

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C Name of organization
MaineGeneral Health and Affiliates

Doing business as
See Schedule O
at Glenridge

Number and street (or P O box if mail is not delivered to street address) Room/suite
35 Medical Center Parkway

City or town, state or province, country, and ZIP or foreign postal code
Augusta, ME 04330

F Name and address of principal officer
Charles Hays
35 Medical Center Parkway
Augusta, ME 04330

D Employer identification number
32-0265031

E Telephone number
(207) 626-1000

G Gross receipts \$ 557,182,635

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

J Website: ▶ www.mainegeneral.org

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 ▶ 9706

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1997

M State of legal domicile ME

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	42
4 Number of independent voting members of the governing body (Part VI, line 1b)	32
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5,209
6 Total number of volunteers (estimate if necessary)	365
7a Total unrelated business revenue from Part VIII, column (C), line 12	1,087,745
7b Net unrelated business taxable income from Form 990-T, line 34	33,487

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	6,878,396	8,265,781
9 Program service revenue (Part VIII, line 2g)	481,464,008	511,876,565
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,913,696	2,659,201
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,201,418	1,285,482
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	495,457,518	524,087,029
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	2,000
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	273,468,289	284,225,469
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 722,911		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	238,915,984	236,743,752
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	512,384,273	520,971,221
19 Revenue less expenses Subtract line 18 from line 12	-16,926,755	3,115,808

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	645,274,807	641,376,200
21 Total liabilities (Part X, line 26)	420,489,197	403,657,851
22 Net assets or fund balances Subtract line 21 from line 20	224,785,610	237,718,349

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 2019-05-30
Terrance Brann Chief Financial Officer
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name E Drew Cheney Preparer's signature E Drew Cheney Date
Check if self-employed PTIN P00182972
Firm's name ▶ Baker Newman Noyes LLC Firm's EIN ▶ 01-0494526
Firm's address ▶ 280 Fore Street Phone no (207) 879-2100
Portland, ME 04101

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 \$ 410,434,680 including grants of \$ 1,500) (Revenue \$ 466,237,683)

See Additional Data

4b (Code) (Expenses \$ 16,254,708 including grants of \$ 0) (Revenue \$ 20,627,210)

See Additional Data

4c (Code) (Expenses \$ 22,950,553 including grants of \$ 500) (Revenue \$ 20,556,736)

See Additional Data

(Code) (Expenses \$ 6,161,875 including grants of \$ 0) (Revenue \$ 4,612,713)

MaineGeneral Retirement Community provides various stages of assisted living support to an elderly community. The company provided 36,255 days of independent living in the various lodge and cottage units and 8,030 days of assisted living in the assisted living and Alzheimer's units

4d Other program services (Describe in Schedule O)
(Expenses \$ 6,161,875 including grants of \$ 0) (Revenue \$ 4,612,713)

4e Total program service expenses ▶ 455,801,816

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (42), 1b (32), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17, 18, 19, 20.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	60,390				
	b Membership dues	1b					
	c Fundraising events	1c	122,183				
	d Related organizations	1d	236,062				
	e Government grants (contributions)	1e	3,326,074				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,521,072				
	g Noncash contributions included in lines 1a-1f \$ <u>913,228</u>						
	h Total. Add lines 1a-1f			8,265,781			
Program Service Revenue			Business Code				
	2a Hospital Revenues		621990	390,082,276	389,410,716	671,560	
	b Physician Practice Rev		621110	75,733,823	75,733,823		
	c Long Term Care Revenue		623000	20,809,141	20,809,141		
	d Hospice and Homecare R		621610	17,875,879	17,875,879		
	e Retirement Community R		623990	4,437,488	4,437,488		
	f All other program service revenue			2,937,958	2,521,773	416,185	
g Total. Add lines 2a-2f			511,876,565				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,064,905		2,064,905	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		894,467					
		b Less rental expenses	0				
		c Rental income or (loss)	894,467				
	d Net rental income or (loss)			894,467	894,467		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		33,160,139	487,730				
		b Less cost or other basis and sales expenses	32,620,019	433,554			
		c Gain or (loss)	540,120	54,176			
	d Net gain or (loss)			594,296	54,176	540,120	
	8a Gross income from fundraising events (not including \$ <u>122,183</u> of contributions reported on line 1c) See Part IV, line 18		a				
	b Less direct expenses		b	81,993			
c Net income or (loss) from fundraising events			42,033				
			39,960			39,960	
9a Gross income from gaming activities See Part IV, line 19		a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances		a					
b Less cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a Joint Ventures		623990	351,055	351,055			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			351,055				
12 Total revenue. See Instructions			524,087,029	512,088,518	1,087,745	2,644,985	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22	2,000	2,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,788,896	1,264,210	524,686	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	229,125,414	213,044,976	16,080,438	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,431,583	6,445,948	985,635	
9 Other employee benefits	30,660,799	28,455,837	2,204,962	
10 Payroll taxes	15,218,777	13,220,767	1,998,010	
11 Fees for services (non-employees)				
a Management	26,175,921		25,453,010	722,911
b Legal	258,977		258,977	
c Accounting	20,037		20,037	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	122,829	122,829		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	28,465,949	26,462,041	2,003,908	
12 Advertising and promotion	915,276	915,276		
13 Office expenses	1,618,022	1,156,702	461,320	
14 Information technology	16,984,979	16,524,646	460,333	
15 Royalties				
16 Occupancy	15,519,166	13,770,355	1,748,811	
17 Travel	1,123,666	1,034,647	89,019	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,244,247	1,180,433	63,814	
20 Interest	20,044,793	20,044,793		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,702,660	18,189,796	5,512,864	
23 Insurance	4,436,286		4,436,286	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Drugs and Solutions	34,122,136	34,122,136		
b Medical Supplies	31,586,221	31,586,221		
c State Tax on Revenue	10,282,884	10,282,884		
d Maintenance Service Con	5,348,025	5,348,025		
e All other expenses	14,771,678	12,627,294	2,144,384	
25 Total functional expenses. Add lines 1 through 24e	520,971,221	455,801,816	64,446,494	722,911
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	745,443	1	371,575
	2 Savings and temporary cash investments	27,364,435	2	25,376,972
	3 Pledges and grants receivable, net	748,136	3	665,488
	4 Accounts receivable, net	87,845,385	4	84,772,997
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,275,431	8	5,955,760
	9 Prepaid expenses and deferred charges	8,406,363	9	9,151,787
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	651,847,897		
	b Less accumulated depreciation	264,548,546		
	11 Investments—publicly traded securities	89,262,444	11	91,883,061
	12 Investments—other securities See Part IV, line 11	23,421,941	12	32,250,725
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	2,130,908	14	2,084,917
	15 Other assets See Part IV, line 11	1,956,004	15	1,563,567
16 Total assets. Add lines 1 through 15 (must equal line 34)	645,274,807	16	641,376,200	
Liabilities	17 Accounts payable and accrued expenses	44,993,021	17	41,149,471
	18 Grants payable		18	
	19 Deferred revenue	2,654,143	19	2,942,799
	20 Tax-exempt bond liabilities	293,793,212	20	291,549,820
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	8,721,111	23	7,209,593
	24 Unsecured notes and loans payable to unrelated third parties	5,616,068	24	2,448,781
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	64,711,642	25	58,357,387
	26 Total liabilities. Add lines 17 through 25	420,489,197	26	403,657,851
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	199,813,315	27	211,790,187
	28 Temporarily restricted net assets	4,978,321	28	4,843,477
	29 Permanently restricted net assets	19,993,974	29	21,084,685
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	224,785,610	33	237,718,349
	34 Total liabilities and net assets/fund balances	645,274,807	34	641,376,200

