheet 2, Ratio of Patient Care Cost-to-Charges provided in the instructions for Schedule H.
Part II, Community Building Activities	Community Support- MaineHealth is deeply involved in disaster planning at the local and state levels. One of three state Regional Resource Centers for Emergency Preparedness is located at MMC, and the hospital has a full-time director of emergency preparedness. - MaineHealth is a dues paying member of Greater Portland Chamber of Commerce and Maine State Chamber of Commerce- SARSSM (Sexual Assault Response Services of Maine)- Southern Maine Regional Resource Center for Health Emergency Preparedness - Coordinated all Emergency Preparedness Activities of the Southern 4 Counties of Maine including York, Cumberland, Sagadahoc and Lincoln. This includes both regional Hospitals, and over 300 Medical Centers, Laboratories, Clinics Ambulatory Center, Physician Practices, Long Term Care Centers, Home Health Agencies in our region. This includes Public Healthcare Emergency Preparedness - Community Nurse Support - Nurse Liaison for the Town of Scarborough teaching Basic Life Support and attending panel discussions. Physicians from Falmouth and South Portland Pediatrics offices providing educational opportunity and open discussion for local school RNs Leadership Development and Training for Community Members- Doc4aDay Program- Medical Explorers- Project Medical Education (PME)- Healthcare Professional Pipeline Program Workforce Development- CNA training program- Summer volunteers- Nutrition & food students from Maine colleges- Hanley leadership development- UNE elective course on medication transactions at MMC- Introductory pharmacy student experiential learning program- Nurse practitioners and physician assistant clinical internship site- Portland Family Medicine medical assistant extern mentoring site- Student nursing precepting- Training of nurse practitioner students - psychiatry- Rehab medicine educational program- UNE trauma and recovery class for social work- Course instruction at USM for social work and psychiatry- Social work student internship supervision- Outpatient psychiatry training

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 2	See Part III, Line 4 - Bad Debt Expense Footnote to the Financial Statements
Part III, Line 4	<p>MaineHealth does not have a specific footnote in the financial statements that describes "bad debt expense " However, reference is made within the footnotes to a bad debt policy in a couple of instances Within the footnote describing "Net Patient Service Revenue", the following explains the Provision for Bad Debts "For receivables associated with self-pay patients, the MaineHealth records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible The difference between the standard rates and the amounts actually collected after all reasonable collection efforts have been exhausted is written off against the allowance for bad debts "Bad debt expense represents healthcare services MaineHealth has provided without compensation As a tax-exempt organization, MaineHealth provides necessary patient care regardless of the patient's ability to pay for the services MaineHealth cannot determine the amount of bad debt expense that could be reasonably attributable to patients who likely would qualify for financial assistance under the Hospital's free care policy In addition, bad debt expense also includes amounts for services provided to individuals experiencing difficult personal or economic circumstances related to a portion of our community based patient population Their medical bills often place these individuals in untenable positions where they are not able to handle their personal debt and then their new medical debt However, because of their income level, they do not qualify for free care By providing necessary healthcare services to those individuals either who fail to apply for financial assistance or who are experiencing difficult personal or economic circumstances, MaineHealth believes that bad debt expense should be included as a community benefit</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 8	Medicare allowable costs were calculated using a cost to charge ratio. MaineHealth believes that the Medicare shortfall should be included as a community benefit because MaineHealth has a clear mission commitment to serving elderly patients and adults with disabilities through the provision of specific subsidized programs developed to help improve the health status of these patients. If these critical subsidized programs were not provided by MaineHealth, they would become the obligation of the Federal Government.
Part III, Line 9b	Patients who qualify for free care have their account balance adjusted accordingly once free care has been approved. As a tax-exempt hospital, MaineHealth provides necessary patient care regardless of the patient's ability to pay for the services.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 2	The organization prepares a Community Health Needs Assessment (CHNA) every three years. See <a href="https://mainehealth.org/healthy-communities/community-health-needs-assessment">https://mainehealth.org/healthy-communities/community-health-needs-assessment</a> for the completed CHNA.
Part VI, Line 3	Free Care information is provided in the Admitting and Emergency Registration locations in the following manner - Postings including Free Care and Monthly Payment Plan- Handouts- Interviews. If the patient is self-pay, under insured or can't afford to pay their hospital bill, they may receive a Financial Counseling Packet and/or referred to financial counseling from the registration staff or ChangeHealthcare, an outside vendor who helps manage the self-pay accounts. The packet includes - Information on MaineHealth's financial policies- Financial assistance information including Free Care Program, Monthly Payment Plan Program, and Care Partners, MedAccess and other community resource needs - Program applications and instructions for MaineHealth's Free Care Program, and Monthly Payment Plan Application- Contact information for assistance with applications, bills or financial concerns. Self-pay or underinsured patients registering in person or via a phone interview receive financial counseling including information on our financial assistance programs. Registration staff or Change Healthcare provide forms and assist with completing financial assistance applications and providing follow up contact information. MaineHealth's Web site includes on line Registration and Patient Billing information - Billing Process- Free Care- Monthly Payment Plan- Patient Statement- Price Information- Contact Us and Questions. Primary language, deaf and hard of hearing and interpreter needs are assessed during the registration interview and services are provided as needed. If a patient does not respond at pre-registration, registration, or while receiving care, all of these programs are explained again by the Single Billing Office staff. The intent of these efforts is to ensure that the patient is fully informed of and able to take advantage of these assistance programs.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 4	The Community Health Needs Assessment describes the geographic area and demographic constituents it services See <a href="https://mainehealth.org/healthy-communities/community-health-needs-assessment">https //mainehealth org/healthy-communities/community-health-needs-assessment</a> for the completed CHNA
Part VI, Line 5	MaineHealth's day-to-day operations as a tax-exempt organization include many system-wide initiatives in the state of Maine and the Northern New England region Clinical services range from outpatient clinics for a diverse population to full inpatient and surgical services to a regional trauma center and a neuroscience institute Many of our services and specialties are not available elsewhere in the state or in our region We have programs in undergraduate, graduate, post-graduate, and continuing education, engage in clinical research, and support organizations and efforts whose missions augment or complement ours We strive to be a good "institutional citizen" of our region and state With these programs, MaineHealth hopes to fill existing local gaps while making a positive impact in the communities we serve These programs include Subsidized Health Services, Community-Based Clinical Services, Community Education Services, Health Care Support Services, Community Building Activities, Medical Education and Research MaineHealth made a net asset transfer to its wholly owned subsidiary, Maine Medical Partners, in the amount of \$83,000,000 to cover the losses related to mission-critical physician practices to ensure access for the community to such specialties as trauma surgery, neurosurgery, urology, various pediatric specialties, and high-risk obstetrics



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 6	MaineHealth is a not-for-profit family of leading high-quality providers and other healthcare organizations working together so their communities are the healthiest in America. Ranked among the nation's top 100 integrated healthcare delivery networks, MaineHealth is governed by a board of trustees consisting of community and business leaders from its southern, central and western Maine regional service areas. The collaboration of MaineHealth members makes it possible to offer an extensive range of clinical integration and community health programs, many aimed at improving access to preventive and primary care services. MaineHealth includes the following member organizations: The Memorial Hospital at North Conway, N H, MaineHealth Care at Home, NorDx and MaineHealth Accountable Care Organization. The strategic affiliates of MaineHealth are MaineGeneral Medical Center, Mid Coast Hospital and St. Marys Regional Medical Center.
Part VI, Line 7, Reports Filed With States	ME

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part V, Section B, Line 16i	<p>Internal Revenue Code Section 501(r)(4) requires that translations of the financial assistance policy, financial assistance application form and plain language summary be available on the hospital's website. For FY 2019, the translated financial assistance policy was not available on the hospital's website for the entirety of the twelve months ending September 30, 2019. The free care and billing and collection policies (collectively the financial assistance policy) were translated into the required language and posted to the website in March 2019. The organization has established an annual process to evaluate its demographic patient information to ensure that the required documents are translated into the necessary languages (the lesser of 1,000 or 5% of the community served by the hospital). Despite not meeting the requirements of 501(r)(4) for the entirety of the fiscal year, patients and families with limited English proficiency did have access to several interpreter services options to provide assistance with their health care encounters, including assistance with various forms and applications. These options include oral telephonic capabilities, remote video services as well as live interpreters through multiple contracts with outside agencies.</p>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 01-0238552  
**Name:** MaineHealth

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

<b>Section A. Hospital Facilities</b> (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>8</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Maine Medical Center 22 Bramhall Street Portland, ME 04102 See Part V, Section C 38910	X	X	X	X		X	X			A
2	Southern Maine Health Care - Biddeford One Medical Center Drive Biddeford, ME 04005 See Part V, Section C 39032	X	X					X			A
3	Penobscot Bay Medical Center 6 Glen Cove Drive Rockport, ME 04856 See Part V, Section C 38936	X	X					X			A
4	Waldo County General Hospital 118 Northport Ave Belfast, ME 04915 See Part V, Section C 39054	X	X			X		X			A
5	LincolnHealth 35 Miles Street Damariscotta, ME 04543 See Part V, Section C 38979	X				X		X			A

