

PUBLIC DISCLOSURE COPY

**Tax Exempt Entity Declaration and Signature
for E-file**For calendar year 2023, or tax year beginning OCT 1, 2023,
and ending SEP 30, 20 24

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

Go to www.irs.gov/Form8453TE for the latest information.

OMB No. 1545-0047

2023

Name of filer

MaineHealth

EIN or SSN

01-0238552

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	4,114,078,544.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration of Officer or Person Subject to Tax

- 11a ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- b ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that ☒ I am an officer of the above named entity or ☐ I am the person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here 08/11/25 CFO
Signature of officer or person subject to tax Date Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	Return prepared by a non-paid preparer			EIN
					Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-TE** (2023)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning **OCT 1, 2023** and ending **SEP 30, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="border: 1px solid black; padding: 2px;">MaineHealth</div> <div style="border: 1px solid black; padding: 2px;">Doing business as</div> <div style="border: 1px solid black; padding: 2px;">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</div> <div style="border: 1px solid black; padding: 2px;">22 Bramhall Street</div> <div style="border: 1px solid black; padding: 2px;">City or town, state or province, country, and ZIP or foreign postal code</div> <div style="border: 1px solid black; padding: 2px;">Portland, ME 04102</div> <div style="border: 1px solid black; padding: 2px;"> F Name and address of principal officer: Andrew Mueller, MD 22 Bramhall Street, Portland, ME 04102 </div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;">01-0238552</div> E Telephone number <div style="border: 1px solid black; padding: 2px;">207-661-7001</div> G Gross receipts \$ <div style="border: 1px solid black; padding: 2px;">4,851,273,867.</div> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: <div style="border: 1px solid black; padding: 2px;">www.mainehealth.org</div>		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
L Year of formation: 1951		M State of legal domicile: ME

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>See Schedule O</u>		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	26951
6	Total number of volunteers (estimate if necessary)	6	634
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,103,059.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	116,359,938.	93,949,286.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,047,223,366.	3,593,508,908.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,210,721.	64,057,934.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	506,677,359.	362,562,416.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,690,471,384.	4,114,078,544.
14	Benefits paid to or for members (Part IX, column (A), line 4)	5,416,950.	6,975,131.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,876,032,322.	2,341,274,781.
16b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,568,944.	1,622,012,816.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,632,123,438.	1,622,012,816.
19	Revenue less expenses. Subtract line 18 from line 12	3,513,572,710.	3,970,262,728.
20	Total assets (Part X, line 16)	176,898,674.	143,815,816.
21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
22	Net assets or fund balances. Subtract line 21 from line 20	3,803,040,949.	4,165,602,847.
23		1,638,557,025.	1,674,003,242.
24		2,164,483,924.	2,491,599,605.

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 <div style="border: 1px solid black; padding: 2px;">Richard Bayman, CFO</div> Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name	Firm's EIN
	Firm's address	Phone no.

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

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

See Part 1, Line 1 for the organization's mission.

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 \$ 3,112,774,526. including grants of \$ 2,900,433.) (Revenue \$ 3,593,508,908.)
Patient Care

MaineHealth Services (MaineHealth's parent) is the largest healthcare system in Maine, providing a full range of integrated healthcare services to patients in Maine and New Hampshire. MaineHealth provides healthcare services in a wide range of community-based settings and includes nine hospitals with 1,330 licensed beds, 136 ambulatory sites, 8 emergency room facilities, approximately 1,400 employed physicians, and other ancillary services.

(Continued on Schedule O)

4b (Code:) (Expenses \$ 155,614,536. including grants of \$) (Revenue \$ 19,369,136.)
Teaching (Medical and Interprofessional Education Program)

Educating and training healthcare professionals is vital to MaineHealth's mission. This is a critical component to the delivery of quality health care and developing the health care workforce. To that end we have established a number of robust training and education programs. MaineHealth's flagship hospital, Maine Medical Center (MMC), has a long history of educating medical students, residents, interprofessional providers and faculty.

(Continued on Schedule O)

4c (Code:) (Expenses \$ 42,633,293. including grants of \$ 4,074,698.) (Revenue \$ 27,556,142.)
Research

Research is a core component of the MaineHealth mission and essential to the delivery of quality health care in the future. MaineHealth Institute for Research (MHIR) is the research arm of MaineHealth. MHIR supports and encourages a broad spectrum of research, ranging from basic laboratory-based research to translational and clinical research, to health services, population, and community-engaged research. The institute has four scientific centers: the Center for Applied Science & Technology, the Center for Clinical & Translational Science,

(Continued on Schedule O)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,311,022,355.Form **990** (2023)

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	
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>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
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>	23 X	
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>	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
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>	25a	X
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>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b X	
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
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>	32	X
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>	33	X
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>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
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>	35b X	
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>	36	X
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>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 1391	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 26951		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 23 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 Richard Bayman - 207-661-7001
 110 Free Street, Portland, ME 04101

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) Andrew Mueller, MD CEO and President	50.00 0.00			X				2,222,049.	0.	55,268.
(2) Robert Ecker, MD Chief - Neurosciences	50.00 0.00					X		1,462,063.	0.	96,908.
(3) Matthew R Sanborn, MD Physician	50.00 0.00					X		1,479,719.	0.	61,694.
(4) Adam J. Rana, MD Physician	50.00 0.00					X		1,342,886.	0.	85,905.
(5) Joseph T Alexander, MD Physician	50.00 0.00					X		1,311,775.	0.	115,707.
(6) Dougald MacGillivray, MD Physician	50.00 0.00					X		1,295,020.	0.	110,813.
(7) Albert G Swallow III CFO, Board Treasurer	50.00 0.00			X				1,275,516.	0.	128,689.
(8) Jeffrey Sanders Former MMC President	50.00 0.00						X	1,364,442.	0.	34,150.
(9) Lugene Inzana Former Officer/MH Associate CFO	50.00 0.00					X		887,523.	0.	61,476.
(10) Joel Botler, MD Former Officer/Reg. CMO-So. Region	50.00 0.00					X		855,473.	0.	92,847.
(11) Beth Kelsch General Counsel, Board Secretary	50.00 0.00			X				752,576.	0.	96,015.
(12) Lisa Beaulé, MD VP Phyc & APP Svcs - So. Region	50.00 0.00	X						594,453.	0.	101,835.
(13) Brett Loffredo, MD Physician	50.00 0.00	X						399,880.	0.	93,130.
(14) Thomas J Ryan, Jr. MD, FACC Physician	24.00 0.00	X						328,038.	0.	97,146.
(15) Peter Manning, MD Physician	50.00 0.00	X						395,747.	0.	19,778.
(16) Kate Herlihy, MD, MHP Physician	50.00 0.00	X						265,774.	0.	56,426.
(17) Robert Frank Former General Counsel	20.00 0.00						X	117,526.	0.	2,348.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) David Kumaki, MD, FACP Former Physician/Trustee	1.00 0.00	X						2,015.	0.	60.
(19) Linda Terry Trustee	1.00 0.00	X						0.	0.	0.
(20) Quincy Hentzel Trustee	1.00 0.00	X						0.	0.	0.
(21) Matthew C Chin Trustee	1.00 0.00	X						0.	0.	0.
(22) Peter Wood Trustee	1.00 0.00	X						0.	0.	0.
(23) Amanda Rand, Esq. Trustee	1.00 0.00	X						0.	0.	0.
(24) Stuart H Watson Trustee	1.00 0.00	X						0.	0.	0.
(25) Brian H Noyes Trustee	1.00 0.00	X						0.	0.	0.
(26) Clint Boothby, Esq. Trustee	1.00 0.00	X						0.	0.	0.
1b Subtotal								16,352,475.	0.	1,310,195.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								16,352,475.	0.	1,310,195.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3,972

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Cross Country Staffing PO Box 404674, Atlanta, GA 30384-4674	Staffing Services	159,358,017.
Turner Construction Company 2 Seaport Lane Suite 200, Boston, MA 02210	Construction	81,928,628.
Spectrum Medical Group, 324 Gannett Drive 200, South Portland, ME 04106	Medical Service	19,147,919.
Chest Medicine Associates, 100 Foden Rd, W. Bldg Ste 103, South Portland, ME 04106	Medical Service	6,389,709.
Weatherby Locums Inc PO Box 972633, Dallas, TX 75397-2633	Staffing Services	5,317,153.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	188	

See Part VII, Section A Continuation sheets

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) Daniel Loiselle, MD Trustee	1.00 0.00	X						0.	0.	0.
(28) Gregory Dufour Trustee	1.00 0.00	X						0.	0.	0.
(29) Jere G Michelson Trustee	1.00 0.00	X						0.	0.	0.
(30) Sandy Morrell Rooney Trustee	1.00 0.00	X						0.	0.	0.
(31) Melissa Smith Trustee	1.00 0.00	X						0.	0.	0.
(32) Morris Fisher Chairman	1.00 0.00	X		X				0.	0.	0.
(33) Marie J McCarthy Vice Chairman	1.00 0.00	X		X				0.	0.	0.
(34) Nancy Hasenfus, MD Trustee	1.00 0.00	X						0.	0.	0.
(35) Katherine B Coster Trustee	1.00 0.00	X						0.	0.	0.
(36) Ann Bresnahan Trustee	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of RevenueCheck 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	1 a Federated campaigns	1a	705,601.				
	b Membership dues	1b					
	c Fundraising events	1c	1,464,891.				
	d Related organizations	1d	151,281.				
	e Government grants (contributions)	1e	65,479,807.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	26,147,706.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,573,660.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a Net Patient Services	Business Code 622110		3,593,508,908.	3,593,508,908.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			3,593,508,908.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			47,475,660.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real 875,381.	(ii) Personal			
b Less: rental expenses ...		6b	926,706.				
c Rental income or (loss)		6c	-51,325.				
d Net rental income or (loss)				-51,325.		-6,371.	-44,954.
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities 52,591,155.	(ii) Other 84,097.			
b Less: cost or other basis and sales expenses		7b	735,838,901.	254,077.			
c Gain or (loss)		7c	16,752,254.	-169,980.			
d Net gain or (loss)				16,582,274.			16,582,274.
8 a Gross income from fundraising events (not including \$ 1,464,891. of contributions reported on line 1c). See Part IV, line 18		8a	137,039.				
b Less: direct expenses		8b	175,639.				
c Net income or (loss) from fundraising events				-38,600.					-38,600.
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a Other Revenue	Business Code 900099		352,041,276.	351,350,775.	690,501.	
	b Integrated Services	900099		9,192,136.	9,192,136.		
	c Dietary Services	561000		1,099,705.		1,099,705.	
	d All other revenue	812300		319,224.		319,224.	
	e Total. Add lines 11a-11d			362,652,341.			
	12 Total revenue. See instructions			4,114,078,544.	3,954,051,819.	2,103,059.	63,974,380.

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 ...	4,599,922.	4,599,922.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,375,209.	2,375,209.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,125,610.	2,302,460.	4,823,150.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,588,677.	605,940.	1,982,737.	
7 Other salaries and wages	1,851,238,633.	1,441,663,349.	405,675,643.	3,899,641.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	98,257,073.	76,657,043.	21,570,844.	29,186.
9 Other employee benefits	253,623,717.	197,804,465.	55,661,021.	158,231.
10 Payroll taxes	128,441,071.	100,214,785.	28,199,855.	26,431.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,355,906.		1,355,906.	
c Accounting	410,021.		410,021.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,595,161.		1,595,161.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	254,464,994.	240,303,679.	14,041,275.	120,040.
12 Advertising and promotion	3,397,811.	2,651,652.	746,159.	
13 Office expenses	21,296,580.	16,373,870.	4,607,512.	315,198.
14 Information technology	61,747,617.	48,187,702.	13,559,738.	177.
15 Royalties				
16 Occupancy	81,188,089.	63,341,673.	17,823,976.	22,440.
17 Travel	5,346,900.	4,125,229.	1,160,816.	60,855.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	6,598,937.	5,139,395.	1,446,196.	13,346.
20 Interest	21,254,644.	16,587,124.	4,667,520.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	132,986,324.	103,782,352.	29,203,748.	224.
23 Insurance	17,027,477.	13,288,243.	3,739,234.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Medical supplies	690,741,989.	690,741,773.		216.
b Other	133,987,398.	103,641,525.	29,761,366.	584,507.
c Outside med. services	82,793,394.	82,793,394.		
d Maintenance	53,341,870.	41,363,867.	11,639,551.	338,452.
e All other expenses	52,477,704.	52,477,704.		
25 Total functional expenses. Add lines 1 through 24e	3,970,262,728.	3,311,022,355.	653,671,429.	5,568,944.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,534,182.	1	4,375,825.
	2 Savings and temporary cash investments	237,244,397.	2	232,350,806.
	3 Pledges and grants receivable, net	25,660,769.	3	22,819,100.
	4 Accounts receivable, net	428,204,652.	4	510,383,019.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	2,708,569.	7	8,136,413.
	8 Inventories for sale or use	50,926,517.	8	58,060,616.
	9 Prepaid expenses and deferred charges	16,363,607.	9	16,383,015.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,471,964,760.		
	b Less: accumulated depreciation	10b 1,978,192,043.		
		1,398,519,933.	10c	1,493,772,717.
	11 Investments - publicly traded securities	816,932,058.	11	1,141,051,069.
	12 Investments - other securities. See Part IV, line 11	278,368,934.	12	273,113,450.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	543,577,331.	15	405,156,817.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,803,040,949.	16	4,165,602,847.	
Liabilities	17 Accounts payable and accrued expenses	322,575,617.	17	388,281,666.
	18 Grants payable		18	
	19 Deferred revenue	29,460,828.	19	43,281,644.
	20 Tax-exempt bond liabilities	500,338,883.	20	565,352,255.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	117,356.	21	100,182.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	203,589,773.	23	259,393,265.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	582,474,568.	25	417,594,230.
	26 Total liabilities. Add lines 17 through 25	1,638,557,025.	26	1,674,003,242.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,890,892,161.	27	2,179,063,835.
	28 Net assets with donor restrictions	273,591,763.	28	312,535,770.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>			
	and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	2,164,483,924.	32	2,491,599,605.	
33 Total liabilities and net assets/fund balances	3,803,040,949.	33	4,165,602,847.	

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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	4,114,078,544.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,970,262,728.
3	Revenue less expenses. Subtract line 2 from line 1	3	143,815,816.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,164,483,924.
5	Net unrealized gains (losses) on investments	5	122,551,299.
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 on Schedule O)	9	60,748,566.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,491,599,605.

Part XII Financial Statements and Reporting

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

☐

	Yes	No
1 Accounting method used to prepare the Form 990: <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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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	X	
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 on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
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 on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2023)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

MaineHealth

Employer identification number

01-0238552

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention, 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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 5 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 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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		

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 5 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*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):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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).		

Schedule A (Form 990) 2023

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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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.)

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

MaineHealth

Employer identification number

01-0238552

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization MaineHealth	Employer identification number 01-0238552
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 264,916.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 19,111.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 13,039.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 9,503.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 153,313.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 8,214.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MaineHealth	Employer identification number 01-0238552
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 275,551.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 177,218.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 116,195.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 5,275.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MaineHealth	Employer identification number 01-0238552
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 9,852.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 9,949.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 28,430.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MaineHealth	Employer identification number 01-0238552
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 62,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 41,278.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 12,068.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 30,671.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 43,651.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 54,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 75,002.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 21,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MaineHealth	Employer identification number 01-0238552
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 152,876.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 26,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 11,004.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 9,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 6,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 5,307.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 14,614.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 11,744.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 34,777.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 11,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 101,759.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 565,798.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 133,067.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 195,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 14,338.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 9,829.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 25,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 569,722.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 596,402.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 8,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 13,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ 7,586.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 6,306.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 14,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 489,762.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ 25,675.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ 632,052.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99		\$ 20,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101		\$ 176,274.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102		\$ 75,734.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$ 19,151,268.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104		\$ 321,771.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105		\$ 2,954,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106		\$ 21,156.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107		\$ 399,403.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108		\$ 441,678.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$ 589,372.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111		\$ 42,336.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114		\$ 78,235.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118		\$ 5,751.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119		\$ 8,129.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120		\$ 275,380.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123		\$ 1,110,451.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124		\$ 350,565.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
125		\$ 5,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126		\$ 152,233.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$ 10,124.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
128		\$ 6,049.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
129		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131		\$ 43,649.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132		\$ 40,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		\$ 54,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135		\$ 26,489.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136		\$ 98,798.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137		\$ 52,942.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138		\$ 42,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140		\$ 25,617.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141		\$ 1,107,945.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144		\$ 44,859.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		\$ 7,292.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147		\$ 16,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150		\$ 19,110.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151		\$ 192,849.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154		\$ 8,258.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
155		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159		\$ 16,622.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161		\$ 54,674.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162		\$ 20,745.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163		\$ 16,170.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167		\$ 101,243.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169		\$ 5,128,154.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173		\$ 16,271.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174		\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175		\$ 30,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176		\$ 170,429.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180		\$ 45,223.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181		\$ 19,593.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182		\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185		\$ 27,519.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187		\$ 6,520.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189		\$ 642,963.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193		\$ 20,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196		\$ 100,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
197		\$ 10,124.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
198		\$ 498,939.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200		\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201		\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204		\$ 49,715.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205		\$ 57,620.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207		\$ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208		\$ 5,362.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
209		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213		\$ 173,011.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214		\$ 12,154.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216		\$ 6,317.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217		\$ 21,928.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219		\$ 9,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220		\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221		\$ 73,328.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222		\$ 132,973.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223		\$ 361,190.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224		\$ 27,762.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228		\$ 10,928.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231		\$ 43,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233		\$ 288,489.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234		\$ 401,251.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235		\$ 43,717.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
236		\$ 22,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237		\$ 172,371.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238		\$ 331,498.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239		\$ 31,651.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240		\$ 355,144.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241		\$ 995,231.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242		\$ 140,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
243		\$ 175,281.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
244		\$ 151,993.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246		\$ 14,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
248		\$ 44,281.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
249		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
250		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
251		\$ 87,942.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
252		\$ 144,679.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253		\$ 100,372.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
254		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
255		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256		\$ 432,423.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
258		\$ 23,928.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
260		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
261		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
262		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
263		\$ 201,099.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
264		\$ 619,190.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
265		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
266		\$ 10,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
267		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
268		\$ 41,434.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
269		\$ 29,872.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
270		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
271		\$ 33,470.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
272		\$ 110,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
273		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
274		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
275		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
276		\$ 7,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
277		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
278		\$ 100,886.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
279		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
280		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
281		\$ 5,588.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
282		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
283		\$ 60,518.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
284		\$ 5,235.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
285		\$ 9,732.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
286		\$ 12,668.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
287		\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
288		\$ 3,216,364.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
289		\$ 752,520.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
290		\$ 1,127,066.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
291		\$ 15,036.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
292		\$ 28,103.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
293		\$ 384,869.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
294		\$ 200,606.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
295		\$ 22,439.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
296		\$ 56,419.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
297		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
298		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
299		\$ 312,162.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
300		\$ 11,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
301		\$ 263,830.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
302		\$ 10,065.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
303		\$ 9,264.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
304		\$ 230,664.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
305		\$ 21,852.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
306		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
307		\$ 9,261.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
308		\$ 37,719.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
309		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
310		\$ 7,171.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
311		\$ 5,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
312		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
313		\$ 5,002.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
314		\$ 5,136.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
315		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
316		\$ 8,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
317		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
318		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
319		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
320		\$ 113,791.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
321		\$ 311,958.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
322		\$ 336,532.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
323		\$ 5,011.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
324		\$ 13,535.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
325		\$ 40,188.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
326		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
327		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
328		\$ 18,578.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
329		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
330		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
331		\$ 15,464.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
332		\$ 18,094.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
333		\$ 14,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
334		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
335		\$ 14,818.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
336		\$ 7,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
337		\$ 19,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
338		\$ 8,557.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
339		\$ 56,859.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
340		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
341		\$ 249,739.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
342		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
343		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
344		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
345		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
346		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
347		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
348		\$ 148,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
349		\$ 8,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
350		\$ 10,846.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
351		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
352		\$ 188,492.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
353		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
354		\$ 36,227.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
355		\$ 25,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
356		\$ 11,188.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
357		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
358		\$ 132,052.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
359		\$ 66,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
360		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
361		\$ 43,728.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
362		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
363		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
364		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
365		\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
366		\$ 293,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
367		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
368		\$ 93,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
369		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
370		\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
371		\$ 98,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
372		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
373		\$ 172,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
374		\$ 2,943,754.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
375		\$ 125,362.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
376		\$ 15,449,478.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
377		\$ 8,312,264.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
378		\$ 61,745.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
379		\$ 567,341.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
380		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
381		\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
382		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
383		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
384		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
385		\$ 5,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
386		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
387		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
388		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
389		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
390		\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
391		\$ 167,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
392		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
393		\$ 43,531.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
394		\$ 74,999.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
395		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
396		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
397		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
398		\$ 183,028.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
399		\$ 28,057.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
400		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
401		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
402		\$ 16,102.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
403		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
404		\$ 29,155.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
405		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
406		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
407		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
408		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
409		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
410		\$ 38,492.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
411		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
412		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
413		\$ 16,286.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
414		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
415		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
416		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
417		\$ 10,786.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
418		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
419		\$ 11,588.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
420		\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MaineHealth	Employer identification number 01-0238552
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
421		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
422		\$ 32,321.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
423		\$ 5,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
424		\$ 10,466.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
425		\$ 20,898.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
426		\$ 94,663.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MaineHealth	Employer identification number 01-0238552
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
427		\$ 73,205.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
428		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
429		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
430		\$ 157,334.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
431		\$ 57,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
432		\$ 472,412.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MaineHealth	Employer identification number 01-0238552
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
433		\$ 154,059.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
434		\$ 10,931.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
435		\$ 67,601.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
436		\$ 365,072.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
437		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
438		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MaineHealth	Employer identification number 01-0238552
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
439		\$ 30,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
440		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
441		\$ 327,449.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
442		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
443		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
444		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MaineHealth	Employer identification number 01-0238552
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
445		\$ 5,660.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
446		\$ 10,517.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
447		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
448		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
449		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
450		\$ 444,947.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
MaineHealth	01-0238552

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
451		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MaineHealth	Employer identification number 01-0238552
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	118,878 American Funds Moderate Growth & Income, 59.8 Ishares Core S & P, 30 Shell PLC, 30 Walmart	\$ 9,503.	04/26/24
8	Various stocks (47 companies)	\$ 153,313.	04/12/24
19	46 Shares of Apple Inc. (AAPL)	\$ 9,852.	06/13/24
27	Various stocks (39 companies)	\$ 37,737.	07/15/24
67	83 shares Intuit, 455 shares of TJX Cost	\$ 101,259.	06/20/24
76	110 shares of TJX	\$ 9,829.	12/18/23

Name of organization

Employer identification number

MaineHealth

01-0238552

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
89	53 shares of apple	\$ 10,042.	11/17/23
120	568 Shares of Microsoft Corp.	\$ 249,880.	06/14/24
124	1000 Home Depot	\$ 350,565.	12/15/23
126	108 Broadcom (AVGO)	\$ 150,233.	05/29/24
127	24 shares S&P Global Inc.	\$ 10,124.	12/07/23
128	76 shares of TXT	\$ 6,049.	12/21/23

Name of organization MaineHealth	Employer identification number 01-0238552
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
154	55 Microchip Technology (MCHP), 45 Disney (DIS)	\$ 8,158.	10/02/23
196	300 Altria Group, 170 Nextera Energy, 300 Phillip Morris International, 500 Starbucks Corp	\$ 99,005.	06/05/24
197	27 shares of Apple	\$ 5,124.	11/27/23
204	330 Shares of Proctor & Gamble Co.	\$ 49,715.	10/02/23
208	13 SH Microsoft (MSFT)	\$ 4,862.	12/22/23
253	238 Tyler Technologies (TYL)	\$ 100,372.	11/16/23

Name of organization MaineHealth	Employer identification number 01-0238552
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
263	410 NVIDIA Corp (NVDA)	\$ 201,099.	12/20/23
264	5737 NVIDIA Corp (NVDA)	\$ 619,190.	06/26/24
278	2000 SH of Vanguard FTSE Developed Markets (VEA)	\$ 100,886.	06/10/24
313	1 share J M Smucker Co, & 482 Shares of KepCorp New	\$ 5,002.	10/19/23
314	47 shares J M Smucker Co.	\$ 5,136.	07/11/24
323	33 Proctor and Gamble (PG)	\$ 5,011.	11/30/23

Name of organization MaineHealth	Employer identification number 01-0238552
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
341	480 Shares of META	\$ 249,739.	05/04/24
356	161 IShares Core S&P 500 Growth (IVW)	\$ 11,188.	11/06/23
417	178 ARCH Ca Group (CGL)	\$ 10,786.	10/27/23
		\$	
		\$	
		\$	
		\$	

Name of organization MaineHealth	Employer identification number 01-0238552
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**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 organization MaineHealth	Employer identification number 01-0238552
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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-.