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	524,087,029
2	Total expenses (must equal Part IX, column (A), line 25)	2	520,971,221
3	Revenue less expenses Subtract line 2 from line 1	3	3,115,808
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	224,785,610
5	Net unrealized gains (losses) on investments	5	2,561,534
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	7,255,397
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	237,718,349

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a	No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes
<p>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</p>	2c	Yes
<p>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?</p>	3a	Yes
<p>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</p>	3b	Yes

Additional Data

Software ID:

Software Version:

EIN: 32-0265031

Name: MaineGeneral Health and Affiliates

Form 990 (2017)

Form 990, Part III, Line 4a:

See Schedule O

Form 990, Part III, Line 4b:

See Schedule O

Form 990, Part III, Line 4c:

See Schedule O

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			
Stephanie Calkins MD Director	3 00	X						22,140	0	340
James Clair Director	1 00	X						0	0	0
Michael Clark MD Director	1 00	X						0	0	0
Nate Cotnoir Director	2 00	X						0	0	0
Cathy DeMerchant Director	1 00	X						0	0	0
Daniel Doornbos MD Director	50 00	X						359,090	0	22,109
Elissa Emmons Director	1 00	X						0	0	0
David Flanagan Director	1 00	X						0	0	0
Paul Gagliardi MD Director	1 00	X						0	0	0
David Hay MD Director	50 00	X						482,825	0	24,867

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			
Charles Hays President & CEO	5 00 50 00	X		X				0	649,339	23,415
Jeffrey Hubert Director & Vice Chair	1 00 2 00	X		X				0	0	0
Joey Joseph Director	1 00 2 00	X						0	0	0
Janice Kassman Director	1 00 1 00	X						0	0	0
James LaLiberty Director	1 00 1 00	X						0	0	0
Barbara Mayer Director	1 00 1 00	X						0	0	0
Peter Mills Director	1 00 1 00	X						0	0	0
Alane O'Connor Director	1 00 1 00	X						0	0	0
Gary Peachey Director & Chair	1 00 2 00	X		X				0	0	0
Scott Small Director	1 00 2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
William Sprague Director	1 00 2 00	X						0	0	0
Matthew Tardiff Director	1 00 2 00	X						0	0	0
Jennifer Riggs Chief Nursing Officer and CEO MGCC	50 00 1 00	X		X				208,992	0	14,907
Richard Fein DO Director, MGCC	50 00 1 00	X						124,587	0	5,799
Lynn Duby Director, MGCC	1 00 1 00	X						0	0	0
Reynerio Sepe Lanoy MD Director, MGCC	50 00 1 00	X						265,313	0	15,234
Sherry Rogers Director, MGCC	1 00 1 00	X						0	0	0
Andrew B MacLean JD Director, MGCC & Vice Chair	1 00 1 00	X		X				0	0	0
Ann M Davis RN Director, MGCC	4 00 1 00	X						1,895	0	38
Mariah A Gleaton JD Director, MGCC	1 00 1 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			
Claudia Glynn FNP-C Director, MGCC	5 00	X						8,360	0	167
Kirsten LC Figueroa Director, MGCC	1 00	X						0	0	0
Pamela J Trinward Director, MGCC & Chair	1 00	X		X				0	0	0
Stephen Clark Director, MGRC	1 00	X						0	0	0
Kenneth Harvey Director, MGRC	1 00	X						0	0	0
Mark Johnston Director, MGRC	1 00	X						0	0	0
Richard Jordan Director, MGRC	1 00	X						0	0	0
Nicole McSweeney Director, MGRC	50 00	X						0	147,947	12,616
Rita Oellers Director, MGRC	1 00	X						0	0	0
Edna Smith Director, MGRC	1 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			
Paul Stein Chief Operating Officer & CEO, MGR LTC, MGRC	5 00	X		X				250,651	0	25,074
Constance McDonald Director, MGRC	1 00	X						0	0	0
Terrance Brann Jr Treasurer & Chief Financial Officer	5 00			X				0	283,559	18,942
Julie Greene Board Secretary	0 00			X				0	49,126	14,768
Elizabeth Burgess Secretary, MGCC	40 00			X				38,418	0	8,716
Diane Flagg Secretary, MGRC	25 00			X				26,625	15,818	2,491
Sean McGarr Physician	50 00					X		804,197	0	25,554
George Polkinghorn Physician	50 00					X		720,911	0	23,082
Anthony Mancini Physician	50 00					X		708,045	0	26,035
Sakdhisapol Katanyutanon Physician	50 00					X		637,290	0	20,304

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			
Derrick Tooth Physician	50 00 1 00					X		611,599	0	26,457

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
MaineGeneral Health and Affiliates

Employer identification number

32-0265031

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 32-0265031

Name: MaineGeneral Health and Affiliates

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017
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 MaineGeneral Health and Affiliates	Employer identification number 32-0265031
--	--

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		59,300
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total Add lines 1c through 1i			59,300
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1	MaineGeneral Health and Affiliates is a member of various healthcare related associations that do lobbying activities regarding legislation that has a direct impact on healthcare organizations The healthcare associations have reported the percentage of association dues that were spent on lobbying activities

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
MaineGeneral Health and Affiliates