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>8</b>		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
6	Franklin Memorial Hospital 111 Franklin Health Commons Farmington, ME 04938 See Part V, Section C 39266	X	X					X			A
7	Spring Harbor Hospital 123 Andover Road Westbrook, ME 04092 See Part V, Section C 39254	X									A
8	Stephens Memorial Hospital Association 181 Main Street Norway, ME 04268 See Part V, Section C 39215	X				X	X				A

**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
Part V, Section A	Facility Information, Website Address Maine Medical Center <a href="http://mainehealth.org/maine-medical-center">mainehealth.org/maine-medical-center</a> Southern Maine Health Care - Biddeford <a href="http://mainehealth.org/southern-maine-health-care">mainehealth.org/southern-maine-health-care</a> Southern Maine Health Care - Sanford <a href="http://mainehealth.org/southern-maine-health-care">mainehealth.org/southern-maine-health-care</a> Penobscot Bay Medical Center <a href="http://mainehealth.org/penobscot-bay-medical-center">mainehealth.org/penobscot-bay-medical-center</a> Waldo County General Hospital <a href="http://mainehealth.org/waldo-county-general-hospital">mainehealth.org/waldo-county-general-hospital</a> LincolnHealth <a href="http://mainehealth.org/lincolnhealth">mainehealth.org/lincolnhealth</a> Franklin Memorial Hospital <a href="http://mainehealth.org/franklin-community-health-network">mainehealth.org/franklin-community-health-network</a> Spring Harbor Hospital <a href="http://mainehealth.org/maine-behavioral-healthcare">mainehealth.org/maine-behavioral-healthcare</a> Stephens Memorial Hospital Association <a href="http://mainehealth.org/western-maine-health">mainehealth.org/western-maine-health</a>
Part V, Section B, Line 5	Community input was taken into account when conducting the CHNA, including those with special knowledge of or expertise in public health. This included individuals from the following facilities: City of Portland - Health and Human Services Department, The Opportunity Alliance, Mercy Health System, VNA Home Health Hospice, Maine Centers for Disease Control and the United Way of Greater Portland.

**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
Part V, Section B, Line 6a	The CHNA was conducted through a partnership between MaineHealth, Central Maine Healthcare, Eastern Maine Healthcare systems (EMHS), MaineGeneral Health (MGH), and the Maine Department of Health and Human Services
part V, Section B, Line 11	For the 2019 CHNA, the organization has identified priorities and developed strategies to address the significant needs identified in its most recently conducted CHNA and provided reasons if identified needs are not being addressed. Please see the 2019 Community Health Needs Assessment and the 2019-2021 Implementation Plan at <a href="https://mainehealth.org/healthy-communities/community-health-needs-assessment">https://mainehealth.org/healthy-communities/community-health-needs-assessment</a> for details

**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
Part V, Section B, Line 7a & 10a	The 2019 CHNA and 2019-2021 CHNA Implementation Plans are posted on the following website <a href="https://mainehealth.org/healthy-communities/community-health-needs-assessment">https //mainehealth org/healthy-communities/community-health-needs-assessment</a>
Part V, Section B, Line 16a, 16b, 16c	The Financial Assistance Policy (Free Care Policy and Billing and Collection Policy), free care application and plain language summary are available on the following website <a href="https://mainehealth.org/patients-visitors/billing-insurance/financial-assistance/free-care">https //mainehealth org/patients-visitors/billing-insurance/financial-assistance/free-care</a>

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

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

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

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

Name and address	Type of Facility (describe)
<b>1</b> 1 - MMC Scarborough Campus 100 Campus Drive Scarborough, ME 04074	General Medical and Surgical
<b>1</b> 2 - MMC Scarborough Surgical Center 84 Campus Drive Scarborough, ME 04074	General Medical and Surgical
<b>2</b> 3 - Neurosurgery & Spine and Neurology 49 Spring Street Scarborough, ME 04074	Neurosurgery, Spine and Neurology Care
<b>3</b> 4 - MMC Brighton Campus 335 Brighton Avenue Portland, ME 04102	Emergency Care
<b>4</b> 5 - Cardiology 99 Campus Drive Lewiston, ME 04240	Cardiology
<b>5</b> 6 - Pediatric Surgery & Specialty Care 887 Congress Street Portland, ME 04102	Pediatrics
<b>6</b> 7 - MMC Falmouth Campus 5 Bucknam Road Falmouth, ME 04105	General Medicine
<b>7</b> 8 - Cardiology 96 Campus Drive Scarborough, ME 04074	Cardiology
<b>8</b> 9 - Mental Health Services 66 Bramhall Street Portland, ME 04102	Mental Health Services
<b>9</b> 10 - MMC Sanford IV Therapy 27 Industrial Avenue Sanford, ME 04073	IV Therapy
<b>10</b> 11 - Orthopedics 119 Gannett Drive South Portland, ME 04106	Orthopedic Care
<b>11</b> 12 - Women's Health 489 State Street Bangor, ME 04401	Women's Healthcare
<b>12</b> 13 - Cardiothoracic Surgery 818 Congress Street Portland, ME 04102	Cardiothoracic Surgery
<b>13</b> 14 - Coastal Cancer Treatment Center 175 Congress Avenue Bath, ME 04350	Cancer Treatment Center
<b>14</b> 15 - Otolaryngology 1250 Forest Avenue Portland, ME 04103	Otolaryngology



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

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

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

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

Name and address	Type of Facility (describe)
<b>16</b> 16 - Urology 199 Main Street Norway, ME 04268	Urology
<b>1</b> 17 - McGeachy Hall 216 Vaughan Street Portland, ME 04102	Mental Health Services
<b>2</b> 18 - Cape Elizabeth Internal Medicine 155 Spurwink Avenue Cape Elizabeth, ME 04107	General Medicine
<b>3</b> 19 - MMC Family Medicine 272 Congress Street Portland, ME 04101	General Medicine
<b>4</b> 20 - MMC Biddeford IV Therapy 26 West Cole Road Suite 101 Biddeford, ME 04005	IV Therapy
<b>5</b> 21 - Urology 110 Brickhill Ave Suite 100 South Portland, ME 04106	Urology
<b>6</b> 22 - Westbrook Primary Care 1 Harnois Avenue Suite 2A Westbrook, ME 04092	General Medicine
<b>7</b> 23 - MMP Surgical Care Casco Bay 10 Andover Road Portland, ME 04102	General Medical and Surgical
<b>8</b> 24 - Otolaryngology 43 Baxter Boulevard Portland, ME 04101	Otolaryngology
<b>9</b> 25 - Endocrinology 175 US Route One Scarborough, ME 04074	Endocrinology and Diabetes
<b>10</b> 26 - Maine Transplant Program 19 West Street Portland, ME 04102	Kidney and Pancreas Transplant
<b>11</b> 27 - Scarborough Internal Family Medicine 300 Professional Drive Scarborough, ME 04074	General Medicine
<b>12</b> 28 - Lakes Region Primary Care 584 Roosevelt Trail Windham, ME 04062	General Medicine
<b>13</b> 29 - Cardiology 35 Medical Center Parkway Suite 101 Augusta, ME 04330	Cardiology
<b>14</b> 30 - South Portland Primary Care 75B John Roberts Road South Portland, ME 04106	General Medicine

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

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

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

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

Name and address	Type of Facility (describe)
<b>31</b> 31 - Women's Health 102 Campus Drive Unit 116 Scarborough, ME 04074	Women's Healthcare
<b>1</b> 32 - ME Inst for Sleep & Breathing Disorders 930 Congress Street Portland, ME 04102	Sleep and Breathing Disorders
<b>2</b> 33 - Pediatric Care 1577 Congress Street Portland, ME 04102	Pediatrics
<b>3</b> 34 - Cardiology 4 Glen Cove Drive Suite 108 Rockport, ME 04856	Cardiology
<b>4</b> 35 - Otolaryngology 30 West Cole Road Biddeford, ME 04005	Otolaryngology
<b>5</b> 36 - Pediatric Surgery 46 First Park Drive Oakland, ME 04963	Pediatrics
<b>6</b> 37 - Cardiology 149 North Street Waterville, ME 04901	Cardiology
<b>7</b> 38 - Saco Pediatrics 4 Scamman Street Suite 51 Saco, ME 04072	Pediatrics
<b>8</b> 39 - Yarmouth Pediatrics 45 Forest Falls Drive Suite 1A Yarmouth, ME 04096	Pediatrics
<b>9</b> 40 - Endocrinology and Diabetes Center 963 Sabattus Street Lewiston, ME 04240	Endocrinology and Diabetes
<b>10</b> 41 - Ambulatory Clinic Services 48-52 Gilman Street Portland, ME 04102	General Medicine
<b>11</b> 42 - Center for Tobacco Independence 315 Park Avenue Second Floor Portland, ME 04101	Tobacco Treatment Center
<b>12</b> 43 - Women's Health 84 Marginal Way Suite 900 Portland, ME 04103	Women's Healthcare
<b>13</b> 44 - Otolaryngology 55 Main Street Bridgton, ME 04009	Otolaryngology
<b>14</b> 45 - MMC Preble St Learning Collaborative 20 Portland Street Portland, ME 04101	General Medicine