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

Schedule C (Form 990) 2023

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 (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

☐ 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) 2020	(b) 2021	(c) 2022	(d) 2023	(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					

Schedule C (Form 990) 2023

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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		25,000.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		26,261.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		239,632.
j Total. Add lines 1c through 1i			290,893.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
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 campaign activity 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 expenditures 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.

Part II-B, Line 1, Lobbying Activities:

Part II-B, Line 1f

The PAC contribution was in support of a ballot initiative that

clarified Portland's Emergency Wage ordinance to ensure that it can

take effect only in instances in which the City of Portland declares a

State of Emergency.

Part IV Supplemental Information *(continued)*

Part II-B, Line 1g

Lobbied state legislators and executive branch officials on matters of
concern to MaineHealth, our local health systems, and our patients.

Part II-B, Line 1i

MaineHealth pays dues to certain membership organizations, a portion of
which is attributable to lobbying expenses.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

MaineHealth

Employer identification number

01-0238552

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input checked="" type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a 1
b Total acreage restricted by conservation easements	2b 54.00
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☒ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 5

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 0.

8 Does each conservation easement reported on line 2d 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) 2023

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 make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	124,875,116.	117,214,958.	153,891,909.	114,625,919.	107,879,495.
b Contributions	7,169,282.	735,149.	2,011,877.	19,198,738.	465,125.
c Net investment earnings, gains, and losses	23,583,727.	12,942,336.	-31,792,174.	26,709,062.	13,521,978.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,021,197.	6,017,327.	6,896,654.	6,641,810.	7,240,679.
f Administrative expenses					
g End of year balance	150,606,928.	124,875,116.	117,214,958.	153,891,909.	114,625,919.

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

a Board designated or quasi-endowment .0000 %

b Permanent endowment 44.6000 %

c Term endowment 55.4000 %

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

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

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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	66,792,675.			66,792,675.
b Buildings	1,905,969,192.		875,563,050.	1,030,406,142.
c Leasehold improvements	54,934,188.		31,611,926.	23,322,262.
d Equipment	1,392,231,391.		1,071,017,067.	321,214,324.
e Other	52,037,314.			52,037,314.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,493,772,717.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) Hedge Funds	112,786,876.	End-of-Year Market Value
(B) Limited Partnerships	74,924,203.	End-of-Year Market Value
(C) Real Estate	1,509,072.	End-of-Year Market Value
(D) Beneficial and Charitable Remainder		
(E) Trusts	53,532,694.	End-of-Year Market Value
(F) Common/Collective Trusts	30,360,605.	End-of-Year Market Value
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	273,113,450.	

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. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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) Other assets	84,050,336.
(2) Investments held for members	134,046,187.
(3) Due from affiliates	55,103,466.
(4) Right of use assets	131,956,828.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	405,156,817.

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	
(2) Accrued retirement benefits	63,860,561.
(3) Investments held for members	134,046,187.
(4) A/P under reimbursement regs	51,962,110.
(5) Asset retirement obligation	17,120,096.
(6) Swap agreements	3,157,207.
(7) Leases payable	143,215,717.
(8) Other liabilities	4,232,352.
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	417,594,230.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2023

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.

Part II, line 9:

In 2002, Spring Harbor Hospital acquired a 54-acre parcel of land

designated as a conservation easement, which was conveyed as part of a

land purchase upon which the hospital was built.

Part IV, line 2b:

The organization maintains cash accounts for clients who are incapable of

managing their Social Security or SSI payments. The payments are

deposited into the account and a Social Security Representative Payee

manages the account for them.

Part V, line 4:

Part XIII Supplemental Information *(continued)*

The endowed funds support the following types of activities: Tufts scholarship program, training and education of nurses, MMC research and education programs, supporting the salary of endowed Chair of Pediatrics and, free bed funding and other various programs offered by the organization.

Part X, Line 2:

The Internal Revenue Service has previously determined that the System and its subsidiaries (except Maine Medical Partners (MMP) a subsidiary of MaineHealth) are organizations as described in Section 501(c)(3) of the Internal Revenue Code (IRC) and are exempt from federal income taxes on related income pursuant to Section 501(a) of the IRC. MMP had significant net operating loss carryovers as of September 30, 2024 and 2023. A valuation allowance has been provided for the entire deferred tax benefit for the net operating losses, due to uncertainty of realization. MMP did not have material taxable income in 2024 and 2023. Accordingly, a provision for income taxes has not been made in the accompanying consolidated financial statements.

The System recognizes the effect of income tax positions only if those positions are more likely than not to be sustained. Recognized income tax positions are measured at the largest amount of benefit that is greater than fifty percent likely to be realized upon settlement. Changes in measurement are reflected in the period in which the change in judgment occurs. The System did not recognize the effect of any income tax positions in either 2024 or 2023.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

MaineHealth

Employer identification number

01-0238552

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Investments		128,323,511.
Europe (Including Iceland & Greenland) - Albania, Andorra, Austria, Belgium	0	0	Investments		3,312,599.
3 a Subtotal	0	0			131,636,110.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			131,636,110.

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

Schedule F (Form 990) 2023

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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 can be duplicated if additional space is needed.

[illegible]

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 the 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2023

Part V

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

MaineHealth

Employer identification number

01-0238552

Part I

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

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

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

2 a 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 10 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			
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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Radiothon (event type)	BBCH Golf Open (event type)	9 (total number)	
Revenue	1 Gross receipts	453,234.	367,600.	781,096.	1,601,930.
	2 Less: Contributions	453,234.	292,448.	719,209.	1,464,891.
	3 Gross income (line 1 minus line 2)		75,152.	61,887.	137,039.
Direct Expenses	4 Cash prizes			1,800.	1,800.
	5 Noncash prizes		5,971.	1,903.	7,874.
	6 Rent/facility costs		15,351.	43,753.	59,104.
	7 Food and beverages	2,817.	524.	41,911.	45,252.
	8 Entertainment				
	9 Other direct expenses	1,672.	24,270.	35,667.	61,609.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				175,639.
11 Net income summary. Subtract line 10 from line 3, column (d)				-38,600.	

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.

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

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

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

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

b Enter the amount of distributions required under state law to be 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.

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

MaineHealth

Employer identification number

01-0238552

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
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 checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		X
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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)			44,611,729.	0.	44,611,729.	1.12%
b Medicaid (from Worksheet 3, column a)			542,419,566.	369,642,940.	172,776,626.	4.35%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			587,031,295.	369,642,940.	217,388,355.	5.47%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			56,734,992.	18,339,101.	38,395,891.	.97%
f Health professions education (from Worksheet 5)			155,614,536.	19,369,136.	136,245,400.	3.43%
g Subsidized health services (from Worksheet 6)			945,140,225.	563,044,166.	382,096,059.	9.62%
h Research (from Worksheet 7)			42,633,293.	27,556,142.	15,077,151.	.38%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			5,461,834.	15,442.	5,446,392.	.14%
j Total. Other Benefits			1205584880.	628,323,987.	577,260,893.	14.54%
k Total. Add lines 7d and 7j			1792616175.	997,966,927.	794,649,248.	20.01%

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? 9

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	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 Maine Medical Center										
22 Bramhall Street										
Portland, ME 04102										
See Part V, Section C										
39926	X	X	X	X		X	X			A
2 Southern Maine Health Care										
One Medical Center Drive										
Biddeford, ME 04005										
See Part V, Section C										
39704	X	X					X			A
3 Penobscot Bay Medical Center										
6 Glen Cove Drive										
Rockport, ME 04856										
See Part V, Section C										
39986	X	X					X			A
4 Waldo County General Hospital										
118 Northport Ave										
Belfast, ME 04915										
See Part V, Section C										
39720	X	X			X		X			A
5 LincolnHealth										
35 Miles Street										
Damariscotta, ME 04543										
See Part V, Section C										
39841	X				X		X			A
6 Franklin Memorial Hospital										
111 Franklin Health Commons										
Farmington, ME 04938										
See Part V, Section C										
39953	X	X			X		X			A
7 Spring Harbor Hospital										
123 Andover Road										
Westbrook, ME 04092										
See Part V, Section C										
39939	X									A
8 Stephens Memorial Hospital										
181 Main Street										
Norway, ME 04268										
See Part V, Section C										
39880	X				X		X			A
9 Mid Coast Hospital										
123 Medical Center Drive										
Brunswick, ME 04011										
See Part V, Section C										
39706	X	X					X			A

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

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: Facility Reporting Group - A

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1, 2, 3, 4, 5, 6, 7, 8, 9

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
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 22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V, Section C</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	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>See Part V, Section C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to 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)**Name of hospital facility or letter of facility reporting group: Facility Reporting Group - A

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of _____ %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Section C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Section C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Section C</u>		
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 Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: Facility Reporting Group - A

	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	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

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

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Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: Facility Reporting Group - A**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		X
24		X

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Part V Facility Information *(continued)*

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

Part V, Section A:

Facility Information, Website Address

Maine Medical Center: mainehealth.org/maine-medical-center

Southern Maine Health Care: mainehealth.org/maine-medical-center

Penobscot Bay Medical Center: mainehealth.org/mainehealth-pen-bay-hospital

Waldo County General Hospital: mainehealth.org/mainehealth-waldo-hospital

LincolnHealth: mainehealth.org/mainehealth-lincoln-hospital

Franklin Memorial Hospital: mainehealth.org/mainehealth-franklin-hospital

Spring Harbor Hospital: mainehealth.org/Spring-Harbor-Hospital

Stephens Memorial Hospital Association:

mainehealth.org/mainehealth-stephens-hospital

Mid Coast Hospital: mainehealth.org/mainehealth-mid-coast-hospital

Part V, Section B, Line 5:

The Maine Shared CHNA is a collaboration between Central Maine

Healthcare (CMHC), Maine Center for Disease Control and Prevention

(Maine CDC), MaineGeneral Health (MGH), MaineHealth (MH), and Northern

Light Health (NLH). The vision of the Maine Shared CHNA is to turn

health data into action so that Maine will become the healthiest state

in the U.S.

The 2022 MaineHealth CHNA reports include county level data, input from

community forums and an in-depth look at key priority areas. This year,

additional forums were held to amplify the voices of Black/African

Americans, deaf/hard of hearing communities, federally qualified health

centers, people with disabilities, the LGBTQ+ community, people

experiencing homelessness, people with a mental health diagnosis, older

Part V Facility Information *(continued)*

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

adults and youth. One thousand oral surveys were also conducted for

non-English speaking individuals-identifying some unique priority areas

for these populations. Please see the 2022 MaineHealth CHNA reports

and the 2022-2024 Implementation Plans at www.mainehealth.org/chna for

details.

Part V, Section B, Line 6a:

Northern Light Health, Central Maine Healthcare and MaineGeneral Health

Part V, Section B, Line 6b:

Maine Centers for Disease Control and Prevention

Part V, Section B, Line 7a & 10a:

The CHNA and Implementation Plans are posted on the following website:

www.mainehealth.org/chna

Part V, Section B, Line 11:

The organization has identified priorities and developed strategies to

address the significant needs identified in its most recently conducted

CHNA and provided reasons if identified needs are not being addressed.

Please see the 2022-2024 CHNA Implementation Plan and the FY24

Community Health Implementation Plan (CHIP) Progress Report describing

the organization's progress in addressing its identified needs at

Part V Facility Information *(continued)*

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

www.mainehealth.org/chna for details.

Part V, Section B, Line 16a, 16b, 16c:

The Financial Assistance Policy (Free Care Policy and Billing and

Collection Policy), Free Care Application and Plain Language Summary

are available on the following website: <https://mainehealth.org/>

[patients-visitors/billing-insurance/financial-assistance/free-care](https://mainehealth.org/patients-visitors/billing-insurance/financial-assistance/free-care).

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? 114

Name and address	Type of facility (describe)
1 MMC-Scarborough Campus 100 Campus Drive Scarborough, ME 04074	General Medical and Surgical
2 MCH-Lab Chemistry 108 Centre St Bath, ME 04530	Lab
3 SMHC-Phys Svcs 9 Healthcare Drive Biddeford, ME 04005	Physician Services
4 Pen Bay Rockport Practices 15 Anchor Drive Rockport, ME 04856	Physician Practices
5 SMHC-Phyics Svcs 46 Barra Road Biddeford, ME 04005	Physician Services
6 SMHC-Phyics Svcs 2 Livewell Drive Kennebunk, ME 04043	Physician Services
7 MMC-Brighton Campus 335 Brighton Ave Portland, ME 04102	Emergency Care
8 Franklin Health Farmington 111 Franklin Health Commons Farmington, ME 04938	General Medical and Surgical
9 MMC-Cardiology 96 Campus Dr Ste 1 Scarborough, ME 04074	Cardiology
10 SMHC Phyics Svcs Goodall 25 A June Street Sanford, ME 04073	Physician Services

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 114

Name and address	Type of facility (describe)
11 MCH-ALS Clinic 81 Medical Center Brunswick, ME 04011	Specialty Clinics and Diagnostic Services
12 MCH-Clinics, Labs, Family Practice 329 Maine St Brunswick, ME 04011	Physician Practices
13 LincolnHealth-LMP Clinics 24 Miles Center Way Damariscotta, ME 04543	Outpatient Clinic
14 MBH-Sherry Sabo Center 2 Springbrook Drive Biddeford, ME 04005	Ambulatory
15 MMC-Coastal Cancer Treatment Center 175 Congress Avenue Bath, ME 04350	Cancer Treatment Center
16 MMC-Scarborough Surgical Center 84 Campus Drive Scarborough, ME 04074	General Medical and Surgical
17 MCH-Physical Therapy and Orthopedics 430 Bath Road Brunswick, ME 04011	Rehabilitation Services
18 Western Maine Primary Care 8 Pikes Hill Norway, ME 04268	Physician Practices
19 MMC-Falmouth Campus 5 Bucknam Road Falmouth, ME 04105	General Medicine
20 MCMG-Primary Care 22 Station Ave Brunswick, ME 04011	clinic

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 114

Name and address	Type of facility (describe)
21 SMHC-Phycs Svcs 13 Industrial Park Road Saco, ME 04072	Physician Services
22 LincolnHealth-St. Andrews Village 145 Emery Lane Boothbay Harbor, ME 04538	Long Term Care Facility
23 MMC-Pediatric Surg.& Specialty Care 887 Congress St Portland, ME 04102	Pediatrics
24 MBH-Glickman Lauder Ctr 37 Andover Rd Portland, ME 04102	Glickman Lauder Center of Excellence
25 Western Maine Physician Practices 193 Main Street Norway, ME 04268	Physician Services
26 MBH-Portland Office 165 Lancaster St. Portland, ME 04101	Ambulatory
27 MMC-Urology 100 Brickhill Ave South Portland, ME 04106	Urology
28 Knox Center for Long-Term Care 6 White Street Rockland, ME 04841	Long-Term Care
29 SMHC-Phycs Svcs 655 Main Street Saco, ME 04072	Physician Services
30 MMC-Neurosurgery, Spine, Neurology 49 Spring Street Scarborough, ME 04074	Neurosurgery, Spine and Neurology Care

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 114

Name and address	Type of facility (describe)
31 MMC-Scar. Internal & Family Medicine 300 Professional Drive Scarborough, ME 04074	General Medicine
32 Franklin Health Livermore Falls 21 Main Street Livermore Falls, ME 04254	Physician Services
33 MMC-Cape Elizabeth Internal Medicine 155 Spurwink Ave Cape Elizabeth, ME 04107	General Medicine
34 SMHC-Phyics Svcs-Partial 235 Main Street Biddeford, ME 04005	Physician Services
35 MCH-Outpatient Support 20 Bristol Rd Damariscotta, ME 04543	Patient Clinical Support Serv
36 MBH-Springvale Office 474 Main Street Springvale, ME 04083	Ambulatory
37 MMC-Endocrinology 175 US Route 1 Scarborough, ME 04074	Endocrinology and Diabetes
38 FH-Behavioral Health & Primary Care 131 Franklin Health Commons Farmington, ME 04938	Behavioral Health Practice
39 MMC-McGeachy Hall 216 Vaughn Street Portland, ME 04102	Mental Health Services
40 SMHC-Sports Medicine 12 Thornton Avenue Saco, ME 04072	Physician Services-Sports

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 114

Name and address	Type of facility (describe)
41 SMHC-Phyics Svcs - Sports 1 Emile Levasseur Drive Sanford, ME 04073	Physician Services-Sports
42 MCMG-Primary Care Topsham 1 Wellness Way Topsham, ME 04086	Clinic
43 LincolnHealth-LMP Ophthalmology 5 Miles Center Way Damariscotta, ME 04543	Outpatient Clinic
44 MMC-Westbrook Primary Care 1 Harnois Ave Westbrook, ME 04092	General Medicine
45 MCH-Partial Hospitalization 66 Baribeau Dr Brunswick, ME 04011	Other Psych Departments
46 MMC-Cardiothoracic Surgery 818 Congress St Portland, ME 04102	Cardiothoracic Surgery
47 SMHC-Phyics Svcs 3 Shape Drive Kennebunk, ME 04043	Physician Services
48 MMC-Otolaryngology 92 Campus Drive Scarborough, ME 04074	Otolaryngology
49 Franklin-NorthStar 119 Federal Road Livermore, ME 04254	OB/GYN
50 Pen Bay Physical Therapy 116 Union Street Rockport, ME 04856	Physical Therapy

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 114

Name and address	Type of facility (describe)
51 LincolnHealth -LMP Primary Care 230 Kaler's Corner Waldoboro, ME 04572	Outpatient Clinic
52 LincolnHealth-LMP Wound&Family Care 14 St. Andrews Lane Boothbay Harbor, ME 04538	Outpatient Clinic
53 MMC- Sleep & Breathing Disorders 930 Congress Street Portland, ME 04102	Sleep and Breathing Disorders
54 MBH-Rockland Office 12 Union Street Rockland, ME 04841	Ambulatory & Peer Support Center
55 Franklin Health Urology 126 Middle Street Farmington, ME 04938	Urology Practice
56 MMC-Sanford IV Therapy 27 Industrial Ave Ste 101 Sanford, ME 04073	IV Therapy
57 MMC-Congenital Heart 71 US Route One Ste C Scarborough, ME 04074	Physician Practices
58 MBH-Brunswick Office 11 Medical Center Drive Brunswick, ME 04011	Ambulatory
59 Western Maine Norway Clinics 159 Main St Norway, ME 04268	Physician Practices
60 LincolnHealth-LMP Primary Care 49 Hooper Street Wiscasset, ME 04578	Outpatient Clinic

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 114

Name and address	Type of facility (describe)
61 MMC-Maine Transplant Program 19 West Street Portland, ME 04102	Kidney and Pancreas Transplant
62 MBH-Ambulatory 254 Western Avenue South Portland, ME 04106	Ambulatory
63 SMHC-Urology 20 West Cole Rd Biddeford, ME 04005	Physician Services
64 SMHC Phycs Svcs, Anc 10 Goodall Drive East Waterboro, ME 04030	Physician Services
65 MMC-Lakes Region Primary Care 584 Roosevelt Trail Windham, ME 04062	General Medicine
66 MCH-Community Health 331 Main St Brunswick, ME 04011	Specialty Clinics
67 WCGH-SS Reg. Health Ctr 11 Cape Jellison Rd Stockton Springs, ME 04981	General medical
68 MCMG Optical - Bath 130 Centre St Bath, ME 04530	Clinic
69 SMHC-Workwell- Occupational Health 10 Wellspring Road Biddeford, ME 04005	Workwell- Occupational Health
70 MBH-Belfast Office 15 Midcoast Drive Belfast, ME 04915	Ambulatory

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 114

Name and address	Type of facility (describe)
71 MBH-Bacon Street Apartments 72 Bacon Street Biddeford, ME 04005	Supported Living Apts.
72 WCGH-Lincolnville Reg. Health Ctr 2399 Atlantic Highway Lincolnville, ME 04849	General Medical
73 MBH-Owls Head 38 Weskeag Road Owls Head, ME 04854	Group Home
74 MCH-MCH Therapy Ctr at Maine Pines 120 Harpswell Rd Brunswick, ME 04011	Specialty Clinics
75 Franklin-NorthStar 138C Park Street Phillips, ME 04966	Ambulance Base
76 MBH-Core 18 Belvedere Road Damariscotta, ME 04543	Ambulatory
77 MMC-Cardiology 99 Campus Ave Ste 301 Lewiston, ME 04240	Cardiology
78 SMHC-Ambulatory Informatics 72 Main Street Kennebunk, ME 04043	Ambulatory Informatics
79 MBH-High Street Residence 5 High Street Sanford, ME 04073	Supported Living Apts.
80 Franklin-NorthStar 1001 Carriage Road Carrabasset Valley, ME 04947	Ambulance Base

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 114

Name and address	Type of facility (describe)
81 WCGH-AJ Community Health Ctr 55 Reynolds Rd Brooks, ME 04921	General Medical
82 MBH-Crescent Place 15 Crescent Street Biddeford, ME 04005	Group Home
83 MBH-Warren Street Apartments 28 Warren Street Rockland, ME 04841	Supported Living Apts.
84 MMC-Neurosurgery & Spine 92 Campus Drive Scarborough, ME 04074	Physician Practices
85 MMC-Standish Primary Care 111 Ossipee Trail E Standish, ME 04084	Physician Practices
86 MMC-Nephrology 1600B Congress Street Portland, ME 04101	Physician Practices
87 MBH-Woodbridge 19 Woodbridge Road York, ME 03909	Group Home
88 MCH-Clinics 329 Bath Rd Brunswick, ME 04011	Clinics
89 SMHC Phyics Svcs 2 Medical Center Drive Biddeford, ME 04005	Physician Services
90 Franklin-NorthStar 15 School Street Rangeley, ME 04970	Ambulance Base

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 114

Name and address	Type of facility (describe)
91 MBH-Grace Street 47 Grace Street Rockland, ME 04841	Group Home
92 MMC-Licensed as suite D100/E101 329 Main St Brunswick, ME 04011	General Medical and Surgical
93 SMHC Wellness Center 13 July Street Sanford, ME 04073	Rehab Therapy & Occupational Medicine
94 MBH-Pleasant Street 407 Pleasant Street Rockland, ME 04841	Group Home
95 MBH-Cedar Street 125 Cedar Street Rockland, ME 04841	Group Home
96 MBH-Core 66 Baribeau Drive Brunswick, ME 04011	ACT Program
97 MBH-Administration 77-79 Atlantic Place South Portland, ME 04106	Administration
98 MMC-Ambulatory Clinic Services 48 Gilman St Portland, ME 04102	General Medicine
99 MMC-Family Medicine 272 Congress St Portland, ME 04101	General Medicine
100 MMC- Adult Infectious Disease 41 Donald B Dean Dr Ste B South Portland, ME 04106	Physician Practices

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 114

Name and address	Type of facility (describe)
101 MMC-Preble St. Learning Collaborative 20 Portland Street Portland, ME 04101	General Medicine
102 WCGH-Donald S. Walker Health Center 43 West Main Street Liberty, ME 04949	General Medical
103 MMC-MMP Surgical Care Casco Bay 10 Andover Rd Portland, ME 04102	General Medical and Surgical
104 MMC-Saco Pediatrics 4 Scamman St Ste 51 Saco, ME 04072	Pediatrics
105 MCH-Sports Medicine 27 Watson Drive Brunswick, ME 04011	Clinic
106 MBH-The Elms 1-8 Sherry Lane North Berwick, ME 03906	Community Rehab
107 MMC-Biddeford IV Therapy 26 West Cole Rd Ste 102 Biddeford, ME 04005	IV Therapy
108 MBH-Belfast Apartments 31 Midcoast Drive Belfast, ME 04915	Community Rehab
109 Pen Bay Physical Therapy 40 Washington Road Waldoboro, ME 04572	Physical Therapy
110 MCH-Physical Therapy - Highlands 54 Governors Way Topsham, ME 04086	Rehabilitation Services

Schedule H (Form 990) 2023

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 (for example, 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.