Employer identification number
32-0265031

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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
1a Beginning of year balance	33,738,336	30,604,907	31,176,338	30,722,138	93,181,870
b Contributions	2,260,085	2,252,410	2,227,069	1,650,993	5,988,472
c Net investment earnings, gains, and losses	1,544,911	3,047,329	-233,010	-319,863	3,468,726
d Grants or scholarships	2,000	3,250	0	2,500	3,000
e Other expenditures for facilities and programs	1,896,951	2,163,060	2,565,490	874,430	74,913,930
f Administrative expenses	33,040				
g End of year balance	35,611,341	33,738,336	30,604,907	31,176,338	27,722,138

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 28 810 %
 - b** Permanent endowment ▶ 59 210 %
 - c** Temporarily restricted endowment ▶ 11 980 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------------|-----------|
| | Yes | No |
| (i) unrelated organizations | 3a(i) Yes | |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,225,461		4,225,461
b Buildings		432,615,326	115,852,906	316,762,420
c Leasehold improvements		5,755,618	2,849,259	2,906,359
d Equipment		196,333,858	140,409,600	55,924,258
e Other		12,917,634	5,436,781	7,480,853
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				387,299,351

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) Parametric Defensive Equity Fund, LLC	6,756,961	F
(B) Baxter Street Offshore Fund, LTD	6,348,679	F
(C) NHIT Credit Asset Trust	4,547,588	F
(D) FTGM Plus Fund Ltd	3,573,159	F
(E) SSGA Real Asset NL CFT	3,790,921	F
(F) Grosvenor Institutional Partners, L P	7,233,417	F
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	32,250,725	

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Workers Comp Accrual	1,660,110
Current Portion Accrued Insur Res	8,424,943
Acc Pension Cost Net of Current Portion	26,809,719
Deferred Revenue Refundable-	17,369,675
Purchase Deposits-	46,679
Security Deposits-	175,193
Other Long-Term Liabilities	3,808,038
FIN47 Environmental Liability	63,030
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	58,357,387

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 32-0265031

Name: MaineGeneral Health and Affiliates

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

1 (a) Description of Liability	(b) Book Value
Workers Comp Accrual	1,660,110
Current Portion Accrued Insur Res	8,424,943
Acc Pension Cost Net of Current Portion	26,809,719
Deferred Revenue Refundable-	17,369,675
Purchase Deposits-	46,679
Security Deposits-	175,193
Other Long-Term Liabilities	3,808,038
FIN47 Environmental Liability	63,030

Supplemental Information

Return Reference	Explanation
Part V, Line 4	The intended uses for MaineGeneral Health and Affiliates' Endowments and Quasiendowments are as follows: Charity care at the Organization's hospital and the Harold Alfond Cancer Center; Funding educational programs for the Organization's nurses and other employees.

Supplemental Information

Return Reference	Explanation
Part X, Line 2	<p>The Company and its affiliates have been determined to be tax-exempt organizations as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and, accordingly, are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Accordingly, no provision for income taxes has been recorded in the accompanying consolidated financial statements for these tax-exempt organizations. The Captive is a limited liability company (LLC) under the Federal Income Tax Code and as a LLC passes its income or loss for federal and state tax purposes to its members. Tax-exempt organizations could be required to record an obligation for income taxes as the result of a tax position they have historically taken on various tax exposure items including unrelated business income or tax status. Under guidance issued by the Financial Accounting Standards Board, assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position. Estimated interest and penalties, if applicable, related to uncertain tax positions are included as a component of income tax expense. The Company has evaluated the tax positions taken on its filed returns. The Company has concluded no uncertain income tax positions exist at June 30, 2018. The Company's tax years from 2015 through 2018 are considered to be open and potentially subject to examination by the Internal Revenue Service.</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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
MaineGeneral Health and Affiliates

Employer identification number
32-0265031

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			9,921,838
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			9,921,838

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

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

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

3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Additional Data

Software ID:

Software Version:

EIN: 32-0265031

Name: MaineGeneral Health and Affiliates

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Investment in Franklin Templeton Global Multisector bond fund		3,573,159
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Investment in Baxter Street Offshore Fund, LD Equity fund		6,348,679

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MaineGeneral Health and Affiliates

Employer identification number
32-0265031

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		Walk for Hope (event type)	Farm, Forks and Friends (event type)	2 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	151,637	46,039	6,500	204,176
2	Less Contributions	115,683		6,500	122,183
3	Gross income (line 1 minus line 2)	35,954	46,039		81,993
Direct Expenses	4 Cash prizes			0	
	5 Noncash prizes	15,504	1,096	0	16,600
	6 Rent/facility costs	6,135	4,506	0	10,641
	7 Food and beverages		2,634	0	2,634
	8 Entertainment			0	
	9 Other direct expenses	4,689	7,199	270	12,158
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				39,960

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
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
------------------	-------------

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 MaineGeneral Health and Affiliates

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Employer identification number
 32-0265031

OMB No 1545-0047
2017
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
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 checked="" type="checkbox"/> Other _____ 22500 0000000000 %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			17,878,745	132,431	17,746,314	3 410 %
b Medicaid (from Worksheet 3, column a)			74,279,306	67,706,583	6,572,723	1 260 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			92,158,051	67,839,014	24,319,037	4 670 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	4		3,375,716	866,979	2,508,737	0 480 %
f Health professions education (from Worksheet 5)			32,203	26,045	6,158	0 %
g Subsidized health services (from Worksheet 6)			17,821,373	10,135,859	7,685,514	1 480 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits	4		21,229,292	11,028,883	10,200,409	1 960 %
k Total. Add lines 7d and 7j	4		113,387,343	78,867,897	34,519,446	6 630 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	525	14,033	1,274,640	68,541	1,206,099	0.230 %
8 Workforce development						
9 Other						
10 Total	525	14,033	1,274,640	68,541	1,206,099	0.230 %

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?		
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	97,508,626
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	115,758,341
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-18,249,715
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	No
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	No

Part IV Management Companies and Joint Ventures

(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 Augusta & Waterville Mobile MRI Owners LLC	MRI imaging services at the Augusta Hospital and Waterville facilities	50.000 %	0 %	50.000 %
2 4 Maine Mobile MRI Services Associates LP	Leasing of MRI equipment	16.670 %	0 %	83.330 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

1

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

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

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)
 MaineGeneral Medical Center

Name of hospital facility or letter of facility reporting group _____

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

MaineGeneral Medical Center

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>225 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>www mainegeneral org</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>www mainegeneral org</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>www mainegeneral org</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

MaineGeneral Medical Center

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

MaineGeneral Medical Center

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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? 3