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

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

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

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

Name and address	Type of Facility (describe)
<b>46</b> 46 - Otolaryngology 193 Main Street Norway, ME 04268	Otolaryngology
<b>1</b> 47 - Oncology 265 Western Avenue South Portland, ME 04106	Oncology
<b>2</b> 48 - SMHC Billing Dept 4 Shape Drive Kennebunk, ME 04043	Physician Services Billing
<b>3</b> 49 - SMHC Dermatology 26A West Cole Rd Biddeford, ME 04005	Physician Services - Dermatology
<b>4</b> 50 - SMHC Newton Center 35 July Street Sanford, ME 04073	Nursing Home
<b>5</b> 51 - SMHC Oncology 26 West Cole Rd Biddeford, ME 04005	Physician Services - Oncology
<b>6</b> 52 - SMHC Oncology 27 Industrial Park Rd Sanford, ME 04073	Physician Services - Oncology
<b>7</b> 53 - SMHC Phys Svcs 13 Industrial Park Road Saco, ME 04072	Family Medicine Physician Services
<b>8</b> 54 - SMHC Phys Svcs - Anc Facility 2 Livewell Drive Kennebunk, ME 04043	Phys Offices, Anc Svcs, Minor Procedures
<b>9</b> 55 - SMHC Phys Svcs - Infectious Disease 2 Medical Center Drive Biddeford, ME 04005	Infectious Disease Physician Services
<b>10</b> 56 - SMHC Phys Svcs - Internal Medicine 72 Main Street Kennebunk, ME 04043	Internal Medicine Physician Services
<b>11</b> 57 - SMHC Phys Svcs - Partial Hospital Pro 235 Main Street Biddeford, ME 04005	Substance Abuse, Psychiatry
<b>12</b> 58 - SMHC Phys Svcs - Pediatrics 3 Shape Drive Kennebunk, ME 04043	Pediatric Physician Services
<b>13</b> 59 - SMHC Phys Svcs - Sports Performance 1 Emile Levasseur Drive Sanford, ME 04073	Physician Services - Sports Performance
<b>14</b> 60 - SMHC Phys Svcs & Anc Facility 9 Healthcare Drive Biddeford, ME 04005	Physician Offices and Diagnostic Service

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

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

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

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

Name and address	Type of Facility (describe)
<b>61</b> 61 - SMHC Phys Svcs & Rehab Therapy 45 Barra Road Biddeford, ME 04005	Int Med, Orth Surg, Neurology, & Rehab
<b>1</b> 62 - SMHC Phys Svcs & Walk in Care Fac 655 Main Street Saco, ME 04072	Pediatrics & Osteopathic Manipulation
<b>2</b> 63 - SMHC Phys Svcs Goodall Med Off Bld 25 A June Street Sanford, ME 04073	Phys Svcs, Anc Svcs & Minor Procedures
<b>3</b> 64 - SMHC Phys Svcs Anc Svcs Walk-in 10 Goodall Drive East Waterboro, ME 04030	Family Med Phys Svcs, Anc Svcs, Walk-in
<b>4</b> 65 - SMHC Sports Medicine 12 Thornton Avenue Saco, ME 04072	Sports Medicine Clinic
<b>5</b> 66 - SMHC Wellness Center 13 July Street Sanford, ME 04073	Rehab Therapy & Occupational Medicine
<b>6</b> 67 - Pen Bay Occupational Therapy 4 Glen Cove Drive Rockport, ME 04856	Occupational Therapy
<b>7</b> 68 - Pen Bay Physical Therapy 4 Glen Cove Drive Rockport, ME 04856	Physical Therapy
<b>8</b> 69 - Pen Bay Physical Therapy 116 Union Street Rockport, ME 04856	Physical Therapy
<b>9</b> 70 - Pen Bay Physical Therapy 40 Washington Road Waldoboro, ME 04572	Physical Therapy
<b>10</b> 71 - Pen Bay Physicians & Associates 4 Glen Cove Drive Rockport, ME 04856	Physician Practices
<b>11</b> 72 - The Knox Center for Long Term Care 6 White Street Rockland, ME 04841	Long-Term Care Facility
<b>12</b> 73 - Arthur Jewell Community Health Ctr 55 Reynolds Rd Brooks, ME 04921	General medical
<b>13</b> 74 - Donald S Walker Health Center 43 West Main Street Liberty, ME 04949	General medical
<b>14</b> 75 - Lincolnville Health Center 2399 Atlantic Highway Lincolnville, ME 04849	General medical

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

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

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

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

Name and address	Type of Facility (describe)
<b>76</b> 76 - Stockton Springs Reg Health Center 11 Cape Jellison Rd Stockton Springs, ME 04981	General medical
<b>1</b> 77 - Lincoln Medical Partners 42 Belvedere Road Newcastle, ME 04553	Administration
<b>2</b> 78 - LMP Family Medicine 230 Kalers Corner Waldoboro, ME 04572	Outpatient Clinic
<b>3</b> 79 - LMP Family Medicine 49 Hooper Street Wiscasset, ME 04578	Outpatient Clinic
<b>4</b> 80 - LMP General Surgery 5 Miles Center Way Damariscotta, ME 04543	Outpatient Clinic
<b>5</b> 81 - LMP Ophthalmology 71 Main Street Newcastle, ME 04553	Outpatient Clinic
<b>6</b> 82 - LMP Orthopedics 5 Miles Center Way Damariscotta, ME 04543	Outpatient Clinic
<b>7</b> 83 - LMP Primary Care 24 Miles Center Way Damariscotta, ME 04543	Outpatient Clinic
<b>8</b> 84 - St Andrews Village 145 Emery Lane Boothbay Harbor, ME 04538	Long-Term Care Facility
<b>9</b> 85 - The Family Care Center 14 St Andrews Lane Boothbay Harbor, ME 04538	Outpatient Clinic
<b>10</b> 86 - The Women's Center 5 Miles Center Way Damariscotta, ME 04543	Outpatient Clinic
<b>11</b> 87 - Franklin Health Behavioral Services 131 Franklin Health Commons Farmington, ME 04938	Behavioral Health Practice
<b>12</b> 88 - Franklin Health Farmington Fam Practi 111 Franklin Health Commons Farmington, ME 04938	Family Practice
<b>13</b> 89 - Franklin Health Internal Medicine 111 Franklin Health Commons Farmington, ME 04938	Internal Medicine Practice
<b>14</b> 90 - Franklin Health Livermore Falls Fam P 21 Main Street Livermore Falls, ME 04254	Family Practice

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

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

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

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

Name and address	Type of Facility (describe)
<b>91</b> 91 - Franklin Health Orthopaedics 111 Franklin Health Commons Farmington, ME 04938	Orthopaedic Practice
<b>1</b> 92 - Franklin Health Pediatrics 111 Franklin Health Commons Farmington, ME 04938	Pediatrician Practice
<b>2</b> 93 - Franklin Health Primary Care Practice 131 Franklin Health Commons Farmington, ME 04938	Primary Care Practice
<b>3</b> 94 - Franklin Health Surgery 111 Franklin Health Commons Farmington, ME 04938	General Surgery Practice
<b>4</b> 95 - Franklin Health Urology 126 Middle Street Farmington, ME 04938	Urology Practice
<b>5</b> 96 - Franklin Health Women's Care 111 Franklin Health Commons Farmington, ME 04938	OB/GYN
<b>6</b> 97 - NorthStar 1001 Carriage Road Carrabasset Valley, ME 04947	Ambulance Base
<b>7</b> 98 - NorthStar 111 Franklin Health Commons Farmington, ME 04938	Ambulance Base
<b>8</b> 99 - NorthStar 119 Federal Road Livermore, ME 04254	Ambulance Base
<b>9</b> 100 - NorthStar 138C Park Street Phillips, ME 04966	Ambulance Base
<b>10</b> 101 - NorthStar 15 School Street Rangeley, ME 04970	Ambulance Base
<b>11</b> 102 - Outpatient Services at Livermore Fall 21 Main Street Livermore Falls, ME 04254	Outpatient Clinic
<b>12</b> 103 - ACT 106 Gilman Street Portland, ME 04101	Assertive Community Treatment team
<b>13</b> 104 - ACT 576 St John Street Portland, ME 04101	Assertive Community Treatment team
<b>14</b> 105 - Administration 77-79 Atlantic Place South Portland, ME 04106	Administration offices