Part I, Line 3c:

Charity Care levels are determined by a three prong test for eligibility.

Residency, income level, and household size are examined to determine level of eligibility.

Part I, Line 6a:

MaineHealth's community benefit data is contained in a report prepared by

MaineHealth Services (EIN 01-0431680), the organization's sole member.

The report can be found at the link below:

<https://annualreport.mainehealth.org/#community>

Part I, Line 7:

The costing methodology for the amounts reported in Part 1, Line 7 of the

Schedule H is based on a ratio of patient care cost to charges. With the

exception of Line 7b, Medicaid, this cost to charge ratio was derived from

Worksheet 2, Ratio of Patient Care Cost to Charges provided in the

instructions for Schedule H. Line 7b, Medicaid, utilizes the cost to

charge ratio from the Medicare cost report Worksheet S-10 that is

Part VI Supplemental Information (Continuation)

consistent with how Medicare evaluates facilities for uncompensated care.

Part II, Community Building Activities:

Community Support

-Clinical Pastoral Education - The Clinical Pastoral Education (CPE)

Program at MMC enrolls approximately 20-25 students per year in an

accredited training program where they serve as Chaplain Interns on

clinical inpatient medical units, including Critical Care/Special Care

Units and the Emergency Department. These students are local clergy in

training or have earned their theological credentials, and represent a

variety of faith traditions. They come to MMC to learn the art and skill

of providing interfaith spiritual care in an acute care hospital setting.

Their experiences visiting patients at MMC will assist them in the future

as community leaders who provide compassionate care for people

experiencing distress, hospitalization, or serious illness.

-Preceptors for University of Maine Dietetic Interns - Provision of a

nutrition and food service internship setting for students of an outside

organization (University of Maine - Orono) for students doing a nutrition

and food service rotation in preparation in becoming a Registered Dietetic

Technician or Registered Dietitian.

-Portland Police Department SWAT Team Exercise - The Sim Center hosted Dr.

Kate Zimmerman, Medical Liaison for Portland Police Department and the

Portland PD Special Operations Team and paramedics on a nighttime indoor

search and recovery drill, emphasizing medical stabilization of victims.

Using skills trainers and a high fidelity simulated drill, teams were able

to practice response to crimes requiring immediate response and treatment.

Community Health Improvement Advocacy

Part VI Supplemental Information (Continuation)

-Public Service Announcements - As the children's hospital for Maine kids,

we strive to ensure kids are safe and healthy and aim to keep kids out of

the hospital or doctor's offices whenever possible. The Barbara Bush

Children's Hospital pays for twelve 60 second Public Service Announcements

(one per month) to provide the community important children's safety

messages to prevent potential trauma that would require medical attention.

-Elena's Way Outreach - We held a health screening clinic at Elena's Way,

a 40-bed wellness shelter in Portland, Maine.

Workforce Development

-Student Nurse Precepting - In FY 2024, 265 senior nursing students were

placed with MMC employed RN staff as one-on-one preceptors. These

placements culminated in 40,400 clinical hours of RN staff oversight of

students in patient care settings throughout the organization. Oversight

occurs during RN MMC employee work time with full patient assignments.

-CNA Program - MMC's Certified Nursing Assistant (CNA) Program, in

affiliation with Portland Adult Education completed its 24th year in FY

2024 with approximately 2,400 graduates to date. The CNA Apprentice

Program serves a critical need for MaineHealth and for the community.

Offered at no charge to students, this state-approved 180-hour, seven week

course incorporates experienced MMC nursing staff as faculty/mentors

within classroom presentations, skills labs, and supervised clinical

experiences. Clinical nurses and others throughout MMC instruct and mentor

these student team members, highlighting MaineHealth's belief in CNAs as

integral to the comfort, care, and outcomes of our patients and services.

The current model hires participants as employees throughout the course

for 28 hours per week. This opportunity is with the intent for graduates

to commit to a preset term of employment at MMC as CNAs.

Part VI Supplemental Information (Continuation)

-Airway Intubation Experience - Flight RNs & Paramedics - The Anesthesia

Department provides clinical training and space, as stated in the

LifeFlight agreement, to provide flight nurses and paramedics real-time OR

experience and simulated training for airway/intubation procedures. The

flight nurses and paramedics are paired with a CRNA when in the OR.

-Rehab Medicine Educational Program - The Rehab Medicine Educational

Program allows students from New England area schools (e.g. University of

New England, University of New Hampshire, University of Southern Maine) to

learn from Rehab Medicine staff at no cost to them or their school. The

staff supervise the students as they learn.

-Nurse Practitioners and Physician Assistant (PA) Clinical Internship Site

- Clinical affiliation for approximately 18 PA shadows (72 hours of mentor

time) and one UNE PA student (240 hours of mentor time).

-Introductory Pharmacy Student Experiential Learning Program - Clinical

settings for undergraduate pharmacy internships with University of New

England and University of Rhode Island students.

-UNE Core Clerkships - Third and fourth year medical students participate

in clerkship rotations with various hospital medicine physicians.

-Physical Therapy Student Practicums with Ortho Sport - Preceptor for 2

physical therapy students.

-Ultrasound Training - Students from New Hampshire Technical Institute

receive ultrasound training at the Biddeford campus.

-Southern Maine Community College (SMCC) Radiology Student Rotations -

SMCC Radiology students come to MMC Biddeford/Sanford for their clinical

rotations.

-Genetic Counseling Clinical Rotation - We hosted five genetic counseling

graduate students from the Boston University and MGH Institute of Health

Professions Genetic Counseling Programs, during the Fall 2023, Spring

Part VI Supplemental Information (Continuation)

2024, and Summer 2024 blocks. Supervision activities included onboarding, managing clinic schedules, active supervision and mentoring of the students' genetic counseling skills before, during, and after clinical encounters, educating on complex cancer genetics topics, and evaluation of student progress.

-Medical Assistant Externship - Prior to successful completion of Medical Assistant course, students must complete 160-hour externship to validate skills that are taught throughout the program.

Leadership Development for Community Members

- Healthcare Career Pipeline Program - Doc4ADay, Upward Bound
- Inside Medicine - 6 week virtual series that connects medical students, healthcare providers and high school students. Once a week, high school students learn about various healthcare and medicine topics in an interactive and collaborative format.

Part III, Line 2:

The provision for bad debts is based upon a combination of the payor source, the aging of receivables and management's assessment of historical and expected net collections, trends in health insurance coverage, and other collection indicators.

Bad debt expense represents healthcare services MaineHealth has provided without compensation. As a tax-exempt organization, MaineHealth provides necessary patient care regardless of the patient's ability to pay for the services. MaineHealth cannot determine the amount of bad debt expense that could be reasonably attributable to patients who likely would qualify for financial assistance under the Hospital's free care policy. In addition,

Part VI Supplemental Information (Continuation)

bad debt expense also includes amounts for services provided to individuals experiencing difficult personal or economic circumstances related to a portion of our community based patient population. Their medical bills often place these individuals in untenable positions where they are not able to handle their personal debt and then their new medical debt. However, because of their income level, they do not qualify for free care. By providing necessary healthcare services to those individuals, either who fail to apply for financial assistance or who are experiencing difficult personal or economic circumstances, MaineHealth believes that bad debt expense should be included as a community benefit.

Part III, Line 4:

MaineHealth does not have a specific footnote in the financial statements that describes bad debt expense. See Part III, Line 2 for bad debt expense methodology.

Part III, Line 8:

Medicare allowable costs relating to payments is based on facility expenses and charges only and uses the cost to charge ratio from the Medicare cost report Worksheet S-10 that is consistent with how Medicare evaluates facilities for uncompensated care. MaineHealth believes that the Medicare shortfall should be included as a community benefit because MaineHealth has a clear mission commitment to serving elderly patients and adults with disabilities through the provision of specific subsidized programs developed to help improve the health status of these patients. If these critical subsidized programs were not provided by MaineHealth, they would become the obligation of the Federal Government.

Part VI Supplemental Information (Continuation)

Part III, Line 9b:

Patients who qualify for free care have their account balance adjusted accordingly once free care has been approved. As a tax-exempt hospital, MaineHealth provides necessary patient care regardless of the patient's ability to pay for the services.

Part VI, Line 2:

The organization prepares a Community Health Needs Assessment (CHNA) every three years. See www.mainehealth.org/chna for the completed CHNA.

Part VI, Line 3:

Free Care information is provided in the Admitting and Emergency

Registration locations in the following manner:

- Postings including Free Care and Monthly Payment Plan
- Handouts
- Interviews

If the patient is self-pay, under insured or cannot afford to pay their hospital bill, they may receive a Financial Counseling Packet and/or referred to financial counseling from the registration staff or Change Healthcare, an outside vendor who helps manage the self-pay accounts. The packet includes:

- Information on MaineHealth's financial policies
- Financial assistance information including Free Care Program, Monthly Payment Plan Program, Care Partners, MedAccess and other community resource needs.
- Program applications and instructions for MaineHealth's Free Care Program, and Monthly Payment Plan Application

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

- Contact information for assistance with applications, bills or financial concerns

Self-pay or underinsured patients registering in person or via a phone interview receive financial counseling, including information on our financial assistance programs. Registration staff or Change Healthcare provide forms and assist with completing financial assistance applications and providing follow up contact information.

MaineHealth's website includes on line Registration and Patient Billing information:

- Billing Process
- Free Care
- Monthly Payment Plan
- Patient Statement
- Price Information
- Contact Us and Questions

Primary language, deaf and hard of hearing and interpreter needs are assessed during the registration interview and services are provided as needed.

If a patient does not respond at pre-registration, registration, or while receiving care, all of these programs are explained again by the Single Billing Office staff. The intent of these efforts is to ensure that the patient is fully informed of and able to take advantage of these assistance programs.

Part VI Supplemental Information (Continuation)

Part VI, Line 4:

The Community Health Needs Assessment describes the geographic area and demographic constituents it services.

See www.mainehealth.org/chna for the completed CHNA.

Part VI, Line 5:

MaineHealth's day-to-day operations as a tax-exempt organization include many system-wide initiatives in the state of Maine and the Northern New England region. Clinical services range from outpatient clinics for a diverse population to full inpatient and surgical services to a regional trauma center and a neuroscience institute. Many of our services and specialties are not available elsewhere in the state or in our region. We have programs in undergraduate, graduate, post-graduate, and continuing education, engage in clinical research, and support organizations and efforts whose missions augment or complement ours. We strive to be a good "institutional citizen" of our region and state. With these programs, MaineHealth hopes to fill existing local gaps while making a positive impact in the communities we serve. These programs include: Subsidized Health Services, Community-Based Clinical Services, Community Education Services, Health Care Support Services, Community Building Activities, Medical Education and Research.

MaineHealth made a net asset transfer to its wholly owned subsidiary, Maine Medical Partners (MMP), of approximately \$24,700,000 to cover the losses related to mission-critical physician practices to ensure access for the community to such specialties as trauma surgery, neurosurgery, urology, various pediatric specialties, and high-risk obstetrics. The activities of MMP's physician practices were transferred to MaineHealth on

Part VI Supplemental Information (Continuation)

January 1, 2024.

Part VI, Line 6:

MaineHealth is a not-for-profit family of leading high-quality providers and other healthcare organizations working together so their communities are the healthiest in America. Ranked among the nation's top 100 integrated healthcare delivery networks, MaineHealth is governed by a board of trustees consisting of community and business leaders from its southern, central and western Maine regional service areas. The collaboration of MaineHealth members makes it possible to offer an extensive range of clinical integration and community health programs, many aimed at improving access to preventive and primary care services.

MaineHealth includes the following member organizations: The Memorial Hospital at North Conway, N.H., MaineHealth Care at Home, NorDx and MaineHealth Accountable Care Organization. The strategic affiliates of MaineHealth are MaineGeneral Health and St. Mary's Health System.

Part VI, Line 7, List of States Receiving Community Benefit Report:

ME

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

MaineHealth

Employer identification number

01-0238552

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Brigham and Womens Hospital, Inc. 75 Francis Street Boston, MA 02115-6110	04-2312909	501(c)(3)	83,530.	0.			Research
Central Maine Community Health 124 Lisbon Street Lewiston, ME 04240	01-0386912	501(c)(3)	43,934.	0.			Provide tobacco and substance use prevention services in all of Androscoggin County
Mary Hitchcock Mem. Hosp. for itself & behalf Dartmouth Hitchcock Clinic - 1 Medical Center Dr. - Lebanon, NH 03756	22-2519596	501(c)(3)	31,557.	0.			Research
Granite State Independent Living 21 Chenell Drive Concord, NH 03301	02-0350170	501(c)(3)	90,000.	0.			Provide work incentives, planning and assistance services to eligible residents in New
Harvard Pilgrim Health Care Inc. 93 Worcester Street Wellesley, MA 02481-9181	04-2452600	501(c)(3)	63,684.	0.			Research
MaineGeneral Medical Center 35 Medical Center Parkway Augusta, ME 04330	04-3369653	501(c)(3)	128,203.	0.			Research

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 25.

3 Enter total number of other organizations listed in the line 1 table 2.

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

Schedule I (Form 990) 2023

See Part IV for Column (h) descriptions

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mayo Clinic 200 First Street SW Rochester, MN 55905	41-6011702	501(c)(3)	180,152.	0.			Research
Medical Care Development 105 Second Street 2A Hallowell, ME 04347	01-6022787	501(c)(3)	18,630.	0.			Provide cultural expertise to inform substance use prevention services outreach to new
Northeastern University 360 Huntington Ave Boston, MA 02115	04-1679980	501(c)(3)	120,251.	0.			Research
LSU Pennington Biomedical Research 6400 Perkins Road Baton Rouge, LA 70808-4124	72-6000848	501(c)(3)	164,021.	0.			Research
Penobscot Bay YMCA 116 Union St Rockport, ME 04856	01-0211813	501(c)(3)	45,759.	0.			Provide tobacco and substance use prevention services in Knox & Waldo Counties
Redington-Fairview General Hospital - 46 Fairview Avenue - Skowhegan, ME 04976	01-0284446	501(c)(3)	55,215.	0.			Research
River Valley Healthy Communities 49 Congress Street Rumford, ME 04276	04-3374205	501(c)(3)	10,515.	0.			Provide tobacco and substance use prevention in the norther tier of Oxford County
State of Vermont Dept of Disabilities, Aging and Indep. Living - HC 2 South, 280 State Drive - Waterbury, VT 05671-2040	03-6000264		45,000.	0.			Provide work incentives planning and assistance services to eligible residents in Vermont
University of Kentucky Research Foundation - 500 South Limestone, 109 Kinhead Hall - Lexington, KY 40526-0001	61-6033693	501(c)(3)	83,386.	0.			Research

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Maine System 5717 Corbett Hall Orono, ME 04469-5717	01-6000769	501(c)(3)	20,753.	0.			Research
University of New England 11 Hills Beach Road Biddeford, ME 04005	01-0211810	501(c)(3)	139,808.	0.			Provide research and substance use prevention work and staffing
University of Maine System, acting through the University of Southern Maine - 5703 Alumni Hall, Ste 101 - Orono, ME 04469	01-6000769	501(c)(3)	231,430.	0.			Research
University of Vermont 85 S Prospect St Rm 333 Burlington, VT 05405	03-0179440	501(c)(3)	2,772,708.	0.			Research
York Hospital 15 Hospital Drive York, ME 03909	01-0212444	501(c)(3)	30,752.	0.			Provide substance use prevention work and staffing
Hospice of Southern Maine 390 US Route 1 Scarborough, ME 04074	01-0540180	501(c)(3)	20,000.	0.			Home Hospice Care Campaign
Bipartisan Policy Center 1225 Eye St NW, Suite 1000 Washington, DC 20005	73-1628382	501(c)(3)	25,000.	0.			Contribution
American Heart Association PO Box 4002012 Des Moines, IA 50340-2012	13-5613797	501(c)(3)	95,000.	0.			Contribution
FocusMaine 128 State Street, Suite 101 Augusta, ME 04330	30-0036992	501(c)(3)	25,000.	0.			Contribution

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Southern Maine Agency on Aging 30 Barra Rd Biddeford, ME 04005	01-0360259	501(c)(3)	10,000.	0.			Program support
Keep It Local Portland PO Box 7885 Portland, ME 04101			25,000.	0.			Lobbying activity
Bath Area YMCA 303 Centre St Bath, ME 04530	01-0211812	501(c)(3)	30,000.	0.			Support for building a climbing wall and related expenses

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Scholarship	216	2,375,209.	0.		

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

Part I, Line 2:

For the Research Grants to Organizations, these represent subrecipient grants. A subrecipient agreement is signed by both MaineHealth and the subrecipient stating the amount of the award, the award name, the name of the Federal Agency, requirements imposed by laws, regulations and the provisions of the grant agreement. The monthly subrecipient invoices are reviewed and approved by the Principal Investigator prior to payment to verify the Federal funds are used for authorized purposes and are included in the award budget.

Part IV Supplemental Information

Other contributions are reviewed by Senior Management and are granted to organizations within our community that promote our shared values.

For the Nursing and Healthcare Scholarships, as an application requirement, each scholarship applicant must provide confirmation of enrollment in a nursing or healthcare related program. For the Medical Education Scholarships for students in the Maine Track of the MMC Tufts University School of Medicine (TUSM) Medical School Program, MaineHealth transfers the scholarship funds to the TUSM financial aid department for distribution to the students. TUSM handles any oversight to ensure that the funds are used as intended. MaineHealth's role is limited to matching eligible students with scholarship selection criteria and determining who receives each scholarship award.

Part II, line 1, Column (h):

Name of Organization or Government: Granite State Independent Living

(h) Purpose of Grant or Assistance: Provide work incentives, planning and assistance services to eligible residents in New Hampshire

Name of Organization or Government: Medical Care Development

(h) Purpose of Grant or Assistance: Provide cultural expertise to inform substance use prevention services outreach to new Mainer community

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

MaineHealth

Employer identification number

01-0238552

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

	Yes	No
1b		X

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

2	X	
----------	---	--

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- 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.

4a	X	
4b		X
4c		X

Only section 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?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

5a		X
5b		X

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?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

6a		X
6b		X

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

7	X	
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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		X
----------	--	---

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9		
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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) Andrew Mueller, MD CEO and President	(i)	1,371,192.	670,196.	180,661.	13,200.	42,068.	2,277,317.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Robert Ecker, MD Chief - Neurosciences	(i)	1,438,321.	0.	23,742.	61,435.	35,473.	1,558,971.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Matthew R Sanborn, MD Physician	(i)	1,435,145.	0.	44,574.	16,500.	45,194.	1,541,413.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Adam J. Rana, MD Physician	(i)	1,109,642.	209,934.	23,310.	42,501.	43,404.	1,428,791.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Joseph T Alexander, MD Physician	(i)	1,203,700.	0.	108,075.	78,061.	37,646.	1,427,482.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Dougald MacGillivray, MD Physician	(i)	1,171,714.	93,494.	29,812.	66,124.	44,689.	1,405,833.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Albert G Swallow III CFO, Board Treasurer	(i)	738,708.	246,696.	290,112.	92,666.	36,023.	1,404,205.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Jeffrey Sanders Former MMC President	(i)	440,098.	116,351.	807,993.	6,600.	27,550.	1,398,592.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Lugene Inzana Former Officer/MH Associate CFO	(i)	498,280.	113,815.	275,428.	20,234.	41,242.	948,999.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Joel Botler, MD Former Officer/Reg. CMO-So. Region	(i)	568,101.	159,150.	128,222.	60,273.	32,574.	948,320.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Beth Kelsch General Counsel, Board Secretary	(i)	520,986.	141,750.	89,840.	55,677.	40,338.	848,591.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Lisa Beaule, MD VP Physc & APP Svcs - So. Region	(i)	497,331.	0.	97,122.	61,926.	39,909.	696,288.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) Brett Loffredo, MD Physician	(i)	391,776.	0.	8,104.	60,240.	32,890.	493,010.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) Thomas J Ryan, Jr. MD, FACC Physician	(i)	307,308.	0.	20,730.	57,295.	39,851.	425,184.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) Peter Manning, MD Physician	(i)	357,468.	0.	38,279.	16,500.	3,278.	415,525.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) Kate Herlihy, MD, MHP Physician	(i)	210,664.	6,089.	49,021.	24,221.	32,205.	322,200.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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				
(17) Robert Frank Former General Counsel	(i)	98,155.	0.	19,371.	2,348.	0.	119,874.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

Part I, Line 1a:

The CEO and the former MMC President each received an auto allowance that was treated as taxable compensation and included in Other Reportable Compensation on Schedule J, Part II, Column (B)(iii).

Part I, Line 1b:

The auto allowance has historically been provided to the MH CEO and President, and MMC President and is part of their offer letter. This is reviewed as part of an annual independent compensation benchmark analysis performed by an outside firm, Sullivan Cotter. The compensation decisions for these employees are approved by the Executive Committee of the Board of Trustees.

Part I, Line 4a:

Jeffrey Sanders, former MMC President received severance payments totaling \$322,204 from MaineHealth during calendar year 2023.

Part I, Line 7:

MaineHealth established a Performance Incentive Plan (the Plan) to

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.

encourage and reward Plan participants for achieving defined performance

goals that are supportive of MaineHealth's mission, strategic initiatives,

and operating objectives. The Plan is administered by the MaineHealth

Compensation Committee of the Board of Trustees.

A component of compensation for certain medical professionals is based on a

RVU (Relative Value Unit) calculation.