Name and address	Type of Facility (describe)
1 1 - MaineGeneral Rehabilitation & LTC 37 Graybirch Drive Augusta, ME 04330	Long-term care and residential care facility
2 2 - MaineGeneral Retirement Community 60 Balsam Drive Ste 1 Hallowell, ME 04347	Retirement community
3 3 - MaineGeneral Community Care 10 Water Street Waterville, ME 04901	Homecare, hospice, behavioral health and substance abuse facilities
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	Charity care is billed at no more than the "amount generally billed" i.e. the average of the commercial rates and Medicare rates for emergency and other medically necessary services, and is included in net patient service revenues. Costs and expenses incurred in providing these services are included in operating expenses. Charges for services rendered to individuals from whom payment is expected and ultimately not received are written off and included as a reduction of revenue as part of the provision for bad debts. The organization's bad debt expense cost is calculated using a ratio of total patient related expense over gross charges. This is applied to total provision for bad debts, which is recorded at gross charges.
Part I, Ln 7 Col(f)	A provision for charges for services rendered to individuals from whom payment is expected and ultimately not received is written off and included as an operating expense as part of the provision for bad debts. The organization's bad debt expense is calculated using a ratio of total expenses over gross charges. This is applied to total provision for bad debts which is recorded at gross charge less any applicable discounts.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part II, Community Building Activities	<p>MaineGeneral Health and Affiliates offers a variety of classes and community health outreach events to support and build our community. Such events range from cancer survivor classes and support groups, breastfeeding classes, sibling classes, a safe babysitter program and parenting education. The organization provides a wide range of programs to support a healthy and well educated community throughout all ages and health care situations. The organization offers diabetes care and smoking cessation classes, along with support groups for area individuals with a variety of health problems including Alzheimer's disease, bariatric surgery needs, brain injury, stroke and hospice. Space is provided free of charge and in some cases the support groups are managed and staffed by MaineGeneral employees.</p>
Part III, Line 4	<p>For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Medical Center records a provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between standard rates (or discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts. The organization's bad debt expense is calculated using a ratio of total expenses over gross charges. This is applied to total provision for bad debts which is recorded at gross charges less any applicable discounts. A significant portion of the uncollectable patient balances relate to individuals and families which are uninsured and with income levels over the uncompensated care guidelines. The write-off of these uncompensated balances provides community benefit for patients and families that can not afford to pay for their healthcare costs in addition to their other living expenses.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b	<p>In accordance with the Affordable Care Act and the IRS 990 rules, individuals, once identified as eligible for the Organization's uncompensated care program, will be billed no more than the amount generally billed i.e. the average of the three best, negotiated commercial rates and Medicare rates for emergency and other medically necessary services</p>
Part VI, Line 2	<p>MaineGeneral representatives participated in 12 of 16 community engagement forums and events held in the Central Public Health District between Sept 11, 2015 and March 23, 2016. These forums and events involved individuals who represent the broad interest of the community. Sectors attending included public health, medical staff leadership, nurses, social workers, health care administration, local and state government, low income community representatives, community health coalitions, non-profit agencies, behavioral health service providers, public schools, local police and the faith community. These community engagement forums and events were an essential component of the Maine Shared Health Needs Assessment Planning Process (SHNAPP) Community Health Needs Assessment (CHNA), allowing for community members to review state and local health data and identify the next steps required to address the identified community health priorities. Participants in some of the forums met in small, focused groups to discuss opportunities for collaboration on specific priority issues. Other engagement events involved questions, suggestions and discussion about possible implementation strategies that a hospital system could lead or contribute to in some way. In addition, MaineGeneral convened its Community Health Improvement Committee (CHIC) board of directors committee and invited key stakeholders with expertise in mental health and substance use disorders, chronic disease, obesity, tobacco use and access to care. The CHIC scheduled a series of meetings which were attended by representatives from MaineGeneral Community Care, MaineGeneral Quality Department, Emergency Department medical staff, Family Medicine Residency staff, MaineGeneral leadership, MaineGeneral Health Board of Directors, and the Center for Prevention and Healthy Living. The CHIC then developed MaineGeneral's Community Health Implementation Plan based on the results of the series of meetings. The Community Health Implementation Plan includes goals, strategies, outcomes and resources committed and needed for each of the five priority areas identified: Chronic disease, Obesity, Tobacco use and exposure, Access to care, Substance use disorders. The CHIC selected strategies the health care system is uniquely positioned to address. In addition, it identified the community partners MaineGeneral will be working with to address the priority areas. All of the priorities identified by the community forums and events were included in the CHIP.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3	<p>For inpatient stays, the Medical Center Patient Registration Department provides a written notice regarding the availability of the uncompensated services program to inpatients upon admission or, in the case of an emergency, before discharge. In those rare cases where the notice was not given to the patient at admission or upon discharge due to unavoidable circumstances, a charity care notice was sent with the initial patient bill. All outpatient departments including provider based practices provide patients access to the written notice of the availability of the uncompensated services program at the time of service. Initial patient bills include a notification to patients on the availability of the uncompensated services program. Subsequent patient billings also include notices to patients about the availability of the program. During this process, if it appears that a patient is qualified for the government programs, the program application is provided to the patient and a patient financial services representative provides any assistance required in educating the patient on properly preparing the application. Current income guidelines are displayed in all business offices, main patient registration areas and emergency departments. The posted guidelines are updated annually based on changes in the federal poverty guidelines. The Hospital makes all reasonable efforts to communicate the contents of the income guidelines to persons that it has reason to believe cannot read the notice.</p>
Part VI, Line 4	<p>MaineGeneral Medical Center's service area consists of a population of approximately 180,000 residents covering 120 square miles living in 82 communities. This population represents 100% of Kennebec County, 87% of Somerset County, 24% of Waldo County, 20% of Lincoln County, 8% of Sagadahoc County and 3% of the Knox County population. The primary service area (PSA) is defined as the zip codes where MGH has the majority of discharges. The secondary service area (SSA) is defined as zip codes where MGH has 15% or greater, but less than a majority of total discharges.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5	MaineGeneral Health and Affiliates supports the health of the community by being involved with several of the non-profit organizations in the area. Several of our staff serve on the board of directors of these organizations, as well as volunteer their time in other capacities for local non-profit organizations. Our staff also commit their time to serving in several health care leadership organizations. They provide their knowledge and experience to promote higher quality health care throughout our community.
Part VI, Line 6	MaineGeneral Health and Affiliates includes MaineGeneral Medical Center, which provides a wide variety of hospital, primary care, specialty care and emergency care services to the community. MaineGeneral Community Care, which provides homecare, hospice, behavioral health and substance abuse services. MaineGeneral Rehabilitation & Long Term Care, which provides long term, skilled nursing and residential care services. It also provides Alzheimer's residential care and Alzheimer's day care services. MaineGeneral Retirement Community, which provides independent and assisted living services, as well as an Alzheimer's care unit.