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

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

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

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

Name and address	Type of Facility (describe)
<b>106</b> 106 - Alfred St Apartments 20 Alfred Street Biddeford, ME 04005	Apartments with supported housing services
<b>1</b> 107 - Bacon Street Apartments 72 Bacon Street Biddeford, ME 04005	Sing room supp housing
<b>2</b> 108 - Bangor Office 268 State Street Bangor, ME 04474	Outpatient counseling offices
<b>3</b> 109 - Beach Street Offices & CSU 31 Beach Street Saco, ME 04072	Res Crisis Stabilization Unit & Admin
<b>4</b> 110 - Belfast Apartments 31 Midcoast Drive Belfast, ME 04915	Apartments, 1 office and common area
<b>5</b> 111 - Belfast Office 15 Midcoast Drive Belfast, ME 04915	Outpatient office
<b>6</b> 112 - Biddeford Recovery Center 15 York Street Biddeford, ME 04005	Peer recovery center
<b>7</b> 113 - Brunswick Office 11 Medical Center Drive Brunswick, ME 04011	Outpatient counseling offices
<b>8</b> 114 - CADD 236 Gannett Drive South Portland, ME 04106	Center of Autism & Developmental Disorders
<b>9</b> 115 - Cedar Street 125 Cedar Street Rockland, ME 04841	3 bed single room occupancy
<b>10</b> 116 - Core 66 Baribeau Drive Brunswick, ME 04086	Assertive Community Treatment team offices
<b>11</b> 117 - Core 18 Beluedere Road Damariscotta, ME 04543	Assertive Community Treatment team
<b>12</b> 118 - Crescent Place 15 Crescent Street Biddeford, ME 04005	6 bed group home
<b>13</b> 119 - Damariscotta Miles Campus LincolnHea 35 Miles Street Damariscotta, ME 04543	Outpatient counseling offices
<b>14</b> 120 - Grace Street 47 Grace Street Rockland, ME 04841	3 bed single room occupancy

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

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

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

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

Name and address	Type of Facility (describe)
<b>121</b> 121 - High Street Residence 5 High Street Sanford, ME 04073	Sing room supp housing & file storage
<b>1</b> 122 - Main Street Biddeford 235 Main Street Biddeford, ME 04005	Substance use outpatient counseling office
<b>2</b> 123 - Norway Office 193 Main Street Norway, ME 04268	Outpatient counseling offices
<b>3</b> 124 - Owls Head 38 West Keag Road Owls Head, ME 04854	7 bed single room occupancy
<b>4</b> 125 - Pleasant Street 407 Pleasant Street Rockland, ME 04841	3 bed single room occupancy
<b>5</b> 126 - Portland Office 165 Lancaster St Portland, ME 04101	Outpatient counseling offices
<b>6</b> 127 - Rockland Office 12 Union Street Rockland, ME 04841	Outpatient office & peer recovery center
<b>7</b> 128 - Sanford Recovery Center 19 Washington Street Sanford, ME 04073	Peer recovery center
<b>8</b> 129 - Sherry Sabo Center 2 Springbrook Drive Biddeford, ME 04005	Outpatient counseling offices
<b>9</b> 130 - Springvale Office 474 Main Street Springvale, ME 04083	Outpatient counseling offices
<b>10</b> 131 - The Elms 1-8 Sherry Lane North Berwick, ME 03906	Apartments with supported housing services
<b>11</b> 132 - Warren Street Apartments 28 Warren Street Rockland, ME 04841	Apartments, office & Common area for staff
<b>12</b> 133 - Woodbridge 19 Woodbridge Road York, ME 03909	7 bed group home



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

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization MaineHealth

Employer identification number

01-0238552

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Scholarship	247	1,709,003			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Part I, Line 2	For the Research Grants to Organizations, these represent subrecipient grants. A subrecipient agreement is signed by both MMC and the subrecipient stating the amount of the award, the award name, the name of the Federal Agency, requirements imposed by laws, regulations and the provisions of the grant agreement. The monthly subrecipient invoices are reviewed and approved by the Principal Investigator prior to payment to verify the Federal funds are used for authorized purposes and are included in the award budget. Other contributions are reviewed by Senior Management and are granted to organizations within our community that promote our shared values. For the Nursing and Healthcare Scholarships, as an application requirement, each scholarship applicant must provide confirmation of enrollment in a Nursing or healthcare related program. For the Medical Education Scholarships for students in the Maine Track of the MMC TUSM Medical School Program, MMC transfers the scholarship funds to the Tufts School of Medicine (Tufts) financial aid department for distribution to the students. Tufts handles any oversight to ensure that the funds are used as intended. MMC's role is limited to matching eligible students with scholarship selection criteria and determining who receives each scholarship award.

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 01-0238552  
**Name:** MaineHealth

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Beth Israel Deaconess Medical Center 330 Brookline Avenue Boston, MA 02215491	04-2103881	501(c)(3)	65,029				Research
Brown University Controllers Office Box J Providence, RI 02912	05-0258809	501(c)(3)	10,465				Research

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DiMagi Inc 585 Massachusetts Ave Suite 4 Cambridge, MA 02139	83-0343298	501(c)(3)	74,454				Research
Harvard Pilgrim Health Care Inc 93 Worcester Street Wellesley, MA 024819181	04-2452600	501(c)(3)	45,957				Research

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Indiana University 400 E 7th Street Rm 501 Bloomington, IN 474053004	35-6001673	501(c)(3)	11,566				Research
Maine Dartmouth Family Medicine Residency 15 East Chestnut Street Augusta, ME 04330	01-0369195	501(c)(3)	7,787				Research

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Massachusetts General Hospital 55 Fruit Street Boston, MA 02114	04-2697983	501(c)(3)	371,034				Research
Northern Light Eastern Maine Medical Center 489 State Street Bangor, ME 044016674	01-0211501	501(c)(3)	7,250				Research

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
President and Fellows of Harvard College 1033 Massachusetts Avenue 3rd Fl Cambridge, MA 02138	04-2103580	501(c)(3)	16,133				Research
Regents of the University of Michigan 500 S State Street Ann Arbor, MI 48109	38-6006309	501(c)(3)	347,385				Research

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Tufts University 169 Holland Street Attn Tax Dept Somerville, MA 02144	04-2103634	501(c)(3)	393,659				Research
University California San Francisco 220 Montgomery St Fl 5 San Francisco, CA 94104	94-6036493	501(c)(3)	124,872				Research



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Maine System acting through the University of Maine 5717 Corbett Hall Orono, ME 044695717	01-6000769	501(c)(3)	66,211				Research
University of New England 11 Hills Beach Road Biddeford, ME 04005	01-0211810	501(c)(3)	25,930				Research

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Pittsburgh 123 University Place University Club B-21 Pittsburgh, PA 152132303	25-0965591	501(c)(3)	27,842				Research
University of Southern Maine 5703 Alumni Hall Ste 101 Orono, ME 04469	01-6000769	501(c)(3)	247,502				Research

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Texas Southwestern Medical Center 5323 Harry Hines Blvd Dallas, TX 75390	75-2556007	501(c)(3)	699,620				Research
University of Vermont 85 S Prospect St Rm 333 Burlington, VT 05405	03-0179440	501(c)(3)	2,450,858				Research

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Yale University PO Box 208239 New Haven, CT 065208239	06-0646973	501(c)(3)	527,845				Research
Worcester Polytechnic Institute 100 Institute Road Worcester, MA 016092280	04-2121659	501(c)(3)	29,030				Research

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**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.**

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MaineHealth

Employer identification number  
01-0238552

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	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 indemnification 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>b</b>	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b>	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 type="checkbox"/>	Compensation committee	<input type="checkbox"/>	Written employment contract
<input type="checkbox"/>	Independent compensation consultant	<input type="checkbox"/>	Compensation survey or study
<input type="checkbox"/>	Form 990 of other organizations	<input type="checkbox"/>	Approval by the board or compensation committee
<b>4</b>	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		
<b>a</b>	Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b>	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		
<b>a</b>	The organization?	<b>5a</b>	No
<b>b</b>	Any related organization?	<b>5b</b>	No
	If "Yes," on line 5a or 5b, describe in Part III		
<b>6</b>	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		
<b>a</b>	The organization?	<b>6a</b>	No
<b>b</b>	Any related organization?	<b>6b</b>	No
	If "Yes," on line 6a or 6b, describe in Part III		
<b>7</b>	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	<b>7</b>	No
<b>8</b>	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	<b>8</b>	No
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