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Entity 1

OMB No. 1545-0047

2023
Open to Public
Inspection

Name of the organization <div style="text-align: center;">MaineHealth</div>	Employer identification number <div style="text-align: center;">01-0238552</div>
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Part I	Bond Issues											
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	Maine Health & Higher Ed. Facilities Authority	01-0314384	560427W77	07/24/14	14,201,632.	See Part VI		X		X	X	
	Maine Health & Higher Ed. Facilities Authority	01-0314384	56042REW8	06/28/16	29,639,759.	Refund bonds issued 9/7/2006		X		X	X	
	Maine Health & Higher Ed. Facilities Authority	01-0314384	56042RQL9	12/28/17	8,909,963.	See Part VI		X		X	X	
	Maine Health & Higher Ed. Facilities Authority	01-0314384	56042RQW5	07/18/18	183,854,035.	See Part VI		X		X		X

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired	10,245,000.		18,605,000.		3,050,000.					
2 Amount of bonds legally defeased										
3 Total proceeds of issue	14,201,632.		29,639,759.		8,909,963.		188,388,169.			
4 Gross proceeds in reserve funds	1,298,280.		3,433,006.		982,770.		2,068,926.			
5 Capitalized interest from proceeds							15,556,815.			
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds	161,557.		267,546.		96,231.		2,002,269.			
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds							170,778,487.			
10 Capital expenditures from proceeds	14,040,075.		29,372,213.		8,813,732.		50,598.			
11 Other spent proceeds										
12 Other unspent proceeds										
13 Year of substantial completion							2021			
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X				X	
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X			X	
16 Has the final allocation of proceeds been made?	X		X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X			

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

Schedule K (Form 990) 2023

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Entity 2

OMB No. 1545-0047

2023
Open to Public
Inspection

Name of the organization <div style="text-align: center;">MaineHealth</div>	Employer identification number 01-0238552
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Part I	Bond Issues	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
								Yes	No	Yes	No	Yes	No
		Maine Health & Higher Ed. Facilities Authority	01-0314384	000000000	08/01/18	36,735,000.	Refund bonds issued 5/22/2008		X		X		X
		Maine Health & Higher Ed. Facilities Authority	01-0314384	56042RYJ5	07/29/20	252,172,695.	Construct hospital facility		X		X		X
		Maine Health & Higher Ed. Facilities Authority	01-0314384	000000000	04/05/21	21,115,000.	See Part VI		X		X		X
		Maine Health & Higher Ed. Facilities Authority	01-0314384	000000000	04/04/22	13,755,000.	See Part VI		X		X		X

Part II	Proceeds	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Amount of bonds retired					9,010,000.		4,025,000.	
2	Amount of bonds legally defeased								
3	Total proceeds of issue			36,735,000.	256,849,290.	21,115,000.		13,755,000.	
4	Gross proceeds in reserve funds			2,922.	2,360,772.				
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds			537,368.	2,131,907.	96,079.			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds				254,673,182.				
11	Other spent proceeds			36,197,632.		21,018,921.		13,755,000.	
12	Other unspent proceeds				44,201.				
13	Year of substantial completion				2024				
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X	X			X
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X	X	
16	Has the final allocation of proceeds been made?	X			X	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Schedule K (Form 990) 2023

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Entity 3

OMB No. 1545-0047

2023
Open to Public
Inspection

Name of the organization <div style="text-align: center;">MaineHealth</div>	Employer identification number 01-0238552
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Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
Maine Health & Higher Ed. Facilities Authority	01-0314384	56042SCZ1	12/05/23	83,134,330.	See Part VI		X		X	X	
A											
B											
C											
D											

Part II Proceeds									
		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	84,383,310.							
4	Gross proceeds in reserve funds	8,769,025.							
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	870,014.							
8	Credit enhancement from proceeds	211,201.							
9	Working capital expenditures from proceeds	2,067.							
10	Capital expenditures from proceeds	51,822,840.							
11	Other spent proceeds								
12	Other unspent proceeds	23,650,376.							
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2023

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....	.00 %		.00 %		.00 %		.00 %	
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 .....	.00 %		.00 %		.00 %		.00 %	
6 Total of lines 4 and 5 .....	.00 %		.00 %		.00 %		.00 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X			X				
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 .....	.10 %		.00 %					
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 .....	.00 %		.00 %					
6 Total of lines 4 and 5 .....	.10 %		.00 %					
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 non-governmental 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		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X		X		X	
b Exception to rebate?		X		X		X		X
c No rebate due?	X			X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X		X		X

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.00 %		%		%		%
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 .....		.00 %		%		%		%
6 Total of lines 4 and 5 .....		.00 %		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

Part IV **Arbitrage** *(continued)*

4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
		X			X		X		X
b	Name of provider	See Part VI							
c	Term of hedge	17.9000000							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X	X			X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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 isn't available under applicable regulations?	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
	X		X		X		X	

Part VI	Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.
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[illegible]

Part IV Arbitrage (continued)								
4a	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? <input checked="" type="checkbox"/>								
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a	A		B		C		D	
Were gross proceeds invested in a guaranteed investment contract (GIC)? <input checked="" type="checkbox"/>								
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	A		B		C		D	
Were any gross proceeds invested beyond an available temporary period? <input checked="" type="checkbox"/>								
7	A		B		C		D	
Has the organization established written procedures to monitor the requirements of section 148? <input checked="" type="checkbox"/>								

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 isn't available under applicable regulations? <input checked="" type="checkbox"/>								

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

Additional Information (Bonds 1-4) "Entity 1"

- 7/24/2014 issue - This issue is a pooled financing, and the portion allocable to MaineHealth entities constitute less than 100% of the issue. Part I columns (e) and (f), and all of Parts II and III, have been answered with respect to the MaineHealth entities' share of such pooled financings, not with respect to 100% of each issue.

- 6/28/2016 issue - This issue is a pooled financing, and the portion allocable to MaineHealth entities constitute less than 100% of the issue. Part I columns (e) and (f), and all of Parts II and III, have been answered with respect to the MaineHealth entities' share of such pooled financings, not with respect to 100% of each issue.

- 12/28/2017 issue - This issue is a pooled financing, and the portion allocable to MaineHealth entities constitute less than 100% of the issue. Part I columns (e) and (f), and all of Parts II and III, have been answered with respect to the MaineHealth entities' share of such pooled financings, not with respect to 100% of each issue.

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

- 7/18/2018 issue - The difference between the issue price (Part I) and total proceeds (Part II, line 3) are due to investment earnings.

- Part I, column (f), 7/24/2014 issue - Refund bonds issued 12/10/1998, 10/16/2003, and 6/3/2004.

- Part I, column (f), 12/28/2017 issue - Refund bonds issued 11/1/2007 and 6/19/2008.

- Part I, column (f), 7/18/2018 issue - Build, renovate, and equip hospital facility.

- Part II, line 4, 7/24/2014 issue - The amount shown here consists of \$1,129,206 in a debt service reserve fund, plus \$169,074 of debt service fund deposits.

- Part II, line 4, 6/28/2016 issue - The amount shown here consists of \$3,165,600 in a debt service reserve fund, plus \$267,406 of debt service fund deposits.

-Part II, line 4, 12/28/2017 issue - The amount shown here consists of \$782,100 in a debt service reserve fund, plus \$200,670 of debt service fund deposits.

- Part II, line 4, 7/18/2018 issue - The amounts shown here consist of debt service fund deposits.

- Part IV, line 2c, 7/24/2014 issue - This issue was a pooled financing, and the arbitrage calculations are managed by the Authority, not MaineHealth; MaineHealth does not know the date of the pertinent calculation.

- Part IV, line 2c, 6/28/2016 issue - This issue was a pooled financing, and the arbitrage calculations are managed by the Authority, not MaineHealth; MaineHealth does not know the date of the pertinent calculation.

- Part IV, line 2c, 12/28/2017 issue - The date of the rebate calculation was 12/28/2022.

- Part IV, line 2c, 7/18/2018 issue - The date of the rebate

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. *(continued)*
calculation was 7/10/2023.

- Part IV, line 6, 6/28/2016 issue - The "yes" answer here refers to a debt service reserve fund that (in the aggregate for the entire issue, including the MaineHealth entities' portions plus all other participating institutions) exceeds the amount qualifying as a reasonably required reserve or replacement funds. It is our understanding that the Authority appropriately restricts the investment yield on the excess amount.

- Part IV, line 6, 7/18/2018 issue - The amount in question was less than the applicable minor portion.

Additional Information (Bonds 5-8) "Entity 2"

- 7/29/2020 issue - The difference between the issue price (Part I) and total proceeds (Part II, line 3) are due to investment earnings.

- Part I, column (f), 4/5/2021 issue - Refund bonds issued 8/31/2011 and 11/30/2011.

- Part I, column (f), 4/4/2022 issue - To refinance a taxable obligation issued on 9/21/2020 the proceeds of which defeased tax-exempt bonds issued 6/28/2012 and callable on 7/1/2022.

- Part II, line 4, 8/1/2018, and 7/29/2020 issues - The amounts shown here consist of debt service fund deposits.

- Part III has not been completed with respect to the 4/5/2021 and 4/4/2022 bonds, since the original projects being refinanced by such bonds were issued before 2003.

- Part IV, line 2c, 8/1/2018 issue - The date of the rebate calculation was 7/11/2023.

- Part IV, lines 4b and 4c, 8/1/2018 issue - There are two separate hedging contracts identified with these bonds, both with Morgan Stanley Capital Services LLC and each having a term of 17.9 years.

- Part IV, line 6, 7/29/2020 issue - The amount in question will be appropriately yield restricted, using yield reduction payments if

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

Additional Information (Bond 9) "Entity 3"

- 12/5/2023 issue - This issue is a pooled financing, and the portion allocable to MaineHealth entities constitute less than 100% of the issue. Part I columns (e) and (f), and all of Parts II and III, have been answered with respect to the MaineHealth entities' share of such pooled financings, not with respect to 100% of each issue.

- 12/5/2023 issue - The difference between the issue price (Part I) and total proceeds (Part II, line 3) are due to investment earnings.

- Part I, column (f), 12/5/2023 issue - To finance various facility projects at Maine Medical Center, Franklin Hospital and Stephens Hospital.

- Part II, line 4, 12/5/2023 issue - The amount shown here consists of \$7,826,812 in a debt service reserve fund, plus \$942,213 of debt service fund deposits.

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

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2023

Open to Public
Inspection

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MaineHealth

Employer identification number

01-0238552

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the 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
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

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) Christina Manning	See Part V	309,650.	See Part V		X
(2) Gwendolyn Anderson	See Part V	54,109.	See Part V		X
(3) Helen Watson	See Part V	155,905.	See Part V		X
(4) Judith Fisher	See Part V	100,864.	See Part V		X
(5) Maighread Laliberte	See Part V	18,684.	See Part V		X
(6) Sydney Michelson	See Part V	34,193.	See Part V		X
(7) Mary L. Noyes	See Part V	33,400.	See Part V		X
(8) Substantial Contributor	Sub. Contributor	552,047.	Vendor		X
(9) Substantial Contributor	Sub. Contributor	4,726,986.	Vendor		X
(10) Substantial Contributor	Sub. Contributor	187,009.	Vendor		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Substantial Contributor

(b) Relationship Between Interested Person and Organization:

Sub. Contributor

(c) Amount of Transaction \$ 124,764.

(d) Description of Transaction: Vendor

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Substantial Contributor

(b) Relationship Between Interested Person and Organization:

Sub. Contributor

(c) Amount of Transaction \$ 10,850,146.

(d) Description of Transaction: Vendor

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Substantial Contributor

(b) Relationship Between Interested Person and Organization:

Sub. Contributor

(c) Amount of Transaction \$ 111,607.

(d) Description of Transaction: Vendor

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Substantial Contributor

(b) Relationship Between Interested Person and Organization:

Sub. Contributor

(c) Amount of Transaction \$ 21,215,156.

(d) Description of Transaction: Vendor

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Substantial Contributor

(b) Relationship Between Interested Person and Organization:

Sub. Contributor

(c) Amount of Transaction \$ 373,346.

(d) Description of Transaction: Vendor

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Substantial Contributor

(b) Relationship Between Interested Person and Organization:

Sub. Contributor

(c) Amount of Transaction \$ 6,748,934.

(d) Description of Transaction: Vendor

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Substantial Contributor

(b) Relationship Between Interested Person and Organization:

Sub. Contributor

(c) Amount of Transaction \$ 1,382,268.

(d) Description of Transaction: Vendor

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Substantial Contributor

(b) Relationship Between Interested Person and Organization:

Sub. Contributor

(c) Amount of Transaction \$ 483,783.

(d) Description of Transaction: Vendor

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Substantial Contributor

(b) Relationship Between Interested Person and Organization:

Sub. Contributor

(c) Amount of Transaction \$ 75,966,260.

(d) Description of Transaction: Vendor

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Substantial Contributor

(b) Relationship Between Interested Person and Organization:

Sub. Contributor

(c) Amount of Transaction \$ 3,757,591.

(d) Description of Transaction: Vendor

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Substantial Contributor

(b) Relationship Between Interested Person and Organization:

Sub. Contributor

(c) Amount of Transaction \$ 6,471,810.

(d) Description of Transaction: Vendor

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Substantial Contributor

(b) Relationship Between Interested Person and Organization:

Sub. Contributor

(c) Amount of Transaction \$ 16,065,854.

(d) Description of Transaction: Vendor

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Substantial Contributor

(b) Relationship Between Interested Person and Organization:

Sub. Contributor

(c) Amount of Transaction \$ 3,232,365.

(d) Description of Transaction: Vendor

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Substantial Contributor

(b) Relationship Between Interested Person and Organization:

Sub. Contributor

(c) Amount of Transaction \$ 104,669.

(d) Description of Transaction: Vendor

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Substantial Contributor

(b) Relationship Between Interested Person and Organization:

Sub. Contributor

(c) Amount of Transaction \$ 5,663,916.

(d) Description of Transaction: Vendor

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Substantial Contributor

(b) Relationship Between Interested Person and Organization:

Sub. Contributor

(c) Amount of Transaction \$ 1,238,520.

(d) Description of Transaction: Employment

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Substantial Contributor

(b) Relationship Between Interested Person and Organization:

Sub. Contributor

(c) Amount of Transaction \$ 922,976.

(d) Description of Transaction: Employment

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Substantial Contributor

(b) Relationship Between Interested Person and Organization:

Sub. Contributor

(c) Amount of Transaction \$ 606,677.

(d) Description of Transaction: Employment

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Substantial Contributor

(b) Relationship Between Interested Person and Organization:

Sub. Contributor

(c) Amount of Transaction \$ 56,336,314.

(d) Description of Transaction: Vendor

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(e) Sharing of Organization Revenues? = No

Schedule L, Part IV, Column (b) and (d)

Peter Manning, MD is a member of the Board of Trustees. His wife,

Christina Manning, MD is a physician employed by the organization.

Nancy Hasenfus, MD is a member of the Board of Trustees. Her daughter,

Gwendolyn Anderson, is employed by the organization as a Psychiatric

Technician.

Stuart Watson is a member of the Board of Trustees. His daughter,

Helen Watson is a Nurse Practitioner employed by the organization.

Morris Fisher serves as Chairman on the Board of Trustees. His wife,

Judith Fisher, is a Senior Accountant employed by the organization.

Kate Herlihy, MD is a member of the Board of Trustees. Her daughter,

Maighread Laliberte, is employed by the organization as a Psychiatric

Technician.

Jere Michelson is a member of the Board of Trustees. His daughter,

Sydney Michelson, is employed by the organization as a Radiology

Technical Assistant.

Brian Noyes is a member of the Board of Trustees. His daughter, Mary L.

Noyes, is employed by the organization as a Research Assistant.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

MaineHealth

Employer identification number

01-0238552

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	27	2,573,660.	Fair Market Value
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (.....)				
26 Other (.....)				
27 Other (.....)				
28 Other (.....)				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

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?

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

b If "Yes," describe in Part II.

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

Yes No

30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2023

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.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

MaineHealth

Employer identification number

01-0238552

Form 990, Part I, Line 1, Description of Organization Mission:

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

Form 990, Part III, Line 4a, Program Service Accomplishments:

(Continued from page 2 of 990, Line 4a)

MaineHealth operates the following hospitals: Maine Medical Center,
Southern Maine Health Care, Penobscot Bay Medical Center, Waldo County
General Hospital, LincolnHealth, Franklin Memorial Hospital, Spring
Harbor Hospital, Stephens Memorial Hospital, and Mid Coast Hospital.

These health system resources offer expertise in multiple disciplines
including emergency medicine, surgery, radiology, oncology, behavioral
health, and level one trauma. Summary operating metrics for MaineHealth
from fiscal year 2024 are included in the table below:

Category	Count
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Hospital I/P Discharges	57,717
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization MaineHealth	Employer identification number 01-0238552
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Hospital I/P Days 355,557

Swing Bed Days 3,979

Total Surgeries 65,943

ED Visits 244,416

The following is a summary of MaineHealth Services by hospital division:

Maine Medical Center

Maine Medical Center is Maine's largest referral hospital, offering various services not available elsewhere in Maine. It serves as a community hospital for Greater Portland with a present-day complex of more than one million square feet. Maine Medical Center provides a wide range of medical and surgical care, intensive and coronary care, as well as obstetrical and pediatric services. In addition, Maine Medical Center has a number of specialty services, including: The Barbara Bush Children's Hospital at Maine Medical Center (BBCH); the Cancer Institute; the Cardiovascular Institute; Emergency Medicine; the Family Birth Center; the Joint Replacement Center; the MaineHealth Institute for Research (MHIR); and the Neuroscience Institute. Maine Medical Center (including BBCH) has 750 licensed beds. Maine Medical Center is a teaching hospital affiliated with Tufts University School of Medicine.

BBCH, which operates as a department of Maine Medical Center, is Maine's only full-service children's hospital facility, offering family-centered services including specialized medical and surgical treatment of complex illnesses and injuries. BBCH uses state-of-the-art technology to provide advanced specialty services and personalized care to children that is responsive to their unique needs.

On June 1, 2024, Southern Maine Health Care was combined under Maine

Name of the organization MaineHealth	Employer identification number 01-0238552
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Medical Center's hospital license and the two facilities became one

hospital operating as MaineHealth Maine Medical Center.

Southern Maine Health Care

Southern Maine Health Care, the fifth largest healthcare entity in

Maine with 179 licensed beds, offers a comprehensive array of medical

care and services, including: emergency departments in Biddeford and

Sanford, Maine; a multi-specialty physician services group providing

comprehensive primary and specialty services; non-emergency walk-in

care; centers for breast care, sleep disorders as well as wound and

ostomy care; behavioral health and a wide range of diagnostic and

rehabilitation services. Southern Maine Health Care has approximately

27 physician practices located in Biddeford, Kennebunk, Saco and

Sanford.

On June 1, 2024, Southern Maine Health Care was combined under Maine

Medical Center's hospital license and the two facilities became one

hospital operating as MaineHealth Maine Medical Center.

Penobscot Bay Medical Center

Penobscot Bay Medical Center, with 99 licensed beds, provides the

people of Mid Coast Maine with a continuum of both routine and

specialty patient-centered medical services. Hospital services include

an emergency department, obstetrics and infant care, cardiac care,

cancer care, behavioral health, and a wide array of medical and

specialty services.

Waldo County General Hospital

Waldo County General Hospital serves the healthcare needs of residents

in Waldo County, Maine. A community hospital with 25 licensed beds,

Waldo County General Hospital is designated as a Critical Access

Hospital by the Federal and Maine State governments. Hospital services

Name of the organization MaineHealth	Employer identification number 01-0238552
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include an emergency department, cardiac care, cancer care, and a wide array of medical and specialty services. The hospital also operates five rural health centers, public health nursing and various educational programs.

LincolnHealth

LincolnHealth is designated as a Critical Access Hospital by the Federal and Maine State governments. LincolnHealth has two campuses with an aggregate of 25 licensed beds. The LincolnHealth - Miles Campus, serving Damariscotta and the surrounding communities, offers hospital services including: acute hospital care, intensive care, general and orthopedic surgical services, obstetrics and a broad spectrum of outpatient services, including Rural Health Clinics. The LincolnHealth - St. Andrews Campus, serving Boothbay Harbor and the surrounding communities, offers a fully-staffed urgent care center and a broad range of outpatient services.

Franklin Memorial Hospital

Franklin Memorial Hospital, with 25 licensed beds, serves the rural community of Greater Franklin County, boasting a population of 40,000. Franklin Memorial Hospital is able to offer care in more than 25 specialty areas, including emergency care, primary care, obstetrics & gynecology, cardiology and many others.

Maine Behavioral Healthcare (Spring Harbor Hospital)

Maine Behavioral Healthcare (Spring Harbor Hospital) provides both inpatient and outpatient mental health services. Maine Behavioral Healthcare's hospital facility, which continues to operate under the name Spring Harbor Hospital, is located in Westbrook, Maine. It is Southern Maine's only nonprofit, private psychiatric hospital and a comprehensive provider of inpatient services for individuals who

Name of the organization MaineHealth	Employer identification number 01-0238552
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experience acute mental illness or dual disorder issues. Spring Harbor

Hospital consists of a licensed 100-bed facility set on 50 private

acres and offers children, adolescents, and adults a comfortable and

pleasant environment for psychiatric treatment. Spring Harbor Hospital

provides 24-hour information and referral, voluntary and involuntary

hospitalization and comprehensive discharge planning. The Maine

Behavioral Healthcare network is clinically integrated with other

MaineHealth mental health providers, hospitals and primary care sites

to ensure easy and timely access to treatment and safe and effective

transitions between services. Through a unique collaboration with Maine

Medical Center, Maine Behavioral Healthcare is able to offer the most

complete array of psychiatric treatment, physician training, and

medical-research programs north of Boston.

Stephens Memorial Hospital

Stephens Memorial Hospital, located in Norway, Maine, is designated as

a Critical Access Hospital by the Federal and Maine State governments,

has 25 licensed beds in service. Services include: ambulance service;

cancer care; diabetes care; emergency services; family birthplace;

general surgery; hospitalist program; imaging services; joint

replacement; laboratory; obstetrics and gynecology; orthopedics;

pediatrics; physical rehabilitation; primary care; and various support

groups.

Mid Coast Hospital

Mid Coast Hospital is located in Brunswick, Maine and offers a full

continuum of high-quality healthcare services to the Mid Coast Maine

region. Mid Coast Hospital operates a 93-bed community hospital with

inpatient services for medical and surgical acute care, intensive care,

women and infant services and psychiatric services. Mid Coast provides

Name of the organization MaineHealth	Employer identification number 01-0238552
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a broad spectrum of outpatient services to the community and has a

Level 2 trauma facility and a 24-hour emergency department.

MaineHealth focused on several patient care areas throughout FY24:

- The Malone Family Tower at Maine Medical Center Opens

The Malone Family Tower is Maine Medical Center's new home of cardiac

and cardiovascular clinical excellence. It features 96 private,

universal patient rooms, a 40-bed pre/post operation area, 19 new OR

and procedure rooms and a significantly expanded sterile processing

department facility.

The 300,000 square foot, eight-story tower represents the modernization

and expansion of the Maine Medical Center's campus. Patients enter

through the tower's dedicated Congress Street entrance, welcomed by a

seven-story atrium designed to bring in natural light. The enhanced

clinical space supports care innovation, quality, and safety, while the

intuitive layout and private rooms make a difference in patient comfort

and healing.

Form 990, Part III, Line 4a Cont'd

- Maine Medical Center Licensing Integration and Regional Partnerships

On June 1, 2024, Southern Maine Health Care integrated with Maine

Medical Center under one license. As a result, the multi-campus medical

center serving Cumberland and York counties can better utilize

resources for patient care sharing clinical expertise, providing

higher-value care, operating more efficiently and delivering a better,

more consistent patient experience.

-Shortening Patient Wait Times by Sharing Echocardiographers

By aligning and leveraging shared expertise, LincolnHealth and Mid

Coast Hospital now share an efficient, integrated echocardiographer team

Name of the organization MaineHealth	Employer identification number 01-0238552
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that ensures patients receive high-quality echosonograms (scans of patients' hearts) closer to home. This regional approach has streamlined workflows and increased capacity, effectively shortening wait times. LincolnHealth has nearly tripled the number of echosonograms it's able to perform each day.

-Innovative Program Expands Psychiatry Services to Rural Areas

In response to the need for expanded psychiatry services, particularly in rural areas, MaineHealth has launched a Rural Residency Program (RRP) in Rockland, Maine. Residents participate in the four-year program that includes two years on a rotation at Maine Medical Center followed by two years at a rural location focused on outpatient psychiatry at MaineHealth Behavioral Health.

Residents participating in the MaineHealth RRP get the genuine experience of living, working and being part of a rural community. Next year the program will usher in two more students with hopes to continue growing to meet the increasing demand for psychiatry services across the MaineHealth footprint.