990 Schedule H, Supplemental Information

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

Schedule H (Form 990) 2017

Additional Data**Software ID:****Software Version:****EIN:** 32-0265031**Name:** MaineGeneral Health and Affiliates**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	MaineGeneral Medical Center 35 Medical Center Parkway Augusta, ME 04330 www.maine-general.org 38948	X	X		X		X	X			

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

Form and Line Reference	Explanation
MaineGeneral Medical Center	<p>Part V, Section B, Line 5 Community engagement using shared CHNA reports for local and regional planning is a critical part of the needs assessment and health improvement planning process. For some, working with a community means engaging community partners at the organizational or agency level, and for others it entails working with individual community members or working with community leaders who represent specific populations. Both types of engagement satisfy the IRS and Public Health Accreditation Board. Community feedback was used to collaboratively create 3-year implementation strategies, also called implementation plans. The process, co-led by Maine CDC District Liaisons and representatives from Maine SHNAPP not-for-profit hospitals, achieved the following: Ensured broad interests of the local community were represented, Obtained stakeholder input on identifying significant health needs based on review of data, Solicited stakeholder feedback on prioritizing significant health needs, and Identified local assets and resources that could address local health priorities.</p> <p>Preparing for Community Engagement: The planning process included the District Liaison from the Maine CDC and representatives from participating Maine SHNAPP hospitals in the region. The leaders reached out to community benefit leadership among other local not-for-profit hospitals, local public health departments, and other organizations and community sectors whose work impacts the health of the communities in the district and/or county. The committees established for this purpose or a current body may carry out the commitments. This outreach resulted in the formation of committees which reflected the populations that need to be engaged, and included individuals with diverse expertise or community roles, including representatives from the following sectors: Public health, Community health coalitions, Healthcare providers, including oral and behavioral health care providers, Minority populations (e.g., Maine NAACP members, Latino student club, immigrant services), Business and civic leadership (e.g., local employers, civic organizations, community leaders), Funding agencies (e.g., local philanthropic organizations, bank and credit union services), Local and state government, Non-profit organizations, including hospitals, Colleges and Universities, Low-income and/or medically underserved people.</p> <p>Obtaining Local Community Engagement Input: The SHNAPP Committee collected input as resources allowed through the best methods determined locally. Suggestions for obtaining feedback from organizations and groups included, but were not limited to: Additional Community Forums, Key Informant Interviews, Interviews, and a re-focused conversations. They are used to learn about assumptions and perceptions in our communities about health issues, resources, and actions. Focus Groups: Focus Groups are discussions led by a trained facilitator among a small group of people. Members of the group share opinions about the topic.</p>

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

Form and Line Reference	Explanation
MaineGeneral Medical Center	<p>cards at hand and offer suggestions</p> <p>Written or Electronic Surveys Surveys provide a consistent and structured method for asking questions among a selected group of people. People responding to surveys share their experience or feedback at their convenience without the potential influence of responding to a person.</p> <p>Group Presentations with Structured Feedback Instead of a forum or focus group, a presentation of an issue using prepared slides or handouts can be planned during a regularly scheduled meeting of a group such as a Rotary Club, school booster club, public health nursing staff meeting, or patient advisory board, etc. with the goal of gaining input through nominal group process or a variation to obtain individual votes and recommendations.</p>

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

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

Form and Line Reference	Explanation
MaineGeneral Medical Center	Part V, Section B, Line 6a Maine Health, Central Maine Healthcare and Eastern Maine Healthcare Systems

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
MaineGeneral Medical Center	Part V, Section B, Line 6b Maine Department of Health and Human Services

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
MaineGeneral Medical Center	<p>Part V, Section B, Line 11 MaineGeneral Medical Center Implementation StrategyCounty Kennebec and SomersetPriority Chronic DiseaseGoal Prevention and Management of Chronic Disease (Diabetes, Cardiovascular Disease and Cancer) via health system strategies Strategies/ Activities Implement Primary Care Demonstration Project Team Based Care pilot project with MaineGeneral Primary Care Implement Care Management Platform by Kennebec Regional Health Alliance, and implement standardization of care management to improve population health Utilize MaineGeneral Outpatient Staff Education Center to develop outpatient clinical staff education plan to assure competent workforce to implement population health strategies Expand PICH Clinical Community Linkages Project to include screening for social determinants of health and chronic disease risk and referral to new evidence based services and resources to improve health Expand and sustain the use of Community Health Workers in linking patients and practices to chronic disease management prevention and treatment resources in the MGH service area Resources Committed MG Primary Care budgets for Team Based Care, Care Management Platform and Staff Education Center PICH Clinical Community Linkages work funded by Center for Disease Control from July 1, 2016 to September 30, 2017Center for Prevention and Healthy Living funding from Peter Alford Endowment, MaineGeneral Community Health FundSIM grant from July 1, 2016 to Sept 30, 2016Additional resources committed by Spectrum Generation, KV YMCA, Alford Youth Center, and Greater Somerset Public Health for chronic disease support servicesResources Needed Grant funding to expand primary care, care management, and community linkages activities and evaluate expansion of these strategiesAdditional funds needed to support community health workers, and evidence based programs and service (\$200,000/ year) Leadership engagement with business leaders, insurers, governmental leadership (local and state), social service agenciesOutcomes/ what will be measured Increased patient panels per practice and providerImproved patients experience scores in outpatient practicesImproved chronic disease indicators (Blood pressure, Pre-diabetes, Diabetes, Depression, COPD)Maintain readmission rates for AMI, CHF, PN, COPDIncreased referral to evidence based prevention services and social determinants of health resources in the communityIncreased enrollment and utilization of evidence based prevention intervention and health education services delivered by MGMCIncreased screening rates for breast, cervical, colon and lung cancerMaineGeneral Medical Center Implementation StrategyCounty KennebecPriority ObesityGoal Prevention and Management obesity via physical movement and healthy eating policies, programs and services Strategies/ Activities Expand and sustain evidence based health cooking and physical movement programs Develop and implement 3 year communication plan targeting providers, bu</p>