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

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

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

**Part III Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>
Part III - Other Additional Information	Top management officials that are compensated by related organizations used one or more of the methods at Part I, Line 3 to establish the compensation of top management





**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 01-0238552  
**Name:** MaineHealth

**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				
Brett Loffredo MD Trustee	(i)	233,992	0	6,703	26,618	13,882	281,195	0
	(ii)	0	0	0	0	0	0	0
David James Kumaki MD FACP Trustee	(i)	0	0	0	0	0	0	0
	(ii)	242,678	9,419	23,717	24,226	24,672	324,712	0
Kathleen A Herlihy MD MHP Trustee	(i)	215,964	11,250	31,428	25,251	26,389	310,282	0
	(ii)	0	0	0	0	0	0	0
Lisa Tran Beaulé MD Trustee	(i)	508,199	10,646	10,136	37,603	32,261	598,845	0
	(ii)	0	0	0	0	0	0	0
Peter Manning MD Trustee	(i)	387,243	0	13,503	9,625	3,987	414,358	0
	(ii)	0	0	0	0	0	0	0
Thomas J Ryan MD Trustee	(i)	518,972	0	5,654	32,470	8,550	565,646	0
	(ii)	0	0	0	0	0	0	0
Lisa Almeder MD Trustee	(i)	218,046	0	918	43,113	25,906	287,983	0
	(ii)	0	0	0	0	0	0	0
William L Caron Jr CEO	(i)	1,057,674	307,230	190,925	81,804	38,802	1,676,435	0
	(ii)	0	0	0	0	0	0	0
Albert G Swallow III Treasurer	(i)	564,176	155,463	87,537	67,016	29,691	903,883	0
	(ii)	0	0	0	0	0	0	0
Robert Frank Secretary	(i)	430,474	63,000	32,210	56,103	17,258	599,045	0
	(ii)	0	0	0	0	0	0	0
Beth Kelsch Asst Secretary	(i)	211,008	20,936	1,292	35,834	26,615	295,685	0
	(ii)	0	0	0	0	0	0	0
Richard W Petersen MaineHealth President	(i)	882,200	252,000	428,129	73,605	30,879	1,666,813	0
	(ii)	0	0	0	0	0	0	0
Jeffrey Sanders EVP & COO	(i)	523,189	152,619	14,531	36,312	34,556	761,207	0
	(ii)	0	0	0	0	0	0	0
Lugene Inzana Sr VP of Finance/CFO	(i)	461,980	117,466	11,497	11,000	33,096	635,039	0
	(ii)	0	0	0	0	0	0	0
Joel Botler MD CMO	(i)	484,969	72,729	136,189	87,652	33,233	814,772	0
	(ii)	0	0	0	0	0	0	0
Marjorie Wiggins SVP of Nursing & CNO	(i)	350,384	54,528	116,658	71,848	21,455	614,873	0
	(ii)	0	0	0	0	0	0	0
Matthew R Sanborn MD Surgeon	(i)	1,233,631	0	188,434	11,000	36,652	1,469,717	0
	(ii)	0	0	0	0	0	0	0
Robert Ecker MD Surgeon	(i)	1,233,933	0	167,662	35,630	36,579	1,473,804	0
	(ii)	0	0	0	0	0	0	0
Joseph T Alexander MD Surgeon	(i)	1,038,607	0	209,290	48,347	31,892	1,328,136	0
	(ii)	0	0	0	0	0	0	0
Dougald MacGillivray MD Surgeon	(i)	1,149,960	0	97,331	37,561	30,472	1,315,324	0
	(ii)	0	0	0	0	0	0	0

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A)</b> Name and Title		<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
		<b>(i)</b> Base Compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation				
Konrad Barth MD Surgeon	(i)	1,033,071	0	202,722	48,743	36,990	1,321,526	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
Peter Bates MD (Fmr Officer) SVP Medical Affairs	(i)	203,201	37,160	92,537	37,690	15,293	385,881	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0

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**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

▶ 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](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MaineHealth

Employer identification number

01-0238552

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	Maine Health & Higher Ed Facilities Auth	01-0314384	560427LW4	08-31-2011	17,998,986	See Part VI		X		X		X
<b>B</b>	Maine Health & Higher Ed Facilities Auth	01-0314384	560427Y75	01-07-2015	85,963,004	See Part VI		X		X		X
<b>C</b>	Maine Health & Higher Ed Facilities Auth	01-0314384	56042RQW5	07-18-2018	183,854,035	See Part VI		X		X		X
<b>D</b>	Maine Health & Higher Ed Facilities Auth	01-0314384	000000000	08-01-2018	36,735,000	See Part VI		X		X		X

**Part II Proceeds**

		A	B	C	D				
<b>1</b>	Amount of bonds retired . . . . .	5,630,000							
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .	17,998,986	85,967,973	187,297,626	36,735,000				
<b>4</b>	Gross proceeds in reserve funds . . . . .	1,753,301	953,929	4,557	2,635				
<b>5</b>	Capitalized interest from proceeds . . . . .			7,590,313					
<b>6</b>	Proceeds in refunding escrows . . . . .								
<b>7</b>	Issuance costs from proceeds . . . . .	186,573	1,271,033	2,002,269	537,368				
<b>8</b>	Credit enhancement from proceeds . . . . .								
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .		41,929,758	113,408,984					
<b>11</b>	Other spent proceeds . . . . .	17,812,413	42,754,483		36,197,632				
<b>12</b>	Other unspent proceeds . . . . .			64,296,060					
<b>13</b>	Year of substantial completion . . . . .	2016							
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .	X		X			X	X	
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X			X	X	
<b>17</b>	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
<b>1</b>	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		
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X			X	X			

**Part III Private Business Use** (Continued)

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

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X	X		X		X	
<b>b</b> Exception to rebate? . . . . .		X		X		X		X
<b>c</b> No rebate due? . . . . .	X			X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X		X		X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .							See Part VI	
<b>c</b> Term of hedge . . . . .							1790 0000000000 %	
<b>d</b> Was the hedge superintegrated? . . . . .								X
<b>e</b> Was the hedge terminated? . . . . .								X

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> 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
Date Rebate Computation Performed	Issuer Name Maine Health & Higher Ed Facilities Auth Date the Rebate Computation was Performed 09/30/2016 Issuer Name Maine Health & Higher Ed Facilities Auth Date the Rebate Computation was Performed 07/24/2019 Issuer Name Maine Health & Higher Ed Facilities Auth Date the Rebate Computation was Performed 06/28/2017 Issuer Name Maine Health & Higher Ed Facilities Auth Date the Rebate Computation was Performed 11/30/2016 Issuer Name Maine Health & Higher Ed Facilities Auth Date the Rebate Computation was Performed 09/22/2017 Issuer Name Maine Health & Higher Ed Facilities Auth Date the Rebate Computation was Performed 09/22/2017

Return Reference	Explanation
Additional Information (Bonds 1-4) "Entity 1"	<p>- Part I, column (f), bond A - Refund bonds issued 7/9/1998, 12/10/1998, 5/19/1999, and 11/15/2001 - Part I, column (f), bond B - Refund bonds issued 5/22/2008, build, renovate, and equip hospital facility - Part I, column (f), bond C - Build, renovate, and equip hospital facility - Part I, column (f), bond D - Refund bonds issued 5/22/2008 Series 2011A bonds - With respect to Part I column (e), and Part II lines 1-12 (column A), the institution is reporting its allocable portion of this bond issue, the remainder of which is allocable to affiliated entities For purposes of Part I, column (i), the institution has assumed that this arrangement does not constitute a "pooled financing "</p> <p>Series 2014 bonds (issued 1/7/2015) - With respect to Part I column (e), and Part II lines 1-12 (column B), the institution is reporting its allocable portion of this bond issue, the remainder of which is allocable to affiliated entities For purposes of Part I column (i), the institution has assumed that this arrangement does not constitute a "pooled financing "</p> <p>Series 2014 bonds (issued 1/7/2015) and Series 2018A bonds (issued 7/18/2018) - The difference between the issue price (Part I) and total proceeds (Part II, line 3) is due to investment earnings Part II, line 4, column A - The amount shown here consists of \$1,402,045 in a debt service reserve fund, plus \$351,256 of debt service fund deposits Part II, line 4, column B through D - The amount shown here consists of debt service fund deposits Part III has not been completed with respect to the bonds shown in column A, since the bonds being refinanced by such bonds were issued before 2003 Part IV, lines 4b and 4c, column D - There are two separate hedging contracts identified with these bonds, both with Morgan Stanley Capital Services LLC and each having a term of 17 9 years</p>