Form 990, Part III, Line 4b, Program Service Accomplishments:

(Continued from page 2 of 990, Line 4b)

The Department of Medical Education, with a staff of 80, manages multiple educational programs and resources. Education programs span undergraduate medical education, graduate medical education, and interprofessional provider education. Education services include the Hannaford Center for Safety, Innovation and Simulation, Library and Learning Commons, and the Journal of Maine Medical Center.

In undergraduate medical education, the Tufts University School of

Medicine (TUSM) - MaineHealth Maine Track Program, known as the "Maine

Name of the organization MaineHealth	Employer identification number 01-0238552
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Track", was established in 2008 and offers a unique and innovative curriculum, exposing students to rural practices and training in a major tertiary medical center. There are 40 matriculants in each TUSM class dedicated to the Maine Track. Much of the curriculum is based in Maine, particularly in the 2nd through 4th years of medical school. MMC developed a unique 9-month Longitudinal Integrated Clerkship offered at MMC and in 9 community hospital sites. 86 graduates of the Maine Track who have completed their residency programs are working in Maine as of 2024. Additionally, clerkship students from the University of New England College of Osteopathic Medicine rotate through MMC and MaineHealth sites annually.

In graduate medical education, MMC has 15 residency programs, 2 rural residency tracks, 1 rural concentration and 17 fellowships, all approved by the Accreditation Council for Graduate Medical Education. Currently there are approximately 333 physician residents and fellows. Historically, about 40% of MMC's residency graduates have stayed in Maine to practice. Our graduates also go on to outstanding fellowship programs. In addition to physician postgraduate education, MMC and Tufts University School of Dental Medicine sponsor an Advanced Education in General Dentistry residency program. In addition, MMC established a critical care advanced practice provider residency program in 2021.

The Hannaford Center for Safety, Innovation and Simulation is a hub for interprofessional training at MaineHealth. Simulation advances patient safety by leveraging advanced technology as well as our simulated patient program to realistically recreate clinical scenarios to enable teams to practice and test and improve their clinical systems. Events occur both at our state-of-the-art 15,000 square-foot training center

Name of the organization MaineHealth	Employer identification number 01-0238552
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and "in situ" in clinical settings across Maine.

Significant FY24 accomplishments include:

Undergraduate Medical Education

-Twelve of the TUSM-MaineHealth Maine Track medical students who

graduated in 2024 remained in Maine to complete their residency.

-Completed a second grant sponsored by the Centers for Disease Control

and Prevention and the Association of American Medical Colleges to

expand the education of the training curricula, "Interprofessional

Education and Collaborative Learning: A Novel Training Tool for

Addressing COVID-19 Health Misinformation".

-Initiated an Art in Medicine elective class for medical students in

partnership with Portland Museum of Art to emphasize practicing

perspective, curiosity and stress tolerance that was highly successful

and highlighted in the local newspaper.

-Successful continuation of a medical education pathway program, Inside

Medicine, hosted 124 high school students across Maine over the course

of the school year through monthly virtual sessions.

Graduate Medical Education

-Four new academic tracks were developed and launched in Spring 2024.

The four tracks are: Clinician-Educator and Leadership Track (CELT) for

Residents, CELT for Fellows, Research Track for Residents, and Clinical

Informatics Track Residents and Fellows.

-Maine Medical Center Graduate Medical Education (GME) was the founding

grant member of the new state-wide Maine Rural GME Education (MERGE)

Collaborative, funded by the State of Maine, to increase the number of

rural GME electives across the State and create a de novo learning

platform, the "Interprofessional Healthcare Learning Platform"

(iHELP-ME), focused on rural and underserved learning resources for all

Name of the organization MaineHealth	Employer identification number 01-0238552
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interprofessional healthcare students and faculty across the state. 35

new rural GME electives were established across the State of which

thirteen are at MaineHealth hospitals.

-GME received a \$750,000 HRSA grant to support the development of

MaineHealth's first rural FM residency program at Franklin Memorial

Hospital. The residency will train two residents/year and is scheduled

to launch in July 2027.

Advanced Practice Provider Residency Program

-The Advanced Practice Provider Critical Care Residency program (APP)

was initiated in October 2021 with two APP residents. In 2023 the

class expanded to four and it became the first accredited APP residency

in Maine and the 10th in the nation to be accredited with the Advanced

Practice Provider Fellowship Association (APPPFA) through the American

Nurses Credentialing Center. To date, eight APP residents have

successfully completed the program. Six of the eight (75%) have been

hired to Maine Medical Center ICU positions. The cohort that began in

April 2024 will complete their residency in March 2025.

-April 2025 will mark the start of the 7th cohort of APP residents.

This will bring the total to 14 APP residents who have committed to the

12-month program. Of this total, seven are Nurse Practitioners and

seven are Physician Assistants.

-In FY24, the APP Education Office facilitated approximately 216 APP

student placements within MaineHealth. Students from 28 institutions of

higher education rotated through the MaineHealth system in FY24.

Simulation

-In collaboration with the HRSA-funded Rural Maternity and Obstetrics

Management Strategies (RMOMS) program, the Hannaford Center for Safety,

Innovation and Simulation (Sim Center) launched Maine Obstetric Medical

Name of the organization MaineHealth	Employer identification number 01-0238552
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Simulation (MOMSim 2.0), a telesim supported, locally driven, on-going

obstetrical emergency simulation program at 12 hospitals across Maine.

-In partnership with Emergency Medicine, the Sim Center hosted

Paramedics and EMTs from across Maine at two immersive workshops

emphasizing prehospital care for pediatric, neonatal and obstetrical

emergencies.

-The Sim Center expanded annual faculty development offerings with an

Advanced Debriefing workshop, 3-day Simulation Instructor Course, and

Simulation Instructor Course designed specifically to support nurse

educators.

-The simulation center conducted more than 568 events for more than

5892 participants in FY24.

Form 990, Part III, Line 4c, Program Service Accomplishments:

(Continued from page 2 of 990, Line 4c)

the Center for Interdisciplinary Population & Health Research, and the

Center for Molecular Medicine. In 2024, MHIR had \$26.1M in grant

funding and received 37 new grants, allowing the institute's clinical

and biomedical researchers to contribute to nationally and

internationally-recognized scientific research. In addition, over 250

clinical trial studies took place with the top areas of focus in

Oncology, Neurology, and Cardiology. Notably in 2024, MHIR

investigators and physician scientists secured several significant

grants to advance research on cardiovascular disease, cancer, metabolic

disorders, Lyme disease, and PFAS. Other 2024 highlights included: 188

scientific articles published and over 1,505 biospecimens were

Name of the organization MaineHealth	Employer identification number 01-0238552
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distributed by the institute's BioBank Tissue Repository.

Form 990, Part V, Line 1a

MaineHealth, acting on behalf of the MaineHealth System filed 1,391

Form 1099s for the calendar year 2023.

Form 990, Part V, Line 2a

MaineHealth, acting on behalf of the MaineHealth System filed Form W-3,
reporting 26,951 employees for the calendar year 2023.

Form 990, Part VI, Section A, line 6:

MaineHealth Services (EIN: 01-0431680) is the sole Member of the
organization.

Form 990, Part VI, Section A, line 7a:

The sole Member of the organization has the responsibility for the election
of the members of the governing body.

Form 990, Part VI, Section A, line 7b:

There are decisions by the governing body that require the approval of its
sole member. They include:

1. The amendment of the Articles of Incorporation
2. The merger or consolidation with an unrelated entity
3. The sale or other disposition of all or substantially all the assets of
the Corporation
4. The dissolution of the Corporation

Name of the organization MaineHealth	Employer identification number 01-0238552
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Form 990, Part VI, Section B, line 11b:

The MaineHealth CFO and Associate CFO reviewed the 990 in detail. The 990 was also made available to the full Board of Trustees prior to filing the return.

Form 990, Part VI, Section B, Line 12c:

MaineHealth's Audit & Compliance Services sends Conflict of Interest (COI) disclosure form requests to over 3,000 Care Team Members (including all Board Members, Officers, and other Senior Leaders) each year. Audit & Compliance Services collects the disclosure forms and reviews each submission for possible reported conflicts to determine if a management mitigation plan is required. The results of the annual COI process are reported to the MaineHealth Executive Compliance Committee, the Audit Committee, Local Health System Presidents, and the Board of Trustees Chairpersons.

Form 990, Part VI, Section B, Line 15:

Compensation Process for CEO & Officers

MaineHealth uses an outside firm, Sullivan Cotter, to perform an independent benchmark analysis for the CEO and other senior executive leaders. The firm meets with the Executive Committee of the Board of Directors to review the executive benchmark report. The Executive Committee then deliberates on MaineHealth's written salary and incentive plan philosophy before making a final decision. All meeting decisions are captured in minutes with appropriate approvals at all levels.

Form 990, Part VI, Section C, Line 19:

Documents that are required to be open for public inspection are made

Name of the organization	Employer identification number
MaineHealth	01-0238552

available upon request.

Form 990, Part XI, line 9, Changes in Net Assets:

Net Assets Transferred as a Result of Unification	37,891,366.
Equity Transfers from Affiliates	26,057,722.
Retirement Benefit Plan Adjustments	-3,200,522.
Total to Form 990, Part XI, Line 9	60,748,566.

Form 990, Part XI Line 9

On January 1, 2024, Maine Medical Partners, a taxable wholly subsidiary of MaineHealth, transferred the activities of their physician practices to MaineHealth.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization MaineHealth	Employer identification number 01-0238552
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MaineHealth Services - 01-0431680 110 Free Street Portland, ME 04101	Healthcare	Maine	501(c)(3)	Line 12c, III-FI	N/A		X
Maine Medical Center Realty Corp. - 01-0434215, 22 Bramhall Street, Portland, ME 04102	Property management	Maine	501(c)(3)	Line 12a, I	MaineHealth	X	
MaineHealth Care at Home - 22-2571902 15 Industrial Park Saco, ME 04072	Home health	Maine	501(c)(3)	Line 10	MaineHealth Services		X
NorDx - 01-0511356 301A US Route One Scarborough, ME 04074	Lab	Maine	501(c)(3)	Line 10	MaineHealth Services		X

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

Schedule R (Form 990) 2023

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
The Memorial Hospital at North Conway, N.H. - 02-0222156, 3073 White Mountain Highway, North Conway, NH 03860	Hospital	New Hampshire	501(c)(3)	Line 3	MaineHealth Services		X
St. Joseph's Rehab & Residence - 01-0339489 1133 Washington Avenue Portland, ME 04103	Nursing home	Maine	501(c)(3)	Line 10	MaineHealth	X	
LincolnHealth Cove's Edge - 01-0382340 35 Miles Street Damariscotta, ME 04543	Healthcare	Maine	501(c)(3)	Line 3	MaineHealth	X	
Quarry Hill - 01-0213976 P.O. Box 287 Belfast, ME 04915	Long term care	Maine	501(c)(3)	Line 10	MaineHealth	X	
LincolnHealth Medical Partners, Inc - 26-3878235, 35 Miles Street, Damariscotta, ME 04543	Physician practices	Maine	501(c)(3)	Line 7	MaineHealth	X	
Western Maine Multi-Medical Specialists - 01-0489824, 181 Main Street, Norway, ME 04268	Physician practices	Maine	501(c)(3)	Line 10	MaineHealth	X	
Healthy Community Coalition - 22-3305743 105 Mt. Blue Circle Farmington, ME 04938	Community services	Maine	501(c)(3)	Line 7	MaineHealth	X	
Community Health and Nursing Services - 01-0211546, 60 Baribeu Dr, Brunswick, ME 04011	Home health	Maine	501(c)(3)	Line 10	MaineHealth	X	
Mid Coast Geriatric Services Corporation - 01-0496221, 123 Medical Center Drive, Brunswick, ME 04011	Home health	Maine	501(c)(3)	Line 10	MaineHealth	X	

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
Maine Medical Partners - 01-0442142 22 Bramhall Street Portland, ME 04102	Healthcare	ME	MaineHealth	C CORP	74,891,321.	6,310,987.	100%	X	
Waldo County Healthcare Mgmt. Co. - 01-0485133, P.O. Box 287, Belfast, ME 04915	Management Services	ME	MaineHealth	C CORP	968,665.	2,648,760.	100%	X	
PBH Management Company - 01-0537278 P.O. Box 287 Belfast, ME 04915	Management Services	ME	MaineHealth	C CORP	205,854.	615,561.	100%	X	
Mid Coast Health Management Corporation - 01-0429598, 123 Medical Center Drive, Brunswick, ME 04011	Management of Health Services	ME	MaineHealth	C CORP	1,742,123.	4,349,809.	100%	X	
Mid Coast Medical Group - 01-0484592 123 Medical Center Drive Brunswick, ME 04011	Medical Services	ME	MaineHealth	C CORP	0.	0.	100%	X	

Part IV	Continuation of Identification of Related Organizations Taxable as a Corporation or Trust
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[illegible]

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 X	
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c X	
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g X	
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j X	
k Lease of facilities, equipment, or other assets from related organization(s)	1k X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n X	
o Sharing of paid employees with related organization(s)	1o X	
p Reimbursement paid to related organization(s) for expenses	1p X	
q Reimbursement paid by related organization(s) for expenses	1q X	
r Other transfer of cash or property to related organization(s)	1r X	
s Other transfer of cash or property from related organization(s)	1s X	
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
(1) Maine Medical Partners	O	87,262.	Fair Market Value
(2) Maine Medical Partners	P	67,573,394.	Fair Market Value
(3) Maine Medical Partners	Q	66,767,666.	Fair Market Value
(4) Maine Medical Center Realty Corp.	A	192,699.	Fair Market Value
(5) Maine Medical Center Realty Corp.	G	428,402.	Fair Market Value
(6) Maine Medical Center Realty Corp.	P	2,594,545.	Fair Market Value

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) Maine Medical Center Realty Corp.	Q	362,349.	Fair Market Value
(8) St. Joseph's Rehab & Residence	R	8,000,000.	Fair Market Value
(9) St. Joseph's Rehab & Residence	S	588,647.	Fair Market Value
(10) LincolnHealth Cove's Edge	Q	79,141.	Fair Market Value
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

[illegible]

Part VII Supplemental Information

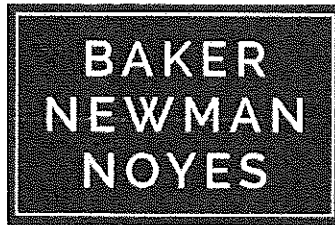
Provide additional information for responses to questions on Schedule R. See instructions.

Part IV, Identification of Related Organizations Taxable as Corp or Trust:

Name of Related Organization:

Thornton Oaks Development Corporation

Direct Controlling Entity: Mid Coast Health Management Corporation



MAINEHEALTH SYSTEM
(MaineHealth Services and Subsidiaries)

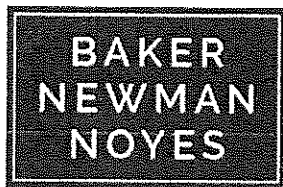
Consolidated Financial Statements

For the Years Ended September 30, 2024 and 2023
With Independent Auditors' Report

Baker Newman & Noyes LLC

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800.244.7444 | www.bnncpa.com





Baker Newman & Noyes LLC
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INDEPENDENT AUDITORS' REPORT

Board of Trustees
MaineHealth Services and Subsidiaries

Opinion

We have audited the consolidated financial statements of MaineHealth Services and Subsidiaries (the System), which comprise the consolidated balance sheets as of September 30, 2024 and 2023, the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements (collectively, the financial statements).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the System as of September 30, 2024 and 2023, and the results of their operations, changes in net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for a period of one year after the date that the financial statements are issued or available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Baker Newman + Noyes LLC

Portland, Maine
February 7, 2025

MAINEHEALTH SYSTEM
(MaineHealth Services and Subsidiaries)

CONSOLIDATED BALANCE SHEETS

September 30, 2024 and 2023

(In thousands)

Assets	2024	2023	Liabilities and Net Assets	2024	2023
Current assets:			Current liabilities:		
Cash and cash equivalents	\$ 318,905	\$ 351,113	Current portion of long-term debt	\$ 42,242	\$ 41,824
Investments	1,078,450	889,112	Current portion of lease obligation	16,690	18,103
Patient accounts receivable	533,191	458,943	Accounts payable and other current liabilities	191,690	169,621
Current portion of investments whose use is limited	15,442	28,098	Accrued payroll, payroll taxes and amounts withheld	140,062	100,325
Inventories, prepaid expenses and other current assets	<u>163,851</u>	<u>135,974</u>	Accrued earned time	105,064	103,954
Total current assets	2,109,839	1,863,240	Accrued interest payable	6,603	5,312
Investments whose use is limited by:			Estimated amounts payable under reimbursement regulations	68,655	86,943
Debt agreements	37,940	24,701	Self-insurance reserves	42,546	44,256
Board designation	180,671	151,639	Deferred revenue	<u>34,991</u>	<u>23,264</u>
Self-insurance trust agreements	34,496	37,548	Total current liabilities	648,543	593,602
Specially designated specific purpose funds	105,429	95,347	Accrued retirement benefits	249,881	221,356
Plant replacement funds	5,757	4,866	Self-insurance reserves – less current portion	67,385	67,546
Funds functioning as endowment funds	152,942	127,250	Long-term debt, less current portion	837,127	740,453
Pooled life income funds	2,049	1,884	Long-term lease obligation – less current portion	123,634	138,998
Beneficial interest in perpetual and charitable remainder trusts	<u>58,294</u>	<u>50,397</u>	Other liabilities	<u>33,969</u>	<u>31,041</u>
Less current portion	<u>(15,442)</u>	<u>(28,098)</u>	Total liabilities	1,960,539	1,792,996
	562,136	465,534	Net assets:		
Property, plant and equipment - net	1,665,076	1,584,348	Without donor restrictions	2,416,338	2,188,281
Right of use assets	133,321	150,927	With donor restrictions	<u>325,602</u>	<u>285,733</u>
Other assets	<u>232,107</u>	<u>202,961</u>	Total net assets	<u>2,741,940</u>	<u>2,474,014</u>
Total assets	<u>\$ 4,702,479</u>	<u>\$ 4,267,010</u>	Total liabilities and net assets	<u>\$ 4,702,479</u>	<u>\$ 4,267,010</u>

See accompanying notes to consolidated financial statements.

MAINEHEALTH SYSTEM
(MaineHealth Services and Subsidiaries)

CONSOLIDATED STATEMENTS OF OPERATIONS

Years Ended September 30, 2024 and 2023
(In thousands)

	<u>2024</u>	<u>2023</u>
Revenue:		
Patient service revenue	\$3,856,373	\$3,425,497
Research revenue	27,404	26,907
Other revenue	<u>446,184</u>	<u>492,547</u>
Total revenue and other support	4,329,961	3,944,951
Expenses:		
Salaries	2,064,087	1,864,213
Employee benefits	526,701	467,372
Supplies	768,069	698,394
Professional fees and purchased services	524,477	551,979
Facility and other costs	155,025	141,737
State taxes	59,491	60,373
Interest	23,875	15,389
Depreciation and amortization	<u>167,613</u>	<u>163,124</u>
Total expenses	4,289,338	3,962,581
Income (loss) from operations	40,623	(17,630)
Nonoperating gains:		
Gifts and donations – net of related expenses	721	3,237
Interest and dividends	49,196	34,674
Recognized (loss) gain on cash flow hedge instruments	(2,069)	1,892
Nonservice periodic pension costs	2,411	9,035
Equity in earnings (losses) of joint ventures	2,533	(461)
Increase in fair value of investments	121,475	48,109
Other	<u>5,933</u>	<u>4,333</u>
Total nonoperating gains - net	<u>180,200</u>	<u>100,819</u>
Excess of revenue and nonoperating gains – net over expenses	220,823	83,189
Net assets released from restrictions for property, plant and equipment	10,432	11,477
Retirement benefit plan adjustments	<u>(3,198)</u>	<u>15,772</u>
Increase in net assets without donor restriction	<u>\$ 228,057</u>	<u>\$ 110,438</u>

See accompanying notes to consolidated financial statements.

MAINEHEALTH SYSTEM
(MaineHealth Services and Subsidiaries)

CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS

Years Ended September 30, 2024 and 2023

(In thousands)

	<u>2024</u>	<u>2023</u>
Net assets without donor restrictions:		
Excess of revenue and nonoperating gains – net over expenses	\$ 220,823	\$ 83,189
Net assets released from restrictions for		
property, plant and equipment	10,432	11,477
Retirement benefit plan adjustments	<u>(3,198)</u>	<u>15,772</u>
Increase in net assets without donor restriction	228,057	110,438
Net assets with donor restrictions:		
Gifts and donations	22,987	26,402
Interest and dividends	3,957	551
Change in value of perpetual and beneficial interest trusts	7,870	3,421
Realized and unrealized gains on investments	30,176	17,508
Net assets released for operations	(14,689)	(14,053)
Net assets released for property, plant and equipment	<u>(10,432)</u>	<u>(11,477)</u>
Increase in net assets with donor restrictions	<u>39,869</u>	<u>22,352</u>
Increase in net assets	267,926	132,790
Net assets – beginning of year	<u>2,474,014</u>	<u>2,341,224</u>
Net assets – end of year	<u>\$2,741,940</u>	<u>\$2,474,014</u>

See accompanying notes to consolidated financial statements.

MAINEHEALTH SYSTEM
(MaineHealth Services and Subsidiaries)

CONSOLIDATED STATEMENTS OF CASH FLOWS

Years Ended September 30, 2024 and 2023
(In thousands)

	<u>2024</u>	<u>2023</u>
Cash flows from operating activities:		
Increase in net assets	\$ 267,926	\$ 132,790
Adjustment to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	167,580	163,497
Accretion of bond issuance cost and premium, net	(3,533)	(2,925)
Equity in earnings of joint ventures	(2,533)	461
Net realized and change in unrealized gains on investments	(151,651)	(65,617)
Net gain on cash flow hedge instruments	2,069	(1,892)
Net gain on charitable remainder and perpetual trusts	(7,897)	(3,218)
(Loss) gain on disposal of fixed assets	1,085	(2,885)
Noncash lease expense	15,833	20,546
Restricted contributions and investments income	(26,944)	(26,953)
Retirement benefit plan adjustments	3,198	(15,772)
Increase in asset retirement obligations	94	(22)
Increase (decrease) in cash resulting from a change in:		
Patient accounts receivable	(74,248)	(102,687)
Inventories, prepaid expenses and other current assets	(27,877)	3,832
Other assets	(34,611)	(31,759)
Accounts payable and other current liabilities	85,763	(67,786)
Operating lease liability	(15,004)	(19,418)
Amounts payable under reimbursement regulations	(18,288)	17,689
Self-insurance reserves	(1,871)	5,057
Accrued retirement benefits	25,327	1,886
Other liabilities	(730)	(539)
Net cash provided by operating activities	203,688	4,285
Cash flows from investing activities:		
Purchase of investments	(939,798)	(1,235,979)
Proceeds from sale of investments	826,062	1,474,904
(Decrease) increase in other assets	(105)	250
Distributions from joint ventures	9,599	4,696
Contributions to joint ventures	(166)	(9,500)
Purchases of property, plant and equipment	(259,236)	(249,490)
Proceeds from sale of fixed assets	—	5,085
Net cash used by investing activities	(363,644)	(10,034)
Cash flows from financing activities:		
Payments of long-term debt	(34,894)	(49,730)
Payments of finance lease obligations	(1,440)	(1,408)
Proceeds from issuance of long-term debt	137,038	77,000
Restricted contributions and investment income	27,044	27,235
Net cash provided by financing activities	127,748	53,097
Net (decrease) increase in cash and cash equivalents	(32,208)	47,348
Cash and cash equivalents – beginning of year	351,113	303,765
Cash and cash equivalents – end of year	\$ 318,905	\$ 351,113

MAINEHEALTH SYSTEM
(MaineHealth Services and Subsidiaries)

CONSOLIDATED STATEMENTS OF CASH FLOWS (CONTINUED)

Years Ended September 30, 2024 and 2023
(In thousands)

	<u>2024</u>	<u>2023</u>
Supplemental disclosure of cash flow information:		
Cash paid during the year for interest	\$ <u>36,026</u>	\$ <u>28,506</u>
Supplemental disclosure of noncash activities:		
Right of use assets obtained in exchange for lease obligations:		
Operating leases	\$ <u>1,773</u>	\$ <u>12,493</u>
Financing leases	\$ <u>—</u>	\$ <u>344</u>
Purchases of property, plant and equipment in accounts payable and other current liabilities	\$ <u>13,281</u>	\$ <u>23,110</u>

See accompanying notes to consolidated financial statements.