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

Form and Line Reference	Explanation
MaineGeneral Medical Center	<p>business, insurers, governmental leadership, social service agencies and the public re the b enefits of local physical movement and healthy eating polices programs and services Primary care practices will develop proactive outreach plan and implement work flow and electronic health system changes to better serve populations of patients with obesity risk Expand obesity prevention activities via WIC (Women Infant and Children program) and primary care Increase collaboration with community agencies such as Alford Youth Center, YMCA and Spectrum Generation to assure obesity prevention programs are sustained in the community Resources Committed Peter Alford Endowment Alford Communication Funds WIC Resources Clinical community linkages work to be funded by PICH grant funding from the Center for Disease Control from July 1, 2016 to September 30, 2017 Resources Needed Grant funding for program expansion (\$200,000/year) Leadership engagement with business leaders, insurers, governmental leadership (local and state), social service agencies Outcomes/ what will be measured Improved obesity and physical activity indicators of adults and children (overweight, obesity, sedentary lifestyle) Increased obesity prevention policy, program and service participation indicators Improved WIC prevention indicators MaineGeneral Medical Center Implementation Strategy County Kennebec Priority Tobacco Use and Exposure Goal Reduce lung disease mortality, by reducing disease risk factors for COPD and Lung cancer via primary care and community based strategies Strategies/ Activities Expand tobacco exposure screening and referrals to lung disease risk reduction and screening services via primary care Implement use of community health workers "CHWs" to educate low income communities about lung cancer risk and link them to cessation, primary care, prevention services and lung cancer screening Expand access and referral to cessation services via WIC, and MG counseling Resources Committed MaineGeneral Medical Center Health Fund Bristol Meyer Squibb Foundation Lung Cancer Prevention and Screening contract Free ME from Lung Cancer Foundation funds Clinical community linkages work to be funded by PICH grant funding from the Center for Disease Control from July 1, 2016 to September 30, 2017 WIC Contract funds Resources Needed Grant funding or payment of Community Health worker staff time (\$100,000) IT technical support for report writing assuring accurate data re tobacco exposure and referral to services for quality improvement and program evaluation Outcomes/ what will be measured Increased % of patients screened and referred to lung disease risk reduction services Increased % of patients age 55 + patients receiving Low Dose CT Lung cancer screening % of MaineGeneral Primary Care practices and providers implementing lung disease screening and referral interventions MaineGeneral Medical Center Implementation Strategy County Kennebec Priority Substance Use Disorder Goal Reduction in overdose mortality, by implement</p>

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

Form and Line Reference	Explanation
MaineGeneral Medical Center	<p>ation of health systems strategies Reducing number of pain prescriptions per capita, substance use risk screening, and provision of treatment in primary care Strategies/ Activities Establish a comprehensive medical staff plan for opiate prescribing, pain management, risk reduction and opiate treatment of patients Implement outreach plan for provider education on guidelines for safe opioid prescribing, use of Maine Prescription Drug Monitoring (PMP) system, screening and referral for opiate dependence services Implement public education campaign on MG standards of care for pain management, and commitment to prevention and treatment Implement overdose prevention and naloxone education in all MaineGeneral clinical settings targeting patients and families at increased risk Expand medication assisted treatment capacity by providing provider and primary care office staff training Complete feasibility study to expand integrated harm reduction services to Waterville area Resources Com mitted ROOR HRSA Grant(July 1 to October 1, 2016)Maine General Community Health FundResources Needed Grant funding to coordinate implementation of Community Education Campaign,(\$ 200,000)Funds to coordinate implementation of comprehensive plan of medical staff education, including waiver training, new guidelines for safe opioid prescribing, PMP updates, and treatment resources(\$200,000)Outcomes/ what will be measured Increased # of providers utilizing PMP, new prescribing guidelines for safe opioid prescribing, and community education materials Increased % MGH practices where office based opioid treatment services are provided MaineGeneral Medical Center Implementation StrategyCounty KennebecPriority Access to CareGoal Increasing access to primary care, oral health and mental health services Strategies/ Activities Expand use of Community Health Workers to address access to care barriers related to medical care and oral health Expand Center for Prevention and Health living HUB staffing to support linking Emergency Department, Express Care, and Care Management Platform patients with no PCPs to appropriate follow up and primary care Expand the integration of mental health services in primary care settings Implement stigma education for medical staff and primary care regarding mental illness and barriers to access to care Implement collaboration strategies and referrals between oral health services All of the priorities identified by the community forums and events were included in the CHIP The following health issues were identified by surveillance data but not selected for the CHIP Falls, Traumatic brain Injury, Overall mortality ratesThere is a lack of detailed data, evidence-based programs, expertise within the system and financial resources to address these</p>

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

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

Form and Line Reference	Explanation
MaineGeneral Medical Center	Part V, Section B, Line 13h If an individual does not meet the criteria to defer determination, but the Medical Center is unable to determine the coverage of the individual and has a reasonable basis for believing that the individual may be covered by insurance or eligible for federal or state medical assistance programs, it may defer the determination concerning uncompensated services until such coverage is determined or denied

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
MaineGeneral Medical Center	Part V, Section B, Line 16j MGMC will provide policy documents to other local community agencies (including but not limited to, KVCAP, Bread of Life Ministries, Family Violence Project and Mid-Maine Homeless shelter) that can assist with informing and notifying residents of the community served by the hospital, who are most likely to require financial assistance about the Program

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MaineGeneral Health and Affiliates

Employer identification number
32-0265031

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7 Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 7	A portion of compensation is at risk and variable and is based on the quality of job performance

Additional Data

Software ID:
Software Version:
EIN: 32-0265031
Name: MaineGeneral Health and Affiliates

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				
1 Daniel Doornbos MD Director	(i)	304,618	53,000	1,472	9,275	12,834	381,199	0
	(ii)	0	0	0	0	0	0	0
1 David Hay MD Director	(i)	374,385	105,771	2,669	9,856	15,011	507,692	0
	(ii)	0	0	0	0	0	0	0
2 Charles Hays President & CEO	(i)	0	0	0	0	0	0	0
	(ii)	596,716	44,000	8,623	9,315	14,100	672,754	0
3 Jennifer Riggs Chief Nursing Officer and CEO MGCC	(i)	208,532	0	460	7,888	7,019	223,899	0
	(ii)	0	0	0	0	0	0	0
4 Reynerio Sepe Lanoy MD Director, MGCC	(i)	242,128	23,000	185	8,188	7,046	280,547	0
	(ii)	0	0	0	0	0	0	0
5 Nicole McSweeney Director, MGRC	(i)	0	0	0	0	0	0	0
	(ii)	147,867	0	80	5,763	6,853	160,563	0
6 Paul Stein Chief Operating Officer & CEO, MGRLT	(i)	250,596	0	55	10,195	14,879	275,725	0
	(ii)	0	0	0	0	0	0	0
7 Terrance Brann Jr Treasurer & Chief Financial Officer	(i)	0	0	0	0	0	0	0
	(ii)	283,469	0	90	10,800	8,142	302,501	0
8 Sean McGarr Physician	(i)	573,416	229,822	959	9,545	16,009	829,751	0
	(ii)	0	0	0	0	0	0	0
9 George Polkinghorn Physician	(i)	372,492	343,346	5,073	7,760	15,322	743,993	0
	(ii)	0	0	0	0	0	0	0
10 Anthony Mancini Physician	(i)	408,305	297,838	1,902	10,800	15,235	734,080	0
	(ii)	0	0	0	0	0	0	0
11 Sakdhisapol Katanyutanon Physician	(i)	330,244	306,626	420	7,733	12,571	657,594	0
	(ii)	0	0	0	0	0	0	0
12 Derrick Tooth Physician	(i)	541,973	28,050	41,576	10,549	15,908	638,056	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990.
Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
MaineGeneral Health and Affiliates