Return Reference	Explanation
Additional Information (Bonds 5-8) "Entity 2"	<p>- Part I, column (f), bond A - -Bond issued 6/28/12 Refund bonds issued 5/19/1999 and 8/3/2000 - Part I, column (f), bond B - Bond issued 7/24/14 Refund bonds issued 10/16/2003 and 6/3/2004 - Part I, column (f), bond C - Bond issued 6/28/16 Refund bond issued 9/7/2006 - Part I, column (f), bond D - Bond issued 12/28/17 Refund bonds issued 11/1/2007 and 6/19/2008 Schedule K, Part IV, Arbitrage, Line 2c (a) Issuer Name Maine Health &amp; Higher Educational Facilities Authority Date the Rebate Computation was performed 06/28/2017 MHHEFA Series 2012A, 2014A, 2016 and 2017B Bonds Pooled Financing - The institution's share of pooled financings constitutes less than 100% of each issue Part I columns (e) and (f), and all of Parts II and III, have been answered with respect to the institution's share of such pooled financings, not with respect to 100% of each issue Part II, Line 4, column A - The amount shown here consists of \$267,900 in debt service reserve fund, plus \$29,987 of debt service fund deposits Part II, Line 4, column B - The amount shown here consists of \$755,200 in debt service reserve fund, plus \$189,033 of debt service fund deposits Part II, Line 4 column C - The amount shown here consists of \$179,600 in debt service reserve fund, plus \$44,196 of debt service fund deposits Part II, Line 4, column D - The amount shown here consists of \$782,100 in debt service reserve fund, plus \$197,798 of debt service fund deposits Part III Part III has not been completed with respect to the refunding bonds issued 6/28/2012, since the bonds being refinanced by such bonds were issued before 2003 Part IV, Line 6, column A The "yes" answer here refers to the debt service reserve fund that (in the aggregate for the entire issue, including the institution's portion plus all other participating institutions) exceeds the amount qualifying as a reasonably required reserve or replacement fund It is our understanding that the Authority appropriately restricts the investment yield on the excess amounts</p>

Return Reference	Explanation
Additional Information (Bonds 9-12) "Entity 3"	<p>- Part I, column (f), bond C - Refund bonds issued 12/10/1998 - Part I, column (f), bond D - Refund bonds issued 7/30/2002 Part I column (e) and Part II lines 1-12 (bond C and bond D) The bond issue is a pooled financing and the institution's portion constitutes less than 100% of the issue Part I columns (e) and (f) and all of Parts II and III have been answered with respect to the institution's share of the pooled financing, not with respect to 100% of the issue</p> <p>Part II, Line 4, column C - The amount shown here consists of \$612,600 in a debt service reserve fund, plus \$148,521 of debt service fund deposits</p> <p>Part II, line 4, column D - The amount shown here consists of \$1,686,475 in a debt service reserve fund, plus \$415,148 of debt service fund deposits</p> <p>Part III has not been completed with respect to the bonds shown in column D, since the bonds being refinanced by such bonds were issued before 2003</p> <p>Part IV, line 2c, column D - The date of the calculation was 6/28/2017</p> <p>Part IV, line 6, column D - The "yes" answer here refers to the debt service reserve fund that (in the aggregate for the entire issue, including the institution's portion plus all other participating institutions) exceeds the amount qualifying as a reasonably required reserve or replacement fund It is our understanding that the Authority appropriately restricts the investment yield on the excess amounts</p>



Return Reference	Explanation
Additional Information (Bonds 13-16) "Entity 4"	<p>- Part I, column (f), Bond A - To finance buildings and equipment - Part I, column (f), Bond B - To refund bonds issued 9/7/2006 - Part I, column (f), Bond C - To refund bonds issued 2/22/2001 - Part I, column (f), Bond D - To refund bonds issued 9/7/2006 Part I column (e) and Part II lines 1-12 (bond B, C and D) These issues are part of a pooled financing, and the institution's portion constitutes less than 100% of the issue Part I columns (e) and (f), and all of Parts II and III (column B, C and D), have been answered with respect to the institution's share of such pooled financing, not with respect to 100% of the issue Part I, column (e), bond A - The issue price shown on Form 8038 was \$17,500,000 However, this issue was structured as a draw-down loan, and the full eligible amount was not drawn The amount shown here equals the full amount actually borrowed Part II, line 4, column B - The amount shown here consists of \$2,100,250 in debt service reserve fund, plus \$521,742 of debt service fund deposits Part II, Line 4, column C - The amount shown here consists of \$552,869 in debt service reserve fund, plus \$172,354 of debt services deposits Part II, Line 4, column D - The amount shown here consists of \$654,850 in debt service reserve fund, plus \$217,536 of debt services deposits Part III, column C - Part III has not been completed with respect to the refunding bonds issued 11/30/11, since the bonds being refinanced by such bonds were issued before 2003 Part IV, column C, line 2c (Bond C) - the rebate calculation for the 2011C bonds conducted on 11/30/16 concluded that there was no rebate liability Part IV, line 6, column B - The "yes" answer here refers to a debt service reserve fund that (in the aggregate for the entire issue, including the institution's portion plus all other participating institutions) exceeds the amount qualifying as a reasonably required reserve or replacement funds It is our understanding that the Authority appropriately restricts the investment yield on the excess amount</p>

Return Reference	Explanation
Additional Information (Bonds 16-19) "Entity 5"	<p>-Part I, column (f), Bond A - Construction, renovation, and equipping of medical office building -Part I, column (f), Bond B and C - Refund bonds issued 7/9/1998, 12/10/1998, 5/19/1999, 11/15/2001 Part I column (e) and Part II lines 1-12 (bond A) With respect to Part I columns (e) and (f), Part II lines 1-12 (column A), and Part III (Column A), the institution is reporting its allocable portion of this bond issue, the remainder of which is allocable to affiliated entities For purposes of Part I column (i), the institution has assumed that this arrangement does not constitute a "pooled financing " Part II line 14 has been answered with respect to the issue as a whole, rather than the institution's allocable portion, the institution's allocable portion of the bonds did not include any refunding component Part I column (e) and Part II lines 1-12 (bond B and C) With respect to Part I columns (e) and (f), Part II lines 1-12 (column B and C), and Part III (Column B and C), the institution is reporting its allocable portion of this bond issue, the remainder of which is allocable to affiliated entities For purposes of Part I column (i), the institution has assumed that this arrangement does not constitute a "pooled financing "</p> <p>Bond A - The difference between the issue price (Part I) and total proceeds (Part II, line 3) in column A is due to investment earnings (increase in proceeds) and a small portion of what would have been investment proceeds that was used to retire principal of the bonds (reduction in proceeds) Part II, line 4, column A - The amount shown here consists of debt service fund deposits Part II, line 4 column B - the amount shown here consists of \$672,062 in a debt service reserve fund, plus \$169,778 of debt service fund deposits Part II, line 4 column C - the amount shown here consists of \$515,650 in a debt service reserve fund, plus \$132,098 of debt service fund deposits Part III, column B and C - Part III has not been completed, since the refunded bonds were issued before 2003</p>

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**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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

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Department of the Treasury  
Internal Revenue Service

Name of the organization  
MaineHealth

Employer identification number

01-0238552

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	Maine Health & Higher Ed Facilities Auth	01-0314384	560427EU4	06-28-2012	4,287,472	See Part VI		X		X	X	
<b>B</b>	Maine Health & Higher Ed Facilities Auth	01-0314384	560427W77	07-24-2014	7,427,323	See Part VI		X		X	X	
<b>C</b>	Maine Health & Higher Ed Facilities Auth	01-0314384	56042REW8	06-28-2016	1,349,217	See Part VI		X		X	X	
<b>D</b>	Maine Health & Higher Ed Facilities Auth	01-0314384	56042RQL9	12-28-2017	8,909,963	See Part VI		X		X	X	

**Part II Proceeds**

		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b>	Amount of bonds retired . . . . .	2,895,000		3,500,000		385,000		645,000	
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .	4,287,472		7,427,323		1,349,217		8,909,963	
<b>4</b>	Gross proceeds in reserve funds . . . . .	297,887		944,233		223,796		979,898	
<b>5</b>	Capitalized interest from proceeds . . . . .								
<b>6</b>	Proceeds in refunding escrows . . . . .								
<b>7</b>	Issuance costs from proceeds . . . . .	67,653		79,055		25,510		96,231	
<b>8</b>	Credit enhancement from proceeds . . . . .								
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .								
<b>11</b>	Other spent proceeds . . . . .	3,440,419		5,152,598		1,144,107		8,031,632	
<b>12</b>	Other unspent proceeds . . . . .								
<b>13</b>	Year of substantial completion . . . . .								
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .	X		X		X		X	
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b>	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		
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X		X		

**Part III Private Business Use** (Continued)

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

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?	X			X		X		X
<b>7</b> 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).