MAINEHEALTH SYSTEM
(MaineHealth Services and Subsidiaries)

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2024 and 2023

1. Reporting Entity

Organization

The MaineHealth System (the System) is comprised of MaineHealth Services, the parent organization, and its subsidiaries. The subsidiaries of MaineHealth Services include MaineHealth, NorDx, MaineHealth Care at Home, and The Memorial Hospital at North Conway, N.H. In the fiscal year ending September 30, 2023, the subsidiary MaineHealth included nine acute care hospitals. In 2024, two of the nine hospitals (Maine Medical Center and Southern Maine Health Care) merged into one hospital. These hospitals are now local health systems within the subsidiary named MaineHealth utilizing d/b/a's of Maine Medical Center (or MMC), Mid Coast–Parkview Health (Mid Coast Hospital), LincolnHealth, Western Maine Healthcare (Stephens Hospital), Franklin Community Health Network (Franklin Hospital), Maine Behavioral Healthcare (Spring Harbor Hospital), and Coastal Healthcare Alliance (Waldo County General Hospital and Pen Bay Medical Center). The merger enables the combined resources of the merging entities to be allocated in a manner that is consistent with the System's vision of helping make the communities it serves the healthiest in America.

MaineHealth Services, together with its controlled subsidiaries, MaineHealth and The Memorial Hospital at North Conway, N.H., maintained a controlling interest in MaineHealth Accountable Care Organization, LLC (MaineHealth ACO), a value based contracting entity.

The purpose of the System is to lead the development of a premier community care network that provides a broad range of integrated health care services for populations in Maine and northern New England. The System's network provides services along the full continuum of care as necessary to improve the health status of the populations it serves. As such, revenue includes those generated from direct patient care services, amounts earned from incentive and risk arrangements, the provision of medical education and training services, federal and state grants and contracts, sundry revenue generated from the operations of the subsidiaries, fund-raising conducted to support the activities of the System and its subsidiaries, and investment earnings.

COVID-19 Pandemic and CARES Act and Other Relief Funding

On March 11, 2020, the World Health Organization declared the outbreak of coronavirus (COVID-19) a pandemic. Over the past four fiscal years the COVID-19 pandemic has significantly affected employees, patients, systems, communities and business operations, as well as the U.S. economy and financial markets. Consolidated patient volumes and revenues experienced gradual improvement beginning in the latter part of April 2020, and continuing through fiscal year 2024. The System has taken precautionary steps since that time to enhance its operational and financial flexibility, and react to the risks the COVID-19 pandemic presents in its operations.

MAINEHEALTH SYSTEM
(MaineHealth Services and Subsidiaries)

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2024 and 2023

1. Reporting Entity (Continued)

Since the declaration of the pandemic, the System has received approximately \$363,561,000 related to the CARES Act Provider Relief Funds (PRF) which included supplemental funding from FEMA through the CARES Act. Distributions from the PRF are not subject to repayment, provided the System is able to attest to and comply with the terms and conditions of the funding, including demonstrating that the distributions received have been used for healthcare-related expenses or lost revenue attributable to COVID-19. Such payments are accounted for as government grants, and are recognized on a systematic and rational basis as other income once there is reasonable assurance that the applicable terms and conditions required to retain the funds will be met. Based on an analysis of the compliance and reporting requirements of the PRF and the impact of the pandemic on operating results through September 30, 2024 and 2023, the System recognized \$14,292,000 and \$37,740,000, respectively, related to these PRF, and these payments are recorded within other revenues in the consolidated statements of operations and changes in net assets for the years ended September 30, 2024 and 2023. Federal Emergency Management Funds of approximately \$13,355,000 and \$12,776,000, respectively, were included in these funds at September 30, 2024 and 2023 with the remainder recognized from State grants.

The System will continue to monitor compliance with the terms and conditions of the PRF, and other potential assistance programs and available grants, and the impact of the pandemic on revenues and expenses. If the System is unable to attest to or comply with current or future terms and conditions, the System's ability to retain some or all of the distributions received may be impacted.

2. Significant Accounting Policies

Basis of Presentation

The accompanying consolidated financial statements include the accounts of the System. The consolidated financial statements have been presented in conformity with accounting principles generally accepted in the United States of America (GAAP) consistent with the Financial Accounting Standards Board Accounting Standards Codification (ASC) Topic 954, *Health Care Entities*, and other pronouncements applicable to health care organizations. Upon consolidation, intercompany transactions and balances have been eliminated.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Significant estimates are made in the areas of patient accounts receivable, the fair value of financial instruments, amounts receivable and payable under reimbursement regulations, asset retirement obligations (AROs), retirement benefits and self-insurance reserves.

MAINEHEALTH SYSTEM
(MaineHealth Services and Subsidiaries)

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2024 and 2023

2. Significant Accounting Policies (Continued)

Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt securities purchased with a maturity at the date of purchase of three months or less, excluding amounts classified as investments whose use is limited.

Patient Accounts Receivable

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Balances that are still outstanding after management has used reasonable collection efforts are written off.

When the System has an unconditional right to payment, subject only to the passage of time, the right is treated as a receivable. Patient accounts receivable, including billed accounts and unbilled accounts for which there is an unconditional right to payment, and estimated amounts due from third-party payors for retroactive adjustments, are receivables if the right to consideration is unconditional and only the passage of time is required before payment of that consideration is due. For patient accounts receivable, the estimated uncollectible amounts are generally considered implicit price concessions that are a direct reduction to patient accounts receivable. Patient accounts receivable amounted to \$533,191,000, \$458,943,000 and \$356,256,000 as of September 30, 2024, 2023 and 2022, respectively.

Investments

Investments are stated at fair value. The recorded value of investments in hedge funds and limited partnerships is based on fair value as estimated by management using information provided by external investment managers. The System has applied the provisions of Accounting Standards Update (ASU) 2009-12, *Investments in Certain Entities that Calculate Net Asset Value (NAV) per Share (or its Equivalent)*. This standard allows for the estimation of the fair value of investments in investment companies for which the investment does not have a readily determinable fair value using NAV per share or its equivalent as a practical expedient. The System has utilized the NAV reported by each of the underlying funds as a practical expedient to estimate the value of the investment for each of these funds. The System believes that these valuations are a reasonable estimate of fair value as of September 30, 2024 and 2023, but are subject to uncertainty and, therefore, may differ from the value that would have been used had a market for the investments existed. Such differences could be material. Certain of the hedge fund and limited partnership investments have restrictions on the withdrawal of the funds (see Note 8). Investments are classified as current assets based on the availability of funds for current operations. Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in the excess of revenues and nonoperating gains – net over expenses, unless the income or loss is restricted by donor or law. The accounting for the pension plan assets is disclosed in Note 8.

MAINEHEALTH SYSTEM
(MaineHealth Services and Subsidiaries)

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2024 and 2023

2. Significant Accounting Policies (Continued)

As provided for under ASC Topic 825, *Financial Instruments*, the System made the irrevocable election to report investments and investments whose use is limited at fair value with changes in value reported in the excess of revenues and nonoperating gains – net over expenses. As a result of this election, the System reflects changes in the fair value, including both increases and decreases in value whether realized or unrealized, in its excess of revenues and nonoperating gains – net over expenses.

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the consolidated financial statements.

Investments Whose Use is Limited

Investments whose use is limited primarily include investments held by trustees under debt agreements, self-insurance trust agreements, and designated investments set aside by the Board of Trustees (or member Boards) for purposes over which those Boards retain control and may at their discretion subsequently use for other purposes. In addition, investments whose use is limited include investments restricted by donors for specific purposes or periods, as well as investments restricted by donors to be held in perpetuity by the System, and the related appreciation on those investments. Amounts required to meet current liabilities of the System have been classified as current assets.

Property, Plant and Equipment

Property, plant, and equipment are recorded at cost, or at fair value at the date of acquisition, if acquired in a business combination accounted for using the acquisition method of accounting. Depreciation is provided over the estimated useful life of each class of depreciable assets and is computed using the straight-line method. Interest costs incurred on borrowed funds during the period of construction of capital assets are capitalized as a component of the cost of acquiring those assets. MaineHealth recorded capitalized interest of \$9,909,000 and \$10,192,000 for the years ended September 30, 2024 and 2023, respectively.

Gifts of long-lived assets, such as land, building, or equipment, are reported as increases in net assets without restrictions and are excluded from the excess of revenues and nonoperating gains – net over expenses. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Impairment of Long-Lived Assets

Long-lived assets to be held and used are reviewed for impairment whenever circumstances indicate that the carrying amount of an asset may not be recoverable. Long-lived assets to be disposed of are reported at the lower of carrying amount or fair value, less cost to sell.

MAINEHEALTH SYSTEM
(MaineHealth Services and Subsidiaries)

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2024 and 2023

2. Significant Accounting Policies (Continued)

Asset Retirement Obligations

AROs, which are included in other liabilities in the accompanying consolidated balance sheets, are legal obligations associated with the retirement of long-lived assets. These liabilities are initially recorded at fair value and the related asset retirement costs are capitalized by increasing the carrying amount of the related assets by the same amount as the liability. Asset retirement costs are subsequently depreciated over the useful lives of the related assets. Subsequent to initial recognition, the System records period-to-period changes in the ARO liability resulting from the passage of time, increases or decreases in interest expense, and revisions to either the timing or the amount of the original expected cash flows to the related assets.

Leases

The System determines if an arrangement is a lease at the inception of a contract. Leases with an initial term of twelve months or less are not recorded on the consolidated balance sheets.

Right-of-use assets represent the System's right to use an underlying asset during the lease term and lease liabilities represent the System's obligation to make lease payments arising from the lease. Right-of-use assets and liabilities are recognized at the commencement date, based on the net present value of fixed lease payments over the lease term. The System's lease terms include options to extend or terminate the lease when it is reasonably certain that the options will be exercised.

The System determines the present value of future lease payments using the rate implicit in the lease or, if that rate cannot be readily determined, its incremental borrowing rate at the lease commencement date. As most of the System's operating leases do not provide an implicit rate, the System generally uses its incremental borrowing rate based on the information available at the commencement date in determining the present value of lease payments. The System considers recent debt issuances, as well as publicly available data for instruments with similar characteristics, when calculating its incremental borrowing rate.

Operating fixed lease expense and finance lease depreciation expense are recognized on a straight-line basis over the lease term. Variable lease costs consist primarily of common area maintenance and are not significant to total lease expense.

Accounting for Defined Benefit Pension and Other Postretirement Plans

The System recognizes the overfunded or underfunded status of its defined benefit and postretirement plans as an asset or liability in its consolidated balance sheets. Changes in the funded status of the plans are reported as a change in net assets without restrictions presented below the excess of revenues and nonoperating gains – net over expenses in its consolidated statements of operations and changes in net assets in the year in which the changes occur.

MAINEHEALTH SYSTEM
(MaineHealth Services and Subsidiaries)

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2024 and 2023

2. Significant Accounting Policies (Continued)

The measurement of benefit obligations and net periodic benefit cost is provided by third-party actuaries based on estimates and assumptions approved by the System's management. These valuations reflect the terms of the plans and use participant-specific information, such as compensation, age, and years of service, as well as certain assumptions, including estimates of discount rates, expected long-term rate of return on plan assets, rate of compensation increases, interest-crediting rates, and mortality rates.

Beneficial Interests in Perpetual Trusts

Beneficial interests in perpetual trusts consist of the System's proportionate share of the fair value of assets held by trustees in trust for the benefit of the System in perpetuity, the income from which is available for distribution to the System periodically. The assets held in trust consist primarily of cash equivalents and marketable securities. The fair values of perpetual trusts are measured using the net asset value as a practical expedient. Such amounts are included in investments whose use is limited in the accompanying consolidated balance sheets. Distribution from beneficial interests in perpetual trusts is included in nonoperating gains, unless restricted by donors.

Excess of Revenues and Nonoperating gains – Net Over Expenses

The consolidated statements of operations include excess of revenues and nonoperating gains net over expenses as the performance indicator. Changes in net assets without donor restrictions, which are excluded from excess of revenues and nonoperating gains – net over expenses, consistent with industry practice, include retirement benefit plan adjustments, contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets), and capital grants.

Consolidated Statements of Operations

For purpose of display, transactions deemed by management to be ongoing, major, or central to the provision of health care and related services are reported as operating revenues and expenses. Peripheral or incidental transactions are reported as nonoperating gains and losses.

MAINEHEALTH SYSTEM
(MaineHealth Services and Subsidiaries)

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2024 and 2023

2. Significant Accounting Policies (Continued)

Patient Service Revenue

Revenues generally relate to contracts with patients in which the System's performance obligations are to provide health care services to patients. Revenues are recorded during the period obligations to provide health care services are satisfied. Performance obligations for inpatient services are generally satisfied over a period of days. Performance obligations for outpatient services are generally satisfied over a period of less than one day. The contractual relationships with patients, in most cases, also involve a third-party payor (Medicare, Medicaid, managed care health plans and commercial insurance companies, including plans offered through the health insurance exchanges) and the transaction prices for the services provided are dependent upon the terms provided by Medicare and Medicaid or negotiated with managed care health plans and commercial insurance companies, the third-party payors. The payment arrangements with third-party payors for the services provided to related patients typically specify payments at amounts less than standard charges. Medicare generally pays for inpatient and outpatient services at prospectively determined rates based on clinical, diagnostic and other factors. Services provided to patients having Medicaid coverage are generally paid at prospectively determined rates per discharge, per identified service or per covered member. Agreements with commercial insurance carriers, managed care and preferred provider organizations generally provide for prospective payments based upon predetermined rates per diagnosis, per diem rates or discounted fee-for-service rates. Management continually reviews the revenue recognition process to consider and incorporate updates to laws and regulations and the frequent changes in managed care contractual terms resulting from contract renegotiations and renewals.

The collection of outstanding receivables for Medicare, Medicaid, managed care payors, other third-party payors and patients is the System's primary source of cash and is critical to its operating performance. The primary collection risks relate to uninsured patient accounts, including patient accounts for which the primary insurance carrier has paid the amounts covered by the applicable agreement, but patient responsibility amounts (deductibles and copayments) remain outstanding. Implicit price concessions relate primarily to amounts due directly from patients. Estimated implicit price concessions are recorded for all uninsured accounts, regardless of the aging of those accounts. Accounts are written off when all reasonable internal and external collection efforts have been performed. The estimates for implicit price concessions are based upon management's assessment of historical write-offs and expected net collections, business and economic conditions, trends in federal, state and private employer health care coverage and other collection indicators. Management relies on the results of detailed reviews of historical write-offs and collections at facilities that represent a majority of hospital revenues and accounts receivable as a primary source of information in estimating the collectibility of our accounts receivable. Management believes its regular updates to the estimated implicit price concession amounts provide reasonable estimates of revenues and valuations of accounts receivable. These routine, regular changes in estimates have not resulted in material adjustments to the valuations of accounts receivable or period-to-period comparisons of operations. At September 30, 2024 and 2023, estimated implicit price concessions of \$156,975,000 and \$174,662,000, respectively, had been recorded as reductions to patient service revenue to enable the System to record revenues and accounts receivable at the estimated amounts expected to be collected.

MAINEHEALTH SYSTEM
(MaineHealth Services and Subsidiaries)

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2024 and 2023

2. Significant Accounting Policies (Continued)

Free Care

The System provides care without charge to patients who meet certain criteria under its Board-established free care policies. Because the System does not pursue collection of amounts determined to qualify as free care, they are not reported as patient service revenue. MaineHealth hospitals provide full free care to all patients at or below 200% of the Federal Poverty Guidelines.

Direct and Indirect Research Revenue and Related Expenses

Revenue related to research grants and contracts is recognized as the related costs are incurred. Indirect costs relating to certain government grants and contracts are reimbursed at fixed rates negotiated with the government agencies. Research grants and contracts are accounted for as exchange transactions or contributions. Amounts received in advance of incurring the related expenditures are recorded as unexpended research grants and are included in deferred revenue for exchange contracts or net assets with donor restrictions for contributions.

Other Revenue

Revenue which is not related to patient medical care but is central to the day-to-day operations of the System is included in other revenue. This revenue includes pharmacy sales, cafeteria sales, medical school revenue, grant revenue, rental revenue, net assets released from restrictions for operations, COVID-19 relief revenue and other support services revenue.

Gifts and Donations

Unconditional promises to give cash and other assets to the System are reported at fair value at the date the promise is received. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of estimated future cash flows. The discounts on those amounts are computed using a risk-free rate applicable to the year in which the promise is received. Amortization of the discount is included in contribution revenue. Conditional promises to give are recognized when the conditions are substantially met. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statements of operations as net assets released from donor restrictions, which is included in other revenue. Donor-restricted contributions whose restrictions are met within the same year received are reported as unrestricted contributions in the accompanying consolidated financial statements.

MAINEHEALTH SYSTEM
(MaineHealth Services and Subsidiaries)

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2024 and 2023

2. Significant Accounting Policies (Continued)

Self-Insurance Reserves

The liabilities for outstanding losses and loss-related expenses and the related provision for losses and loss-related expenses include estimates for losses incurred but not reported as well as losses pending settlement. Such liabilities are based on estimates and, while management believes the amounts provided are adequate, the ultimate liability may be greater than or less than the amounts provided. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The methods for making the workers compensation and malpractice estimates and the resulting liability are actuarially reviewed on an annual basis, and any necessary adjustments are reflected in current operations.

Income Tax Status

The Internal Revenue Service has previously determined that the System and its subsidiaries (except Maine Medical Partners (MMP) (a subsidiary of MaineHealth) are organizations as described in Section 501(c)(3) of the Internal Revenue Code (IRC) and are exempt from federal income taxes on related income pursuant to Section 501(a) of the IRC. MMP had significant net operating loss carryovers as of September 30, 2024 and 2023. A valuation allowance has been provided for the entire deferred tax benefit for the net operating losses due to uncertainty of realization. MMP did not have material taxable income in 2024 and 2023. Accordingly, a provision for income taxes has not been made in the accompanying consolidated financial statements.

The System recognizes the effect of income tax positions only if those positions are more likely than not to be sustained. Recognized income tax positions are measured at the largest amount of benefit that is greater than fifty percent likely to be realized upon settlement. Changes in measurement are reflected in the period in which the change in judgment occurs. The System did not recognize the effect of any income tax positions in either 2024 or 2023.

Subsequent Events

Events occurring after the consolidated balance sheet date are evaluated by management to determine whether such events should be recognized or disclosed in the consolidated financial statements. Management has evaluated subsequent events through February 7, 2025, which is the date the consolidated financial statements were available to be issued.

3. Liquidity and Availability of Financial Assets

The System's working capital and cash flows are subject to variability during the year attributable to changes in volume and cash receipts. The System maintains investments portfolios without donor restrictions to manage fluctuations in cash flow.

MAINEHEALTH SYSTEM
(MaineHealth Services and Subsidiaries)

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2024 and 2023

3. Liquidity and Availability of Financial Assets (Continued)

The following table (in thousands) reflects the System's financial assets for the period ending September 30, 2024, reduced by amounts not available for general use within one year because of contractual or donor-imposed restrictions or internal designations. Investment amounts would be available, subject to liquidity of the underlying investments.

Cash and cash equivalents	\$ 318,905
Investments	1,078,450
Patient accounts receivable	<u>533,191</u>
Financial assets available to meet cash needs for general expenditures within one year	<u>\$1,930,546</u>

In addition to the amounts listed above, the System has available to it a line of credit in the amount of approximately \$145,901,000 which it could draw upon to meet the current needs of the System.

4. Community Benefit Programs

As a nonprofit organization dedicated to community health improvement, the System provides many services for the community in addition to its range of health care services and programs. The System supports improvement in community health by implementing best practice interventions ranging from prevention and wellness to disease management. These services include evidence-based programs to improve care and outcomes for people suffering from chronic diseases such as pre-diabetes, diabetes, and behavioral health issues. The System also provides training and education opportunities for physicians and other providers that focus on achieving patient-centered healthcare. In addition, the System works to ensure patients receive excellent coordination of care through transitions of care programs. The System also offers, through its Access to Care program, donated healthcare services and free or low-cost medications to low-income and uninsured patients in addition to supporting access to health insurance coverage.

A wide range of community health improvement and prevention programs support the efforts to promote healthy lifestyles. The System's healthy lifestyle programs include initiatives that target both children and adults. Engaging community health professionals and provider organizations, community partners, family members and local and state government is a key component to the successful implementation and continued effectiveness of these programs. The System's tobacco treatment program, through highly trained Tobacco Treatment Educators, provides ongoing support to the community healthcare providers with the goal of reducing tobacco use. This program also offers a free confidential counseling service in support of Maine residents who seek to quit the use of tobacco. The System also has increased focus on efforts to address social determinants of health for the community including opening the third hospital-based food pantry in Maine. Other community health programs include healthy lifestyle, oral health, healthy eating and active living, childhood immunization initiatives, healthy aging and multiple evidence-based self-management programs such as Living Well with Diabetes and the Diabetes Prevention Program.

MAINEHEALTH SYSTEM
(MaineHealth Services and Subsidiaries)

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2024 and 2023

5. Patient Service Revenue

The System records patient service revenue at the amount that reflects the consideration to which the System expects to be entitled to in exchange for providing patient care. Patient service revenue consists of amounts charged for services rendered less estimated discounts for contractual and other allowances for patients covered under Medicare, Medicaid and other health plans and discounts offered to patients under the System's uninsured discount program.

The System has agreements with third-party payors that provide for payments to the System at amounts different from its established rates. A summary of the payment arrangements with major third-party payors is as follows:

Medicare and State Medicaid Programs

Maine Medical Center, Pen Bay Medical Center, Mid Coast—Parkview Health and Franklin Hospital (a sole community hospital until it transitioned to a Critical Access Hospital during 2024) are paid at prospectively determined rates for inpatient and outpatient services rendered to Medicare and Medicaid beneficiaries. Inpatient rates vary according to a patient classification system that is based on clinical diagnosis and other factors. Outpatient services are paid based on a prospective rate per ambulatory visit or procedure. LincolnHealth, Waldo County General Hospital, Stephens Hospital, Franklin Hospital and The Memorial Hospital are Critical Access Hospitals reimbursed at cost for services provided to Medicare and Medicaid beneficiaries for certain services. Cost reimbursable services are paid at an interim rate with final settlement determined after submission, review and audit of annual cost reports by the System and audit thereof by the Medicare administrative contractor, the State of Maine and the State of New Hampshire.

Several System hospitals receive Disproportionate Share Hospital (DSH) payments. These payments are made to qualifying hospitals to cover the costs of providing care to low income patients. These payments are subject to audit by CMS and are, therefore, subject to change. These amounts are recorded as patient service revenue.

In 2004, the State of Maine established several health care provider taxes (State taxes). The enactment of the State taxes allowed the State of Maine to add revenues to the State of Maine General Fund while minimizing the potential of lost federal matching funds in the MaineCare program. The hospital-specific portion of the State taxes on Maine hospitals is based on a percentage of patient service revenue. Taxes on nursing homes are based on 6.0% of patient service revenue.

The State of New Hampshire established a Medicaid Enhancement Tax program in 1991. This program taxes hospital services at approximately 2.3% of patient service revenue. The State of New Hampshire also levies a tax on intermediate care facilities at approximately 5.5%.