Name of the organization
MaineGeneral Health and Affiliates

Employer identification number
32-0265031

Part I Bond Issues

Table with 11 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 include Maine Health and Higher Education Facilities Authority.

Part II Proceeds

Table with 13 rows and 8 columns. Rows 1-12 list various proceeds categories and amounts. Row 13 shows year of substantial completion for 2015 and 2013. Rows 14-17 are yes/no questions about bond issuance and record keeping.

Part III Private Business Use

Table with 2 rows and 8 columns. Rows 1 and 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
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 660 %		1 420 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶			2 640 %					
6 Total of lines 4 and 5	0 660 %		4 060 %					
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X	X					
b Name of provider			NATIXIS FUNDING CORP					
c Term of GIC			3000 0000000000 %					
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			X					
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	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					

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 and Higher Education Facilities Authority Date the Rebate Computation was Performed 08/29/2016

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MaineGeneral Health and Affiliates

Employer identification number
32-0265031

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
(1) Terrance Flanagan	Employee and brother of David Flanagan	289,402	Employee compensation		No
(2) Kathryn Hays	Employee and daughter of Charles Hays	57,669	Employee compensation		No
(3) Charles V Hays	Employee and son of Charles Hays	29,354	Employee compensation		No
(4) Jeffrey Brann	Employee and son of Terry Brann	19,306	Employee compensation		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MaineGeneral Health and Affiliates

Employer identification number
32-0265031

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	X		700	Fair Market Value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	11	902,391	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	X	1	100	Fair Market Value
19 Food inventory	X	9	1,551	Fair Market Value
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ See Additional Data				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
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
Part I, Line 32b	MaineGeneral Health solicits and processes all donations for all affiliates. MaineGeneral Health and Affiliates uses an investment broker to receive and sell all stock gifts as soon as practicable.

Additional Data

Software ID:

Software Version:

EIN: 32-0265031

Name: MaineGeneral Health and Affiliates

Part I, Lines 25-28

	(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
Other ► (<u>Lenox Christmas Santas)</u>	X	12	2,400	Fair Market Value
Other ► (<u>Computer)</u>	X	2	2,000	Fair Market Value
Other ► (<u>Surgical Tools)</u>	X	1	1,500	Fair Market Value
Other ► (<u>Signs)</u>	X	1	1,000	Fair Market Value
Other ► (<u>Digital Picture Frame)</u>	X	5	600	Fair Market Value
Other ► (<u>Digital Camera)</u>	X	3	500	Fair Market Value
Other ► (<u>Gift Basket)</u>	X	1	150	Fair Market Value
Other ► (<u>Fitbit Charge 2)</u>	X	1	130	Fair Market Value
Other ► (<u>Amazon Echo)</u>	X	1	100	Fair Market Value
Other ► (<u>Baseball game tickets)</u>	X	4	80	Fair Market Value
Other ► (<u>Movie tickets)</u>	X	2	26	Fair Market Value

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
MaineGeneral Health and Affiliates

Employer identification number

32-0265031

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Item C	<p>DBA MaineGeneral Employee Assistance Program DBA MaineGeneral Express Care DBA MaineGeneral Gastroenterology DBA MaineGeneral Inpatient Detoxification DBA MaineGeneral Intensive Outpatient Treatment DBA MaineGeneral Neurology DBA MaineGeneral Obstetrics and Gynecology DBA MaineGeneral Outpatient Psychiatry DBA MaineGeneral Residential Services DBA MaineGeneral Surgery DBA MaineGeneral Rehabilitation and Long Term Care at Glenridge DBA MaineGeneral Rehabilitation and Long Term Care at Graybirch DBA MaineGeneral Community Care DBA MaineGeneral Homecare and Hospice DBA MaineGeneral Retired Senior Volunteer Program DBA MaineGeneral Harm Reduction Program DBA MaineGeneral Assertive Community Treatment DBA MaineGeneral Incontinence Program DBA MaineGeneral Kidney Care DBA MaineGeneral Midwifery Services DBA MaineGeneral Occupational Therapy DBA MaineGeneral Sports Medicine DBA Alford Center for Health DBA Thayer Center for Health DBA Augusta Family Medicine DBA Gardiner Family Medicine DBA Winthrop Family Medicine DBA MaineGeneral Retirement Community DBA Granite Hill Estates DBA Martha Ballard Assisted Living Center DBA MaineGeneral Counseling DBA MaineGeneral Speech Therapy DBA MaineGeneral Allergy & Asthma DBA MaineGeneral Vascular Surgery DBA MaineGeneral Thoracic Surgery DBA MaineGeneral Inpatient Psychiatric DBA MaineGeneral Ear, Nose and Throat DBA MaineGeneral Diabetes & Nutrition Center DBA MaineGeneral Hearing Evaluations & Treatment DBA MaineGeneral Horizon Clinic DBA MaineGeneral Internal Medicine DBA MaineGeneral Medical Center DBA MaineGeneral Medical Center Physical Rehabilitation Unit DBA MaineGeneral Mental Health and Substance Abuse Services DBA MaineGeneral Orthopaedics DBA MaineGeneral Psychiatry DBA MaineGeneral Pulmonology DBA MaineGeneral Urology DBA MaineGeneral Anticoagulation Clinic DBA MaineGeneral Bariatric Center DBA Alzheimer's Care Center DBA Glenridge Living Community DBA The Inn at City Hall DBA Early Learning Center DBA Gray Birch DBA Glenridge DBA MaineGeneral WIC DBA MaineGeneral RSVP DBA MaineGeneral Hospice Volunteers of Kennebec Valley DBA MaineGeneral Hospice DBA MaineGeneral Homecare DBA MaineGeneral Next Step Needle Exchange DBA Eat-Easy, Appetizing & Tonight DBA Prevention and Healthy Living DBA MaineGeneral Podiatry DBA MaineGeneral Eye Center DBA MaineGeneral Palliative Care DBA Mid-Maine Medicine DBA Renew! A Shop for Women DBA Oakland Family Medicine DBA Elmwood Primary Care DBA Winthrop Pediatric and Adolescent Medicine DBA Kennebec Pediatrics DBA Harold Alford Center for Cancer Care DBA CarePartners DBA Workplace Health DBA Family Medicine Institute DBA Edmund Erwin Pediatric Center DBA Comfort Care at Glenridge DBA Jacksonman Area Long Term Care DBA HealthReach Network</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 1	MaineGeneral Health and Affiliates' mission is to enhance, every day, the health of our patients, our families and our communities