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**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

▶ 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](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MaineHealth

Employer identification number

01-0238552

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	Maine Health & Higher Ed Facilities Auth	01-0314384	000000000	03-31-2014	4,800,000	Bldgs and Facilities		X		X		X
<b>B</b>	Maine Health & Higher Ed Facilities Auth	01-0314384	000000000	09-25-2014	3,125,535	Equipment		X		X		X
<b>C</b>	Maine Health & Higher Ed Facilities Auth	01-0314384	560427W77	07-24-2014	6,774,309	See Part VI		X		X	X	
<b>D</b>	Maine Health & Higher Ed Facilities Auth	01-0314384	560427EU4	06-28-2012	23,271,305	See Part VI		X		X	X	

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	2,505,761		1,801,050		1,790,000		5,735,000	
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .	4,800,000		3,125,535		6,774,309		23,271,305	
<b>4</b>	Gross proceeds in reserve funds . . . . .					761,121		2,101,623	
<b>5</b>	Capitalized interest from proceeds . . . . .								
<b>6</b>	Proceeds in refunding escrows . . . . .								
<b>7</b>	Issuance costs from proceeds . . . . .	67,653		47,000		80,234		229,167	
<b>8</b>	Credit enhancement from proceeds . . . . .								
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .	4,746,775		3,078,535					
<b>11</b>	Other spent proceeds . . . . .					6,694,075		21,355,663	
<b>12</b>	Other unspent proceeds . . . . .								
<b>13</b>	Year of substantial completion . . . . .	2014		2015					
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .		X		X	X		X	
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b>	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
<b>1</b>	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		
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X		X		

**Part III Private Business Use** (Continued)

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

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X	X	
<b>7</b> 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).



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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MaineHealth

Employer identification number

01-0238552

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> Finance Authority of Maine	01-0392006	000000000	07-25-2013	15,742,390	See Part VI		X		X		X
<b>B</b> Maine Health & Higher Ed Facilities Auth	01-0314384	56042REW8	06-28-2016	15,930,820	See Part VI		X		X	X	
<b>C</b> Maine Health & Higher Ed Facilities Auth	01-0314384	560427NM4	11-30-2011	10,452,958	See Part VI		X		X	X	
<b>D</b> Maine Health & Higher Ed Facilities Auth	01-0314384	56042REW8	06-28-2016	12,359,721	See Part VI		X		X	X	

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	3,202,362		4,510,000		3,010,000		1,275,000	
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .	15,742,390		15,930,820		9,438,683		12,359,721	
<b>4</b>	Gross proceeds in reserve funds . . . . .			2,621,992		725,223		872,386	
<b>5</b>	Capitalized interest from proceeds . . . . .								
<b>6</b>	Proceeds in refunding escrows . . . . .								
<b>7</b>	Issuance costs from proceeds . . . . .	136,633		129,526		113,744		112,509	
<b>8</b>	Credit enhancement from proceeds . . . . .								
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .	15,605,757							
<b>11</b>	Other spent proceeds . . . . .			15,801,294		9,324,939		12,247,212	
<b>12</b>	Other unspent proceeds . . . . .								
<b>13</b>	Year of substantial completion . . . . .	2014							
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .		X	X		X		X	
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b>	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
<b>1</b>	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		
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X		X		

**Part III Private Business Use** (Continued)

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

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X	X			X		X
<b>7</b> 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).

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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization MaineHealth

Employer identification number

01-0238552

Part I Bond Issues

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows A, B, C list Maine Health & Higher Ed Facilities Auth.

Part II Proceeds

Table with 13 rows and 8 columns (A-D, Yes/No). Rows 1-13 list bond proceeds details. Rows 14-17 are Yes/No questions about bond issuance.

Part III Private Business Use

Table with 2 rows and 8 columns (A-D, Yes/No). Rows 1-2 are Yes/No questions about private business use of bond-financed property.

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b> 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?								
<b>4</b> 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 . . . . . ▶								
<b>5</b> 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 . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X						
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .	X			X		X		
<b>b</b> Exception to rebate? . . . . .		X		X		X		
<b>c</b> No rebate due? . . . . .		X	X		X			
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X		X		
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
 ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MaineHealth

Employer identification number  
01-0238552

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

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

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

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

**Part V Supplemental Information**

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

Return Reference	Explanation
Schedule L, Part IV, Column (b) and (d)	George Isaacson is a member of the Board of Trustees His daughter, Abigail Abbott, is employed by MMC as a Senior Director His son in law, Alexander Abbott, is also employed by MMC as a Vice President Nancy Hasenfus, MD is a member of the Board of Trustees Her daughter, Gwendolyn Anderson, is employed by Maine Behavioral Healthcare as a Phych Technician Peter Manning, MD is a member of the Board of Trustees His wife, Christina Manning, MD is a physician employed by Southern Maine Health Care Susannah Swihart is a member of the Board of Trustees Her stepdaughter, Jessika Morin is a physician employed by Southern Maine Health Care Thomas J Ryan, MD is a member of the Board of Trustees His wife, Mary Hourihan, MD is a physician employed by MMC Adrian Moran, MD was a member of the Board of Trustees His wife, Sarah Moran, is a Social Worker employed by MMC William Caron is an ex-officio Trustee of MMC His daughter in law, Jennifer Caron, is a Research Associate employed by MMC Peter Bates' son, Elliot Bates, is a Senior Project Manager employed by MMC Morris Fisher is a member of the Board of Trustees His wife, Judith Fisher, is employed by MMC



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 01-0238552

**Name:** MaineHealth

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Abigail Abbott	See Part V	108,397	See Part V		No
Alexander Abbott	See Part V	225,186	See Part V		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
Gwendolyn Anderson	See Part V	35,352	See Part V		No
Christina Manning	See Part V	254,465	See Part V		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
Jessika Morin	See Part V	292,456	See Part V		No
Marybeth Hourihan	See Part V	164,107	See Part V		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
Sarah Moran	See Part V	40,641	See Part V		No
Jennifer Caron	See Part V	93,336	See Part V		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
Elliot Bates	See Part V	95,725	See Part V		No
Judith Fisher	See Part V	85,143	See Part V		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
Substantial Contributor	Sub Contributor	203,262	Employment		No
Substantial Contributor	Sub Contributor	827,911	Employment		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
Substantial Contributor	Sub Contributor	231,913	Employment		No
Substantial Contributor	Sub Contributor	393,231	Employment		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
Substantial Contributor	Sub Contributor	233,844	Employment		No
Substantial Contributor	Sub Contributor	148,412	Employment		No



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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
Substantial Contributor	Sub Contributor	249,918	Employment		No
Substantial Contributor	Sub Contributor	399,999	Employment		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
Substantial Contributor	Sub Contributor	234,480	Employment		No
Substantial Contributor	Sub Contributor	514,316	Employment		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Substantial Contributor	Sub Contributor	237,784	Employment		No
Substantial Contributor	Sub Contributor	3,245,622	Vendor		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
Substantial Contributor	Sub Contributor	896,550	Vendor		No
Substantial Contributor	Sub Contributor	468,112	Vendor		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Substantial Contributor	Sub Contributor	420,312	Vendor		No
Substantial Contributor	Sub Contributor	212,421	Vendor		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Substantial Contributor	Sub Contributor	196,463,758	Vendor		No
Substantial Contributor	Sub Contributor	12,740,915	Vendor		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Substantial Contributor	Sub Contributor	9,960,200	Vendor		No
Substantial Contributor	Sub Contributor	8,390,912	Vendor		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Substantial Contributor	Sub Contributor	4,260,719	Vendor		No
Substantial Contributor	Sub Contributor	1,874,160	Vendor		No



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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Substantial Contributor	Sub Contributor	876,905	Vendor		No
Substantial Contributor	Sub Contributor	747,354	Vendor		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
Substantial Contributor	Sub Contributor	545,199	Vendor		No
Substantial Contributor	Sub Contributor	386,375	Vendor		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Substantial Contributor	Sub Contributor	326,916	Vendor		No
Substantial Contributor	Sub Contributor	212,116	Vendor		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Substantial Contributor	Sub Contributor	134,471	Vendor		No
Substantial Contributor	Sub Contributor	111,572	Vendor		No

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2018**

▶ **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](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MaineHealth

Employer identification number  
01-0238552

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	20	2,071,460	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

<b>29</b>	
-----------	--

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
<b>30a</b>		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?