For the years ended September 30, 2024 and 2023, the System recorded State taxes of \$59,491,000 and \$60,373,000, respectively.

MAINEHEALTH SYSTEM
(MaineHealth Services and Subsidiaries)

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2024 and 2023

5. Patient Service Revenue (Continued)

Nongovernmental Payors

The System also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the System under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Uninsured Patients

For uninsured patients who do not qualify for free care, the System recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). Based on historical experience, a significant portion of uninsured patients will be unable or unwilling to pay for the services provided.

Consistent with the System's mission, care is provided to patients regardless of their ability to pay. The System has determined it has provided self-pay allowances to uninsured patients and patients with other uninsured balances (e.g., copays and deductibles). The self-pay allowances included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the System expects to collect based on its collection history with those patients.

The System provides care without charge to patients who meet certain criteria under its Board-established free care policy. Because the System does not pursue collection of amounts determined to qualify as free care, they are not reported as patient service revenue. The System estimates the costs associated with providing free care by calculating a ratio of total cost to total gross charges, and then multiplying that ratio by the gross charges associated with providing care to patients eligible for free care. The estimated cost of caring for free care patients for the years ended September 30, 2024 and 2023, was \$44,984,000 and \$46,960,000, respectively. Funds received from gifts and grants to subsidize free care services provided for the years ended September 30, 2024 and 2023, were \$1,551,000 and \$1,823,000, respectively.

Patient service revenue from these major payor sources recognized during the years ended September 30, 2024 and 2023 was as follows (in thousands):

	<u>2024</u>	<u>2023</u>
Medicare	\$1,289,558	\$1,186,103
State Medicaid Programs	526,559	452,696
Anthem Blue Cross and Blue Shield	832,094	730,557
Other third-party payors	1,148,096	991,737
Patients	<u>60,066</u>	<u>64,404</u>
Total patient service revenue	<u>\$3,856,373</u>	<u>\$3,425,497</u>

Patient service revenue in 2024 and 2023 included \$15,387,000 and \$1,766,000, respectively, of favorable settlements with third-party payors regarding prior year activities.

MAINEHEALTH SYSTEM
(MaineHealth Services and Subsidiaries)

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2024 and 2023

6. Concentration of Credit Risk

Receivables

Financial instruments, which potentially subject the System to concentration of credit risk, consist of patient accounts receivable, estimated amounts receivable under reimbursement regulations, and certain investments. Investments, which include government and agency securities, stocks, and corporate bonds, are not concentrated in any corporation or industry. The System grants credit without collateral to its patients, most of whom are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at September 30, 2024 and 2023, was as follows:

	<u>2024</u>	<u>2023</u>
Medicare	41%	39%
State Medicaid Programs	18	15
Anthem Blue Cross and Blue Shield	9	9
Other third-party payors	17	20
Patients	<u>15</u>	<u>17</u>
Total patient receivables	<u>100%</u>	<u>100%</u>

Cash

The System maintains its cash accounts at various financial institutions. As of September 30, 2024 and 2023, the System had cash balances of \$35,149,000 and \$5,001,000, respectively, in uninsured accounts. The System has not experienced any losses in such accounts and evaluates the credit worthiness of the financial institutions with which it conducts business. Management believes the System is not exposed to any significant credit risk with respect to its cash balances.

Investments

The System's investment in one fund, the Vanguard Total Stock Market Index Fund, exceeds 10% of total System investments as of September 30, 2024.

Labor Force

The System's unionized labor workforce at Maine Medical Center and MaineHealth Care at Home are members of the Maine State Nurses Association/National Nurses Organizing Committee/National Nurses United, while the System Interpreters are represented by the Maine Service Employees Association/Services Employees Internal Union. The three employee groups represent approximately 9.4% of the System's total workforce. The collective bargaining agreement for Maine Medical Center's bargaining unit is in effect and expires December 31, 2025. The collective bargaining agreement for MaineHealth Care at Home's bargaining unit expired on October 1, 2024, and the parties are actively negotiating a new contract which is expected to have a three-year term. The first collective bargaining agreement for the System Interpreters is also currently being negotiated.

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2024 and 2023

7. Investments and Investments Whose Use is Limited

The composition of investments and investments whose use is limited at September 30, 2024 and 2023, is set forth as follows (in thousands):

	<u>2024</u>	<u>2023</u>
Investments (current assets)	\$1,078,450	\$ 889,112
Investments whose use is limited	<u>577,578</u>	<u>493,632</u>
	<u>\$1,656,028</u>	<u>\$1,382,744</u>
Cash equivalents	\$ 99,467	\$ 68,848
Fixed income securities – bonds	594,923	514,707
Equity investments – stocks	658,673	490,002
Investment in real property	1,683	1,430
Common/collective trusts	33,851	29,967
Limited partnerships	83,383	92,721
Hedge funds	125,754	134,672
Beneficial interest in perpetual and charitable remainder trusts	<u>58,294</u>	<u>50,397</u>
	<u>\$1,656,028</u>	<u>\$1,382,744</u>

Investments whose use is limited include amounts required by debt agreements, amounts restricted by donors, assets designated by the Board for future capital improvements, and other Board Designated items, assets to fund self-insured professional and general liability and workers' compensation risks, and to provide for other specific purposes.

Investments whose use is limited by debt agreements include debt service funds, which are composed of semiannual deposits to fund principal and interest payments, and construction funds. These investments are held pursuant to the requirements of the outstanding Revenue Bonds and Revenue Refunding Bonds.

The amounts reported as trustee under debt agreements consisted of construction funds from the 2023B Series bond issue, capitalized interest funds that will be used to pay future payments on the 2018A and 2018B Series bond issues, and funds accumulated for future principal and interest payments on various revenue bonds.

Fair Value Measurements

The System classifies its investments into Level 1, which refers to securities valued using quoted prices from active markets for identical assets, Level 2, which refers to securities not traded on an active market, but for which observable market inputs are readily available, and Level 3, which refers to securities with unobservable inputs that are used when little or no market data is available. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

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September 30, 2024 and 2023

8. Fair Value of Financial Instruments

Asset Valuation Techniques

Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value:

Cash equivalents – The investment strategy for these are low-risk, low-return, highly liquid investments, typically with a maturity of three months or less, including U.S. Government, T-bills, bank certificates, corporate commercial paper or other money market instruments that are based on quoted prices and are actively traded.

Fixed income securities-bonds – These securities are investments in corporate or sovereign bonds and notes, certificates of deposit, or other loans providing a periodic payment and eventual return of principal at maturity. Certain corporate bonds and notes are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds and notes are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flow approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Equity investments-stocks – These investments include marketable equity securities, mutual funds, exchange traded, and closed-end funds. The fair value of marketable equity securities is principally based on quoted market prices. Exchange-traded funds and closed-end funds are valued at the last sale price or official closing price on the exchange or system on which they are principally traded. Investments in mutual funds are valued at their NAV at year end. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held are deemed to be actively traded.

Investment in real property – Investments in real property are valued yearly at fair value, using the market approach, as determined by comparable sales data beginning on the date of acquisition.

Common/collective trusts – These include diverse investments in securities issued by the U.S. Treasury and global bond funds using the Common Collective Trust vehicle to obtain lower expense ratios. These investments are designed to generate attractive risk-adjusted returns. The fair value of common collective trusts is based on the NAV of the fund, representing the fair value of the underlying investments, which are generally securities traded on an active market. The NAV as provided by the trustee, is used as a practical expedient to estimate fair value.

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September 30, 2024 and 2023

8. Fair Value of Financial Instruments (Continued)

Limited partnerships – These include investments in offshore and private equity funds. They have objectives of capital appreciation with absolute returns over the medium and long term. These investments are designed to generate attractive risk-adjusted returns. The estimated fair values of limited partnerships for which quoted market prices are not readily available are determined based upon information provided by the fund managers. Such information is generally based on the NAV of the fund, which is used as a practical expedient to estimate fair values. The limited partnerships invest primarily in readily available marketable equity securities. The limited partnerships allocate gains, losses, and expenses to the partners based on ownership percentage as described in the respective partnership agreements.

Hedge funds – The investments are inclusive of a variety of types of equity, debt, and derivative investments, designed to mitigate volatility while generating equity like returns. The estimated fair values of limited partnerships and hedge funds, for which quoted market prices are not readily available, are determined based upon information provided by the fund managers. Such information is generally based on the NAV of the fund, which is used as a practical expedient to estimate fair value. The hedge funds invest primarily in readily marketable equity securities. The hedge funds allocate gains, losses, and expenses to the partners based on ownership percentage as described in the respective hedge fund agreements.

The following methods and assumptions were used by the System in estimating the fair value of the System's financial instruments that are not measured at fair value on a recurring basis for disclosures in the consolidated financial statements:

Interest rate swaps – The System uses inputs other than quoted prices that are observable to value the interest rate swaps. The System considers these inputs to be Level 2 inputs in the context of the fair value hierarchy. The fair value of the net interest rate swap liabilities was \$3,157,000 and \$1,088,000 at September 30, 2024 and 2023, respectively. These values represent the estimated amounts the System would receive or pay to terminate agreements, taking into consideration current interest rates and the current creditworthiness of the counterparty. The fair value of the interest rate swap agreements is reported in other long-term liabilities.

Pledges receivable – The current yields for 1 to 10-year U.S. Treasury notes are used to discount pledges receivable. The System considers these yields to be a Level 2 input in the context of the fair value hierarchy. Pledges received were discounted at rates ranging from 3.58% to 4.55% in fiscal year 2024 and from 4.59% to 5.46% in fiscal year 2023. Outstanding pledges receivable in 2024 and 2023, which have been recorded within other current and long-term assets at fair value, totaled \$11,307,000 and \$15,228,000, respectively.

Receivables and payables – The carrying value of the System's receivables and payables approximate fair value, as maturities are very short term.

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September 30, 2024 and 2023

8. Fair Value of Financial Instruments (Continued)

The System's investments at fair value set forth by level within the fair value hierarchy as of September 30, 2024 and 2023 are as follows (in thousands):

	Invest- ments Measured at NAV	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Unob- servable Inputs (Level 3)	Total
September 30, 2024					
Cash equivalents	\$ —	\$ 99,467	\$ —	\$ —	\$ 99,467
Investments:					
Fixed income securities – bonds	—	245,649	349,274	—	594,923
Equity investments – stocks	—	658,673	—	—	658,673
Investment in real property	1,683	—	—	—	1,683
Common/collective trusts	33,851	—	—	—	33,851
Limited partnerships	83,383	—	—	—	83,383
Hedge funds	125,754	—	—	—	125,754
Beneficial and charitable remainder trusts	—	—	—	58,294	58,294
Total investments	<u>244,671</u>	<u>904,322</u>	<u>349,274</u>	<u>58,294</u>	<u>1,556,561</u>
Total cash equivalents and investments	<u>\$244,671</u>	<u>\$1,003,789</u>	<u>\$349,274</u>	<u>\$58,294</u>	<u>\$1,656,028</u>
September 30, 2023					
Cash equivalents	\$ —	\$ 68,848	\$ —	\$ —	\$ 68,848
Investments:					
Fixed income securities – bonds	—	203,365	311,342	—	514,707
Equity investments – stocks	—	490,002	—	—	490,002
Investment in real property	1,430	—	—	—	1,430
Common/collective trusts	29,967	—	—	—	29,967
Limited partnerships	92,721	—	—	—	92,721
Hedge funds	134,672	—	—	—	134,672
Beneficial and charitable remainder trusts	—	—	—	50,397	50,397
Total investments	<u>258,790</u>	<u>693,367</u>	<u>311,342</u>	<u>50,397</u>	<u>1,313,896</u>
Total cash equivalents and investments	<u>\$258,790</u>	<u>\$ 762,215</u>	<u>\$311,342</u>	<u>\$50,397</u>	<u>\$1,382,744</u>

The net change in the beneficial interest in perpetual and charitable remainder trusts of \$7,897,000 and \$3,218,000 in 2024 and 2023, respectively, represents the change in the fair value of the trusts, net of distributions.

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September 30, 2024 and 2023

8. Fair Value of Financial Instruments (Continued)

The information regarding the fair value measurements of the assets held by the System's defined benefit pension plan (see Note 13) at September 30, 2024 and 2023, is as follows (in thousands):

	Invest- ments Measured at NAV	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Unob- servable Inputs (Level 3)	Total
September 30, 2024					
Cash equivalents	\$ —	\$ 14,357	\$ —	\$ —	\$ 14,357
Investments:					
Fixed income securities – bonds	—	55,841	47,786	—	103,627
Equity investments – stocks	—	457,336	—	—	457,336
Limited partnerships	45,528	—	—	—	45,528
Hedge funds	172,067	—	—	—	172,067
Total investments	<u>217,595</u>	<u>513,177</u>	<u>47,786</u>	<u>—</u>	<u>778,558</u>
Total cash equivalents and investments	<u>\$217,595</u>	<u>\$527,534</u>	<u>\$47,786</u>	<u>\$ —</u>	<u>\$792,915</u>
September 30, 2023					
Cash equivalents	\$ —	\$ 8,157	\$ —	\$ —	\$ 8,157
Investments:					
Fixed income securities – bonds	—	26,199	28,916	—	55,115
Equity investments – stocks	—	336,712	—	—	336,712
Common/collective trusts	19,451	—	—	—	19,451
Limited partnerships	71,818	—	—	—	71,818
Hedge funds	191,523	—	—	—	191,523
Total investments	<u>282,792</u>	<u>362,911</u>	<u>28,916</u>	<u>—</u>	<u>674,619</u>
Total cash equivalents and investments	<u>\$282,792</u>	<u>\$371,068</u>	<u>\$28,916</u>	<u>\$ —</u>	<u>\$682,776</u>

Liquidity

Equity investments, fixed income investments, investments in real property, common collective trusts, limited partnerships and hedge funds are redeemable at NAV under the terms of the subscription and/or partnership agreements. Investments, including short-term investments, with daily liquidity generally do not require any notice prior to withdrawal. Investments with monthly, quarterly or annual redemption frequency typically require notice periods ranging from 30 to 180 days. The long-term investments' fair values are broken out below by their redemption frequency as of September 30, 2024 and 2023 for both the investments and the System's defined benefit pension plan (in thousands):

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2024 and 2023

8. Fair Value of Financial Instruments (Continued)

Investments

<u>Liquidity – NAV Measured Investments</u>	<u>Daily</u>	<u>Bi-Monthly</u>	<u>Monthly</u>	<u>Quarterly</u>	<u>Illiquid</u>	<u>Annually</u>	<u>Total</u>
September 30, 2024							
Common/collective trusts	\$ –	\$ –	\$33,851	\$ –	\$ –	\$ –	\$ 33,851
Investment in real property	–	–	–	–	1,683	–	1,683
Limited partnerships	–	38,070	2,517	12,896	29,900	–	83,383
Hedge funds	–	–	15,856	109,616	282	–	125,754
	<u>\$ –</u>	<u>\$38,070</u>	<u>\$52,224</u>	<u>\$122,512</u>	<u>\$31,865</u>	<u>\$ –</u>	<u>\$244,671</u>

September 30, 2023

Common/collective trusts	\$ –	\$ –	\$29,967	\$ –	\$ –	\$ –	\$ 29,967
Investment in real property	–	–	–	–	1,430	–	1,430
Limited partnerships	–	45,751	9,976	13,305	23,689	–	92,721
Hedge funds	–	–	26,425	107,667	580	–	134,672
	<u>\$ –</u>	<u>\$45,751</u>	<u>\$66,368</u>	<u>\$120,972</u>	<u>\$25,699</u>	<u>\$ –</u>	<u>\$258,790</u>

Defined Benefit Pension Investments

<u>Liquidity – NAV Measured Investments</u>	<u>Daily</u>	<u>Bi-Monthly</u>	<u>Monthly</u>	<u>Quarterly</u>	<u>Illiquid</u>	<u>Annually</u>	<u>Total</u>
September 30, 2024							
Limited partnerships	\$ –	\$42,933	\$ –	\$ 2,595	\$ –	\$ –	\$ 45,528
Hedge funds	39,531	–	5,476	127,060	–	–	172,067
	<u>\$39,531</u>	<u>\$42,933</u>	<u>\$ 5,476</u>	<u>\$129,655</u>	<u>\$ –</u>	<u>\$ –</u>	<u>\$217,595</u>

September 30, 2023

Common/collective trusts	\$ –	\$ –	\$19,451	\$ –	\$ –	\$ –	\$ 19,451
Limited partnerships	–	57,638	–	14,180	–	–	71,818
Hedge funds	32,598	–	33,683	125,242	–	–	191,523
	<u>\$32,598</u>	<u>\$57,638</u>	<u>\$53,134</u>	<u>\$139,422</u>	<u>\$ –</u>	<u>\$ –</u>	<u>\$282,792</u>

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September 30, 2024 and 2023

8. Fair Value of Financial Instruments (Continued)

Investments with a redemption frequency of illiquid may include lock-ups with definite expiration dates, restricted shares and side pockets, as well as private equity and real assets funds where the System has no liquidity terms until the investments are sold by the fund manager. The System has total capital commitments for alternative investments outstanding of \$53,158,000 and \$45,186,000 as of September 30, 2024 and 2023, respectively. These commitments will be funded from a re-allocation of investments from the applicable investment portfolio. Investments associated with beneficial interests in perpetual trust agreements have been categorized as illiquid because they are not available to support operations.

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. There were no transfers between Level 1 and Level 2 for the years ended September 30, 2024 and 2023.

The valuation methods as described above may produce a fair value calculation that may not be indicative of what management would realize upon disposition or reflective of future fair values. Furthermore, although management believes its valuation methods are appropriate and consistent with methods employed by other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

9. Property, Plant and Equipment

Property, plant, and equipment at September 30, 2024 and 2023, consist of the following (in thousands):

	<u>2024</u>	<u>2023</u>
Land and land improvements	\$ 124,007	\$ 123,457
Buildings	2,250,542	1,839,563
Equipment	1,651,114	1,515,058
Construction in progress	<u>73,534</u>	<u>372,927</u>
	4,099,197	3,851,005
Less accumulated depreciation and amortization	<u>(2,434,121)</u>	<u>(2,266,657)</u>
Total property, plant and equipment, net	<u>\$ 1,665,076</u>	<u>\$ 1,584,348</u>

As of September 30, 2024 and 2023, the remaining commitment on construction contracts was approximately \$74,589,000 and \$62,864,000, respectively. The value of property, plant, and equipment acquisitions in accounts payable at September 30, 2024 and 2023, was \$13,281,000 and \$23,110,000, respectively.

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2024 and 2023

10. Long-Term Debt and Revolving Lines of Credit

Long-term debt at September 30, 2024 and 2023 consists of the following (in thousands):

<u>Name of Issue</u>	<u>Interest Rate</u>	<u>Type of Rate</u>	<u>Final Maturity</u>	<u>2024</u>	<u>2023</u>
Notes payable:					
MaineHealth	5.38%	Fixed	2033	\$ 60,000	\$ 60,000
MaineHealth	4.58%	Fixed	2043	16,154	16,697
MaineHealth	SOFR + 1.03% (5.88%)	Variable	2031	5,943	6,742
MaineHealth	SOFR + 1.03% (5.88%)	Variable	2031	5,711	6,478
MaineHealth	5.73%	Fixed	2030	65,000	—
Mid Coast-Parkview Health	3.20%	Fixed	2027	9,875	13,166
Revenue bonds:					
Maine Health and Higher Educational Facilities Authority (MHHEFA):					
Franklin Hospital – Series 2016A	3.00%-5.00%	Fixed	2034	6,194	6,754
Maine Medical Center – MaineHealth – Series 2020	4.00%-5.00%	Fixed	2050	205,213	205,213
Maine Medical Center – Series 2018A	5.00%	Fixed	2048	164,330	164,330
Maine Medical Center – Series 2018B	3.84%-3.94%	Fixed	2028	10,930	10,930
Maine Medical Center – Series 2018C	4.85% SOFR	Variable	2036	36,735	36,735
MaineHealth – Series 2021A	1.47%	Fixed	2031	12,105	14,385
MaineHealth – Series 2022	1.55%	Fixed	2031	9,730	11,105
MaineHealth – Series 2022B	2.49%-3.05%	Fixed	2037	84,150	87,130
MaineHealth - Series 2023B	4.75%-5.25%	Fixed	2053	72,038	—
Quarry Hill – Series 2017A	4.00%-5.00%	Fixed	2030	3,894	4,614
Pen Bay Medical Center – Series 2017B	3.00%-5.00%	Fixed	2038	4,138	4,668
Waldo County General Hospital – Series 2014A	3.00%-5.00%	Fixed	2028	1,577	2,067
Southern Maine Health Care – MaineHealth – Series 2020	4.00%-5.00%	Fixed	2050	7,487	7,487
Southern Maine Health Care – Series 2016A	4.00%-5.00%	Fixed	2026	295	190
Finance Authority of Maine:					
MaineHealth – Series 2017	2.11%	Fixed	2027	17,748	24,838
MaineHealth – Series 2014	2.36%	Fixed	2025	13,404	25,478
New Hampshire Health and Education Facilities Authority:					
The Memorial Hospital at North Conway (sub. of TMH) – Series 2016	4.00%-5.50%	Fixed	2036	10,670	11,295
Other, including finance leases				<u>11,321</u>	<u>16,032</u>
Total bonds, loans, notes payable and finance leases before bond issuance costs and premiums				834,642	736,334
Less unamortized bond issuance costs				(6,885)	(6,051)
Unamortized premiums net of discounts				<u>51,612</u>	<u>51,994</u>
Total bonds, loans, notes payable and finance leases				879,369	782,277
Less portion classified as current liabilities				<u>(42,242)</u>	<u>(41,824)</u>
				<u>\$837,127</u>	<u>\$740,453</u>

MAINEHEALTH SYSTEM
(MaineHealth Services and Subsidiaries)

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September 30, 2024 and 2023

10. Long-Term Debt and Revolving Lines of Credit (Continued)

Annual principal maturities of long-term debt for the five fiscal years after September 30, 2024, and the years thereafter, are as follows (in thousands):

	<u>Bonds and Notes</u>	<u>Finance Lease Obligation</u>
2025	\$ 38,973	\$ 1,652
2026	32,373	1,408
2027	32,193	1,405
2028	35,676	344
2029	31,998	35
Years thereafter	<u>659,047</u>	<u>—</u>
	<u>\$830,260</u>	4,844
Less amounts representing interest under finance lease obligations		<u>(462)</u>
		<u>\$ 4,382</u>

The eight Maine hospitals of MaineHealth merged into the Maine Medical Center EIN with the surviving entity then renamed MaineHealth and with Mid Coast Hospital merging later. MaineHealth became a subsidiary of the corporate parent, MaineHealth Services. For ease of reference, this paragraph refers to these corporate names as currently structured, despite operating under different names at certain points in time referenced herein. In 1999, the Board of Trustees of MaineHealth Services adopted a Parent Model Master Trust Indenture (the Indenture) and the Boards of Trustees of MaineHealth Services, MaineHealth and other MaineHealth Subsidiaries adopted a System Funding Agreement. Under the Indenture, MaineHealth Services is the sole corporate member of the Obligated Group and is required to use reasonable efforts to cause affiliates of MaineHealth Services to make payments to MaineHealth Services in such amounts as are necessary for MaineHealth Services to make payments due under guaranty notes issued under the Indenture. The System Funding Agreement memorialized the obligation of the Master Trust Indenture Designated Affiliates to fund such amounts. All obligations issued under the Indenture are secured by pledges of gross revenues of MaineHealth Services. As of September 30, 2024 and 2023, debt issued under the System Funding Agreement was \$761,622,000 and \$635,262,000, respectively. Debt issued under the Indenture as of September 30, 2024 and 2023 was \$761,622,000 and \$635,262,000, respectively. As of September 30, 2024 and 2023, \$800,457,000 and \$698,991,000, respectively, of debt obligations were covered by a pledge of gross revenues.