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>MaineGeneral Medical Center is a non-profit acute care hospital with facilities in both Augusta and Waterville, Maine, that provides comprehensive healthcare services to the community, regardless of a patient's ability to pay. Both campuses provide emergency and outpatient lab and diagnostic services. The Augusta campus also provides critical care, a full range of inpatient and outpatient surgical services, substance abuse and mental health services, cancer care, maternal, newborn and child health services and inpatient diagnostic services. In addition, the Jackman Region Health Center, in northern Somerset County, which is a part of MaineGeneral Medical Center, provides an 18-bed nursing home. During the fiscal year ending June 30, 2018 MaineGeneral Medical Center provided care for 9,458 inpatients, 2,178 inpatient and 7,738 outpatient surgeries, 1,186 births, 45,798 oncology procedures, 517,930 laboratory procedures, 127,048 diagnostic imaging procedures, and 55,639 emergency procedures. MaineGeneral Medical Center also provides physician care services through hospital based physician practices throughout Kennebec County. These physician practices include primary care as well as a wide variety of specialty services. During fiscal year 2018 the MaineGeneral Physician Practices provided 146,117 adult primary care visits, 30,738 pediatric primary care visits, 39,856 express care visits and 204,328 visits for various specialty care practices.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b	MaineGeneral Community Care operates a homecare and hospice program throughout the Kennebec Valley and surrounding areas. During the fiscal year ending June 30, 2018, MaineGeneral Community Care provided 65,001 days of homecare services and 50,495 days of hospice care. The company also provides several community support programs for mental health and substance abuse treatment. MaineGeneral Community Care provided 6,729 service hours of outpatient counseling, 4,736 days of service through the men's and women's residential care programs, and 6,449 visits through the ACT program during the fiscal year ending June 30, 2018.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4c	<p>MaineGeneral Rehabilitation and Long Term Care provides long-term care, assisted living, respite and day care services to the community, regardless of an individual's ability to pay. Graybirch and Glenridge nursing facilities in Augusta, Maine provided 80,773 days of skilled and residential care services to residents requiring long-term care services during the fiscal year ending June 30, 2018. The Alzheimer's Care Center in Gardiner, Maine provides residential care, respite, and day care services to residents with memory loss. The center provided 10,728 days of residential care services and 10,269 hours of service in the day care program during the fiscal year ending June 30, 2018. In addition, MaineGeneral Rehabilitation operates an early learning center that provides child care services to employees and community children and provides assisted living services to residents living at the Inn at City Hall in Augusta, Maine.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	All Forms 990 and related attachments were reviewed by appropriate members of senior management, the Finance Committee, and the Board of Directors before the filings were sent to the Internal Revenue Service. Final drafts of Forms 990 were available thirty days prior to the filing deadline in order to be formally reviewed by the Senior Vice President and Chief Financial Officer, the Compliance Officer, the entire senior management team, the Finance Committee, and the Board of Directors. Forms 990 and related attachments were provided to and reviewed by the Finance Committee in April 2019 and by the Board of Directors in May 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>MaineGeneral Health and Affiliates' Conflict of Interest Policy requires disclosure of any actual or potential conflict of interest to the Board Chair. Interested persons are prohibited from participating in the governing body's deliberations and decisions regarding any transactions when they have a conflict of interest. If the Board or Committee has reasonable cause to believe that a member has failed to disclose actual or possible conflicts of interest, the Board or Committee shall investigate and then determine by a majority vote whether a conflict of interest exists and whether the violation is grounds for removal from the Board or Committee. There are formal records of these proceedings. In addition, each director, officer, and member of the Board is required to annually complete and sign a Conflict of Interest Disclosure Statement. Employees must disclose in writing to their supervisors any conflicts of interest prior to engaging in transactions or taking positions with MaineGeneral Health and Affiliates. In addition, these disclosures must be approved by the supervisor's manager or, as applicable, the Board Chair, in conjunction with the Human Resources Compliance Officer. If management has reasonable cause to believe that an employee has intentionally failed to disclose a conflict of interest, appropriate disciplinary or corrective action up to and including termination shall be taken. In addition, upon hire or promotion to a management position, all management employees shall complete a Conflict of Interest Disclosure Statement, which will be submitted to the Ethics and Compliance Department for review and reporting to the Chief Compliance Officer, who will record and report each validated conflict of interest to the Board.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>The Board of Directors is responsible for determining the compensation package for the MaineGeneral Health Chief Executive Officer. An independent compensation consultant advises the Board, using comparability data, expert compensation studies and other means. Paid executives who hold voting privileges may not vote or participate in discussions regarding their compensation. However, they may answer questions that will help the Board in its deliberations. For other officer and key employee positions, salary structures are developed and maintained based on national compensation data for healthcare organizations. The MaineGeneral Health Chief Executive Officer's compensation was last reviewed in December of 2015.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	MaineGeneral Health and Affiliates makes its governing documents, conflict of interest policy and financial statements, whether or not audited, available to the general public by use of the organization's website and providing copies immediately upon request. In addition, the Controller distributes financial statements and budgets on a quarterly and annual basis to designated third parties.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Additional Pension Liability 7255397

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 2C	Change in oversight or selection process during the tax year MaineGeneral Health and Affiliates did not change its oversight process or selection process during the tax year

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MaineGeneral Health and Affiliates

Employer identification number

32-0265031

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
(1) Kennebec Risk LLC 100 Bank Street Burlington, VT 05401 45-5473855	Captive Insurance Company	VT	3,639,717	8,875,821	MaineGeneral Medical Center

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MaineGeneral Health 35 Medical Center Parkway Augusta, ME 04330 04-3369649	Provider of management support service to non-profit healthcare subsidiaries	ME	501(c)(3)	Line 12b, II	N/A		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

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

Part VII **Supplemental Information**

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