<b>31</b>	Yes	
-----------	-----	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

<b>32a</b>		No
------------	--	----

b If "Yes," describe in Part II

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

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

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

Return Reference

Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2018****Open to Public  
Inspection**

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](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

Name of the organization

MaineHealth

Employer identification number

01-0238552

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part V, Line 1a	MaineHealth Services (EIN 01-0431680), acting on behalf of the MaineHealth System filed 1,645 Form 1099s for the calendar year 2018

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 2a	MaineHealth Services (EIN 01-0431680), acting on behalf of the MaineHealth System filed Form W-3, reporting 18,322 employees, for the calendar year 2018



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Katherine Coster, Christopher Claudio, and Jere Michelson were board members of MaineHealth and Gorham Savings Bank

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section A, line 4	On December 14, 2018, the Maine Medical Center Articles of Incorporation were amended to change the name of the corporation from Maine Medical Center to MaineHealth, and a corresponding change was made to the Maine Medical Center Bylaws. Effective January 1, 2019, the MaineHealth (f/k/a Maine Medical Center) Articles of Incorporation were amended and restated to expand the charitable purposes to encompass a larger geographic area and to significantly restructure the Board of Trustees in connection with an internal corporate restructuring by which several affiliated corporations merged into the corporation. Corresponding changes were made to the organization's Bylaws.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	MaineHealth Services (EIN 01-0431680) is the sole Member of the organization

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	The sole Member of the organization has the responsibility for the election of the members of the governing body

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section A, line 7b	<p>There are decisions by the governing body that require the approval of its sole member. They include:</p> <ol style="list-style-type: none"><li>1 The adoption of operating and capital budgets</li><li>2 The approval of any significant strategic plan for programs or facilities</li><li>3 The authorization of debt incurred, assumed, or guaranteed by MaineHealth in excess of \$1,000,000 and its subsidiaries in excess of \$1,000,000 other than as provided for in annual capital and operating budgets</li><li>4 The authorization for any acquisition, disposition, organization or investment in any other corporation, partnership, limited liability company or joint venture</li><li>5 The authorization for any sale, assignment, transfer, mortgage or encumbrance of any properties or assets having an aggregate value in excess of \$1,000,000</li><li>6 The authorization for any merger or consolidation involving MaineHealth or its subsidiaries as a constituent entity or any sale or other disposition of substantially all of the assets of MaineHealth or its subsidiaries</li><li>7 The authorization for the institution of any bankruptcy, insolvency or reorganization proceedings</li><li>8 The authorization for the capital investment in any individual, entity, or project in the form of cash or either tangible or intangible property in excess of \$1,000,000</li><li>9 The amendment of the Articles of Incorporation,</li><li>10 The selection, annual election, evaluation, and termination of MaineHealth's CEO</li><li>11 The authorization for the commencement of litigation by the MaineHealth other than routine collection actions</li><li>12 The adoption of MaineHealth's Bylaws and any amendments and modifications to MaineHealth's Bylaws</li></ol>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The MaineHealth CFO reviewed the 990 in detail. The Form 990 is then reviewed by the Maine Health Executive Committee. Subsequent to the meeting, the 990 was also made available to the full Board of Trustees for MaineHealth. The Board was then given an opportunity to ask questions of the Chairman of the Board, the CEO, or the CFO.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Conflicts of Interest statements are obtained annually. MaineHealth Services' Audit & Compliance Services Department collects and reviews the responses to these documents and addresses any issues immediately. The results are shared with Board leadership.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, line 15	Compensation for Top Official & Officers MaineHealth uses an outside firm, Sullivan Cotter , to perform an independent benchmark analysis for the CEO and other key administrative employees The firm meets with the Executive Committee of the Board of Directors to review each executive's benchmark report The Executive Committee then deliberates on MaineHealth Services' written salary and incentive plan philosophy before making a final decision All decisions and meetings are captured in minutes and there are appropriate approvals at all levels



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	Documents that are required to be open for public inspection are made available upon request

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, line 9	Equity Transfers to Affiliates -76,246,597 Retirement Benefit Plan Adjustments -132,636,4 65 Net Assets Transferred as a Result of Unification 496,193,349 PenBay and Goodall Hosp ital Acquisition Adjustment 29,444,405

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MaineHealth

**Employer identification number**

01-0238552

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

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

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

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	
<b>(1)</b> MaineHealth Accountable Care Organization 110 Free Street Portland, ME 04101 45-2929273	Accountable Care Organization	ME	MaineHealth	Related	1,312,209	11,335,879		No		Yes		86.890 %

**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
<b>(1)</b> Maine Medical Partners 22 Bramhall Street Portland, ME 04102 01-0442142	Healthcare	ME	MaineHealth	C	204,447,281	21,418,476	100.000 %	Yes	
<b>(2)</b> Waldo County Healthcare Mgmt Co PO Box 287 Belfast, ME 04915 01-0485133	Management Services	ME	MaineHealth	C	1,165,032	2,658,765	100.000 %	Yes	
<b>(3)</b> PBH Management Company PO Box 287 Belfast, ME 04915 01-0537278	Management Services	ME	MaineHealth	C	143,302	492,452	100.000 %	Yes	

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b> Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b> Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b> Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b> Yes	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b> Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b> Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b> Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b> Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b> Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b> Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b> Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b> Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b> Yes	

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

See Additional Data Table

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

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

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

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

**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 01-0238552  
**Name:** MaineHealth

**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
110 Free Street Portland, ME 04101 01-0431680	Healthcare	ME	501(c)(3)	Line 12c, III-FI	N/A		No
22 Bramhall Street Portland, ME 04102 01-0434215	Property management	ME	501(c)(3)	Line 12a, I	MaineHealth	Yes	
78 Atlantic Place South Portland, ME 04106 01-0524834	Hospital	ME	501(c)(3)	Line 3	MaineHealth Services		No
6 St Andrews Lane Boothbay Harbor, ME 04538 26-1475629	Healthcare	ME	501(c)(3)	Line 12b, II	MaineHealth Services		No
181 Main Street Norway, ME 04268 01-0411788	Healthcare	ME	501(c)(3)	Line 12b, II	MaineHealth Services		No
110 Free Street Portland, ME 04101 01-0542842	Healthcare	ME	501(c)(3)	Line 7	MaineHealth Services		No
15 Industrial Park Saco, ME 04072 22-2571902	Home health	ME	501(c)(3)	Line 10	MaineHealth Services		No
301A US Route One Scarborough, ME 04074 01-0511356	Lab	ME	501(c)(3)	Line 10	MaineHealth Services		No
PO Box 287 Belfast, ME 04915 22-2494475	Healthcare	ME	501(c)(3)	Line 12b, II	MaineHealth Services		No
110 Free Street Portland, ME 04101 45-2525629	Healthcare	ME	501(c)(3)	Line 10	MaineHealth Services		No
3073 White Mountain Highway North Conway, NH 03860 02-0222156	Hospital	NH	501(c)(3)	Line 3	MaineHealth Services		No
PO Box 626 Biddeford, ME 04005 01-0179500	Hospital	ME	501(c)(3)	Line 3	MaineHealth Services		No
111 Franklin Health Commons Farmington, ME 04938 22-3209406	Healthcare	ME	501(c)(3)	Line 12b, II	MaineHealth Services		No
1133 Washington Avenue Portland, ME 04103 01-0339489	Nursing home	ME	501(c)(3)	Line 10	MaineHealth		No
35 Miles Street Damariscotta, ME 04543 01-0382340	Healthcare	ME	501(c)(3)	Line 3	MaineHealth	Yes	
PO Box 287 Belfast, ME 04915 01-0213976	Long term care	ME	501(c)(3)	Line 10	MaineHealth	Yes	
PO Box 287 Belfast, ME 04915 01-0530517	Physician services	ME	501(c)(3)	Line 12b, II	MaineHealth	Yes	
35 Miles Street Damariscotta, ME 04543 26-3878235	Physician practices	ME	501(c)(3)	Line 7	MaineHealth	Yes	
181 Main Street Norway, ME 04268 01-0489824	Physician practices	ME	501(c)(3)	Line 10	MaineHealth	Yes	
131 Franklin Health Commons Farmington, ME 04938 01-0492747	Mental Health	ME	501(c)(3)	Line 10	MaineHealth	Yes	



**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
105 Mt Blue Circle Farmington, ME 04938 22-3305743	Community services	ME	501(c)(3)	Line 7	MaineHealth	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	MaineHealth Services	Q	665,000	Fair Market Value
(1)	Maine Medical Partners	J	59,912,689	Fair Market Value
(2)	Maine Medical Partners	O	174,477,463	Fair Market Value
(3)	Maine Medical Partners	P	6,932,037	Fair Market Value
(4)	Maine Medical Partners	Q	44,346,251	Fair Market Value
(5)	Maine Medical Partners	R	199,187,743	Fair Market Value
(6)	Maine Medical Center Realty Corp	K	2,630,018	Fair Market Value
(7)	Maine Medical Center Realty Corp	Q	2,208,785	Fair Market Value
(8)	Maine Medical Center Realty Corp	O	176,244	Fair Market Value
(9)	Maine Medical Center Realty Corp	P	3,050,970	Fair Market Value
(10)	Saint Joseph's Rehabilitation and Residence	Q	96,967	Fair Market Value
(11)	Saint Joseph's Rehabilitation and Residence	S	216,075	Fair Market Value
(12)	Saint Joseph's Rehabilitation and Residence	R	2,225,000	Fair Market Value