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September 30, 2024 and 2023

10. Long-Term Debt and Revolving Lines of Credit (Continued)

In October 2023, the System closed on a \$65,000,000 taxable term loan with a 5.73% fixed interest rate. Annual principal payments based on a 25-year amortization begin July 1, 2026, with the remaining balance payable in full July 1, 2030. This loan was secured to support working capital and the loan requires an amount equal to 50% of the outstanding principal balance of the loan to be on deposit in a mutually agreed-upon interest bearing deposit account, or other investment vehicle of the borrower, with the bank. In December 2023, MaineHealth was a recipient of tax-exempt bond proceeds issued through MHHEFA in the amount of \$72,038,000. The bond issuance includes both serial and term bonds with interest rates ranging from 4.75% - 5.25% and a final maturity in 2053. The bond proceeds will be utilized to support master facility planning projects at Maine Medical Center, Franklin Hospital and Stephens Hospital.

In September 2023, the System closed on a taxable term loan for \$60,000,000, the proceeds of which will be utilized to support working capital. The loan has a maturity date of 2033 and a fixed interest rate of 5.38%. Annual principal payments based on a 25-year amortization begin July 1, 2026, with the remaining balance payable in full July 1, 2033.

In January 2023, MaineHealth closed on a taxable term loan for \$17,000,000, the proceeds of which were used to purchase land and buildings currently used as a retail plaza that is adjacent to the Maine Medical Center Bramhall Campus in Portland. While there are no immediate plans to convert its use, the property could become an important future site for direct healthcare services, other patient and family support services or education training and research activities. The loan has a maturity date of 2043 and a fixed interest rate of 4.58%.

In September 2022, MaineHealth advanced the defeasance of the 2014 MHHEFA tax-exempt bond with a taxable loan to TD Bank. The TD Bank loan is a forward purchase agreement with principal amounts paid to TD Bank by MaineHealth to be held until the MHHEFA bonds can be called, at which time MHHEFA will issue new tax exempt bonds to be purchased by TD Bank at a lower interest cost than the prior bonds. The defeasance of the 2014 MHHEFA bonds was financed with a \$91,645,000 TD Bank loan with a forward purchase agreement date of July 1, 2024, herein referred to as "Series 2022B". The Series 2022B taxable TD Bank loan is secured by the Indenture, the System Funding Agreement and MaineHealth Gross Revenue Pledge.

In September 2020, MaineHealth advanced the defeasance of the 2011A, 2011C and 2012A MHHEFA tax-exempt bonds with two taxable loans payable to TD Bank. The two TD Bank loans are forward purchase agreements with principal amounts paid to TD Bank by MaineHealth to be held until the MHHEFA bonds can be called, at which time MHHEFA will issue new tax exempt bonds to be purchased by TD Bank at a lower interest cost than the prior bonds. The defeasance of the 2011A and 2011C MHHEFA bonds was financed with a \$21,115,000 TD Bank loan with a forward purchase agreement date of July 1, 2021, herein referred to as "Series 2020A". The defeasance of the 2012A MHHEFA bonds was financed with a \$15,260,000 TD Bank loan with a forward purchase agreement date of July 1, 2022, herein referred to as "Series 2020B". On April 5, 2021, in an in-kind exchange, the Series 2020A taxable loan was prepaid in full with the MHHEFA Series 2021A tax-exempt bonds purchased by TD Bank, in the amount of \$21,115,000. On April 4, 2022, in an in-kind exchange, the Series 2020B taxable loan was prepaid in full with the MHHEFA Series 2022 tax-exempt bonds purchased by TD Bank, in the amount of \$13,755,000. Both the Series 2021A and Series 2022 tax-exempt TD Bank direct purchase bonds are secured by the Indenture, the System Funding Agreement and MaineHealth Gross Revenue Pledge.

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September 30, 2024 and 2023

10. Long-Term Debt and Revolving Lines of Credit (Continued)

In July 2020, MHHEFA issued Series 2020 bonds for the amount of \$212,700,000, with the proceeds being used to fund a portion of the MMC master facilities project and the construction of an inpatient behavior health unit at the MMC Sanford campus. Of the Series 2020 bonds, \$205,214,000 will be used to fund MMC's master facilities project that includes a seven story patient tower, now called the Malone Family Tower, consisting of 96 single patient rooms that are both private and universal allowing standard, intermediate and critical care in addition to updated clinical procedure rooms and a 108,000 square foot ambulatory care building at its Scarborough campus. Of the Series 2020 bonds, \$7,487,000 will be used to fund the renovation and construction of 42 inpatient behavioral health beds at the MMC Sanford campus. This debt is secured by the Indenture, the System Funding Agreement and the MaineHealth Gross Revenue Pledge.

In July 2018, MHHEFA issued its Series 2018A and 2018B bonds totaling \$175,260,000, the proceeds of which were used to fund a portion of the MMC master facilities project. The project includes the financing, construction, renovation and equipment of 64 new patient rooms, additional visitor parking, a new employee parking garage, and the acquisition and renovation of an office building. This debt was issued under the Indenture and the System Funding Agreement.

In August 2018, MHHEFA issued its Series 2018C term bonds totaling \$36,735,000 for private placement with TD Bank, N.A., the proceeds of which were used to refinance MMC's outstanding MHHEFA Series 2008A Revenue Bonds. This debt was issued under the Indenture and the System Funding Agreement.

MHHEFA Revenue Bonds, including the Series 2018A, 2018B and 2018C Bonds, are generally secured under a Bond Indenture. These Bond Indentures are contracts among MHHEFA, the Bond Trustee and the bondholders of that series of bonds, and the respective pledges and covenants made therein are for the equal and ratable benefit and security of the bondholders. The Bond Indentures for the Series 2018A, 2018B and 2018C Bonds provide that such bonds shall be special obligations of MHHEFA, payable solely from and secured solely by the payments made by MMC under the respective Bond Indenture, and the funds available in the Bond Fund established under such Bond Indenture.

In January 2015, MHHEFA issued its Series 2014 bonds totaling \$85,105,000 for the benefit of MMC and Stephens Hospital. The MMC portion, \$79,675,000, was used to finance renovations and equipment for the Bean Building and to refinance a portion of MHHEFA's Series 2008A bonds totaling \$42,760,000. The Stephens Hospital portion, \$5,430,000, was used to finance construction of and equipment for a new medical office building. Stephens Hospital, a subsidiary at the time of Western Maine Health Care Corporation, has since been merged into MMC as part of the unification merger. This debt was issued under the Indenture and the System Funding Agreement.

Deferred financing costs of \$6,885,000 in 2024 and \$6,051,000 in 2023 are reported as a component of long-term debt and represent the costs incurred in connection with the issuance of the bonds. These costs are being amortized over the term of the bonds. Amortization expense for the years ended September 30, 2024 and 2023 was \$620,000 and \$611,000, respectively. The original issue discount/premium is amortized/accreted over the term of the related bonds using the effective interest method.

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10. Long-Term Debt and Revolving Lines of Credit (Continued)

The System has a single line of credit totaling \$150,000,000 in 2024 and 2023. The renewed line of credit is due to expire on August 31, 2025. The line of credit is secured by a MaineHealth gross revenue pledge. There were no amounts outstanding on this line of credit as of September 30, 2024 and 2023, however the available line of credit was approximately \$145,901,000 due to three outstanding standby letters of credit secured by the line.

11. Leases

The System utilizes operating and finance leases for the use of certain equipment and buildings. All lease agreements generally require the System to pay maintenance, repairs, property taxes and insurance costs, which are variable amounts based on actual costs incurred during each applicable period. Such costs are not included in the determination of the right of use (ROU) asset or lease liability. Variable lease cost also includes escalating rent payments that are not fixed at commencement but are based on an index that is determined in future periods over the lease term based on changes in the Consumer Price Index or other measure of cost inflation. Most leases include one or more options to renew the lease at the end of the initial term, with renewal terms that generally extend the lease at the then market rate of rental payment. Certain leases also include an option to buy the underlying asset at or a short time prior to the termination of the lease. All such options are at the System's discretion and are evaluated at the commencement of the lease, with only those that are reasonably certain of exercise included in determining the appropriate lease term.

The following table presents lease-related assets and liabilities at September 30, 2024 and 2023 (in thousands):

<u>Balance Sheet Classification</u>		<u>2024</u>	<u>2023</u>
Assets:			
Operating leases:	Right of use assets	<u>\$133,321</u>	<u>\$150,927</u>
Finance leases:	Property, plant and equipment:		
	Buildings	\$ 11,211	\$ 11,211
	Equipment	<u>1,849</u>	<u>1,994</u>
		13,060	13,205
	Less accumulated depreciation and amortization	<u>(10,368)</u>	<u>(9,533)</u>
	Property, plant and equipment, net	<u>\$ 2,692</u>	<u>\$ 3,672</u>
Total assets		<u>\$136,013</u>	<u>\$154,599</u>

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11. Leases (Continued)

		<u>2024</u>	<u>2023</u>
Liabilities:			
Current:			
Operating lease liabilities	Current portion of lease obligation	\$ 16,690	\$ 18,103
Finance lease obligations	Current portion of long-term debt	1,652	1,373
Long-term:			
Operating lease liabilities	Long-term lease obligation	123,634	138,998
Finance lease obligations	Long-term debt	<u>2,730</u>	<u>4,265</u>
Total liabilities		<u>\$144,706</u>	<u>\$162,739</u>

The components of lease cost and rent expense for the years ended September 30 are as follows (in thousands):

Statement of Operations Classification

		<u>2024</u>	<u>2023</u>
Operating lease expense	Facility and other costs	\$ 23,933	\$ 25,678
Short-term lease cost	Facility and other costs	825	1,172
Finance lease expense:			
Amortization of ROU assets	Depreciation and amortization	\$ 1,734	\$ 1,746
Interest on finance lease liabilities	Interest expense	389	494

The weighted-average lease terms and discount rates for operating and finance leases are as follows for the years ended September 30:

	<u>2024</u>	<u>2023</u>
Weighted-average remaining lease term:		
Operating leases	20.2 years	19.5 years
Finance leases	3.8 years	4.7 years
Weighted-average discount rate:		
Operating leases	3.5%	3.4%
Financing leases	6.2%	6.4%

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11. Leases (Continued)

Supplemental cash flow and other information related to leases as of and for the years ended September 30 is as follows (in thousands):

	<u>2024</u>	<u>2023</u>
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from operating leases (liability reduction)	\$ 18,263	\$ 19,418
Operating cash flows from finance leases (interest payments)	388	494
Financing cash flows from finance leases (liability reduction)	1,155	1,408
Right-of-use assets obtained in exchange for lease obligations:		
Finance lease	—	344
Operating lease	1,773	12,493

Commitments relating to noncancellable operating and finance leases obligations for each of the next five fiscal years after September 30, 2024, and the years thereafter, are as follows (in thousands):

	<u>Operating Leases</u>	<u>Finance Leases</u>
2025	\$ 23,446	\$ 1,652
2026	21,048	1,408
2027	17,997	1,405
2028	14,419	344
2029	13,444	35
Thereafter	<u>141,964</u>	<u>—</u>
Total minimum future payments	232,318	4,844
Less imputed interest	<u>(91,994)</u>	<u>(460)</u>
Total liabilities	140,324	4,384
Less current portion	<u>(16,690)</u>	<u>(1,652)</u>
Long-term liabilities	<u>\$123,634</u>	<u>\$ 2,732</u>

12. Self-Insurance Trusts and Reserves

Coverage for professional and general liabilities is through an excess coverage plan whereby the System is responsible for the first \$200,000 of a liability claim; 50% of amounts between \$200,000 and \$2,000,000; and 25% of amounts over \$2,000,000 and up to \$7,000,000. Excess risks are covered by an insurance policy with an insurance carrier. The System funds a professional liability trust based upon actuarial valuations and historical experience. Self-insurance reserves for self-insured unpaid claims and incidents are estimated using actuarial valuations, historical payment patterns, and current trends. Self-insurance reserves are recorded in the period the claim or incident occurs and adjusted in future periods as additional data becomes known. As of September 30, 2024 and 2023, there are no known claims outstanding, which, in the opinion of management, will be settled for amounts in excess of insurance coverage. As of September 30, 2024 and 2023, an accrual for estimated claims incurred but not reported was recorded. An estimated recovery related to such claims is included in the consolidated financial statements as of September 30, 2024 and 2023.

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12. Self-Insurance Trusts and Reserves (Continued)

The System provides health and dental insurance for its employees through a self-insured plan. Self-insurance reserves have been accrued for unpaid claims and incidents.

The System provides workers' compensation insurance for the majority of its employees through a self-insured plan. Self-insurance reserves are accrued for unpaid claims and settlements based on estimates using actuarial valuations. Self-insurance reserves are recorded in the period the incident occurs and adjusted in future periods as additional data becomes known.

13. Retirement Benefits

Defined Benefit Pension Plan

The System sponsors a defined benefit pension plan (the Plan), which was previously sponsored by Maine Medical Center, covering all grandfathered employees that work 750 or more hours in a plan year. Effective January 1, 2014, the Plan was amended to exclude from participation all employees hired on or after January 1, 2014. Such employees are eligible to participate in the defined contribution plan (the MaineHealth 403(b) Retirement Plan). The Plan was also amended effective January 1, 2011, to change the basis of a participant's accrued benefit. Prior to January 1, 2011, accrued benefits were based on the highest five years of final average pay. Effective January 1, 2011, for participants hired on or before December 31, 2009, there is a benefit based on the participant's final average pay through December 31, 2020, and years of service through December 31, 2010. This final average pay benefit is frozen as of December 31, 2020.

For participants that were currently employed or hired on or after January 1, 2010, but before January 1, 2014, accrued benefits are based on a cash balance formula that became effective January 1, 2011. A participant's cash balance account is increased by an annual cash balance contribution for participants with 750 hours of service, and interest credits in accordance with the terms of the amended Plan Document. The annual cash balance contribution is determined by applying a rate based on age and years of service to the participant's annual compensation. Interest credits are equal to a percentage of the participant's cash balance account on the first day of the Plan year and are credited on the last day of the Plan year prior to payment of the annual cash balance contribution. Except for certain instances, the rate of interest used to determine the interest credit for a Plan year is 5%. Retiring or terminating employees have the option to receive a lump-sum payment, annuity, or transfer to another qualified plan in accordance with the terms of the amended Plan Document.

The System's funding policy is to contribute amounts to fund current service cost and to fund over 30 years the estimated accrued benefit cost arising from qualifying service prior to the establishment of the Plan. The assets of the Plan are held in trust and are invested in a diversified portfolio that includes temporary cash investments, marketable equity securities, mutual funds, U.S. Treasury notes, corporate bonds and notes, hedge funds, and other funds.

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13. Retirement Benefits (Continued)

Defined Benefit Postretirement Medical Plan

As of May 1, 2015, eligible retirees who were enrolled in the Over 65 Retiree Group Companion Plan have transitioned to supplemental retiree health insurance options offered through a private Medicare Exchange engaged by the System and the Companion Plan was curtailed. Transitioned retirees, and certain future retirees, are eligible for an employer contribution to a Health Reimbursement Account (HRA) if they meet certain eligibility requirements. All other eligible System retirees who become Medicare eligible are also eligible to obtain supplemental coverage through the private Medicare Exchange but are not eligible for the employer contribution to the HRA.

Effective January 1, 2016, under age 65 retirees no longer have the option to enroll in the Under 65 Retiree Medical Plan. Retirees enrolled in the plan on or before December 1, 2015 are grandfathered until such time as they age into Medicare coverage at age 65. Grandfathered retirees continue to pay 100% of the cost (with the exception of those retirees enrolled as a result of the Voluntary Early Retirement Window in 2013). These retirees by a special arrangement pay the active employee rate for either three years or until they turn 65, whichever is sooner.

The activity in the Plan and Postretirement Medical Plan using valuation dates of September 30, 2024 and 2023, consists of the following (in thousands):

	<u>Defined Benefit Pension Plan</u>		<u>Postretirement Medical Plan</u>	
	<u>2024</u>	<u>2023</u>	<u>2024</u>	<u>2023</u>
Net periodic benefit cost:				
Service cost	\$ 28,098	\$ 28,229	\$ —	\$ —
Interest cost	44,496	41,387	121	131
Expected return on plan assets	(52,990)	(53,495)	—	—
Amortization of actuarial loss	6,083	3,074	(35)	(6)
Prior service credit	—	—	(193)	(199)
Net periodic benefit cost	<u>\$ 25,687</u>	<u>\$ 19,195</u>	<u>\$ (107)</u>	<u>\$ (74)</u>
Change in benefit obligation:				
Benefit obligation, beginning of year	\$756,025	\$ 763,389	\$ 2,108	\$ 2,488
Service cost	28,098	28,229	—	—
Interest cost	44,496	41,387	121	131
Actuarial loss (gain)	99,316	(3,330)	(57)	(215)
Benefits paid	(66,283)	(67,979)	(277)	(296)
Expenses paid	<u>(6,771)</u>	<u>(5,671)</u>	<u>—</u>	<u>—</u>
Benefit obligation, end of year	854,881	756,025	1,895	2,108

MAINEHEALTH SYSTEM
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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2024 and 2023

13. Retirement Benefits (Continued)

	<u>Defined Benefit Pension Plan</u>		<u>Postretirement Medical Plan</u>	
	<u>2024</u>	<u>2023</u>	<u>2024</u>	<u>2023</u>
Change in plan assets:				
Net assets of plan, beginning of year	\$682,776	\$ 653,979	\$ —	\$ —
Actual return on plan assets	143,194	62,847	—	—
Employer contribution	40,000	39,600	277	296
Benefits paid	(66,283)	(67,979)	(277)	(296)
Expenses paid	<u>(6,771)</u>	<u>(5,671)</u>	<u>—</u>	<u>—</u>
Net assets of plan, end of year	<u>792,916</u>	<u>682,776</u>	<u>—</u>	<u>—</u>
Net amount recognized	<u><u>\$ (61,965)</u></u>	<u><u>\$ (73,249)</u></u>	<u><u>\$ (1,895)</u></u>	<u><u>\$ (2,108)</u></u>

The additional defined benefit pension plan and Postretirement Medical Plan disclosure information for the years ended September 30, 2024 and 2023, is as follows (in thousands):

	<u>Defined Benefit Pension Plan</u>		<u>Postretirement Medical Plan</u>	
	<u>2024</u>	<u>2023</u>	<u>2024</u>	<u>2023</u>
Amounts recognized in the consolidated balance sheets – accrued retirement benefits	\$ (61,965)	\$ (73,249)	\$ (1,895)	\$ (2,108)
Additional information – accumulated benefit obligation	(813,005)	(724,624)	—	—

Net assets without donor restrictions at September 30, 2024 and 2023, include unrecognized losses of \$214,380,000 and \$211,182,000, respectively, related to the Plan. The aggregate gain in 2024 and 2023 was due to a change in the discount rate.

The assumptions of the Plan as of September 30, 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Measurement date	September 30	September 30
Census date	January 1	January 1
Used to determine net periodic pension cost:		
Discount rate	6.19%	5.68%
Rate of compensation increase	5.00%/4.00%	5.00%/3.50%
Expected long-term rate of return on plan assets	6.50%	7.00%
Used to determine benefit obligation:		
Discount rate	5.05%	6.19%
Rate of compensation increase	5.00%/4.00%	5.00%/4.00%

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September 30, 2024 and 2023

13. Retirement Benefits (Continued)

The expected long-term rate of return on plan assets for the Plan reflects the System's estimate of future investment returns (expressed as an annual percentage) taking into account the allocation of plan assets among different investment classes and long-term expectations of future returns on each class.

The targeted allocation for the Plan investments are: debt securities – 40.0%, U.S. equity securities – 22.5%, international equity securities – 11.2%, emerging market equity securities – 3.8%, natural resources – 5.0%, and alternative investments – 17.5%. The Plan's investments as of September 30, 2024 and 2023 are disclosed in Note 8.

The Plan's overall financial objective is to provide sufficient assets to satisfy the retirement benefit requirements of the Plan's participants. This objective is to be met through a combination of contributions to the Plan and investment returns. The primary long-term investment objective of the Plan is to attain the average annual nominal total return, net of investment management fees, assumed in the Plan's most recent actuarial assumptions over the long term. The nature and duration of benefit obligations, liquidity requirements, financial condition, operating margins, risk posture, and Plan funded status are considered when determining an appropriate asset allocation to achieve the investment objectives.

Investment policies and strategies governing the assets of the Plan are designed to achieve the financial objectives within prudent risk parameters. Risk management practices include the use of external investment managers, the maintenance of a portfolio diversified by asset class, investment approach, and security holdings, and the maintenance of sufficient liquidity to meet benefit obligations as they come due.

All of the Postretirement Medical Plan participants are over age 65 and are receiving, or are eligible to receive when they retire, medical coverage through a private healthcare exchange. The Plan provides them with a subsidy in the form of an HRA of \$1,100 - \$1,600 per year. Per capita costs and medical inflation trend assumptions are no longer relevant for this Plan's valuation.

Future benefits are expected to be paid as follows at September 30, 2024 (in thousands):

	<u>Defined Benefit Pension Plan</u>	<u>Postretirement Medical Plan (net of Retiree Contributions)</u>
Years ended September 30:		
2025	\$ 64,198	\$ 269
2026	61,597	255
2027	60,913	236
2028	63,359	218
2029	64,092	200
2030 – 2034	317,521	748

The estimated expected contribution to be made during the year ending September 30, 2025 is \$40,269,000.

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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13. Retirement Benefits (Continued)

Defined Contribution Pension Plans

The System sponsors the MaineHealth 403(b) Retirement Plan, which benefits substantially all of their employees. This plan assumed the Maine Medical Center 403(b) Retirement Plan and subsequently over the course of several years merged in the various 403(b) plans of the various subsidiaries. Amounts expensed under these plans were \$76,612,000 and \$61,120,000 in 2024 and 2023, respectively.

Nonqualified Deferred Compensation Plan

The System offers a 457(b) nonqualified deferred compensation plan to certain eligible employees. Eligible employees may elect up to the maximum dollar amount as defined by Section 402(g) of the Internal Revenue Service code. The plan is funded solely by employee contributions that are invested in various marketable securities at the direction of the employees. These investments are classified as Level 1 and Level 2 investments which are valued using quoted prices for active markets of identical assets. The assets of the plan are the legal assets of the System until they are distributed to participants, and therefore the plan assets and corresponding liability are reported as other assets and accrued retirement benefits in the accompanying consolidated balance sheet. As of September 30, 2024 and 2023 the balances of the plan were \$186,021,000 and \$145,999,000, respectively.

14. Net Assets

Resources are classified for reporting purposes as net assets without donor restrictions and net assets with donor restrictions, according to the absence or existence of donor-imposed restrictions. Resources arising from the results of operations or assets set aside by the Board of Trustees are not considered to be donor restricted. Net assets with donor restrictions represent funds including contributions and accumulated investment returns, whose use has been restricted by donors to a specific period or purpose or that have been restricted by donors to be maintained in perpetuity to provide a permanent source of income. Generally, the donors of these donor-restricted assets permit the use of part of the income earned on related investments for specific purposes. Net assets are as follows at September 30 (in thousands):

	<u>2024</u>	<u>2023</u>
Without donor restrictions	\$2,416,338	\$2,188,281
With donor restrictions:		
Perpetual in nature	118,906	125,534
Purpose restricted	188,040	144,361
Time restricted	<u>18,656</u>	<u>15,838</u>
Net assets	<u>\$2,741,940</u>	<u>\$2,474,014</u>

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14. Net Assets (Continued)

Endowment Funds

The System's endowment consists of funds established for a variety of purposes. For the purposes of this disclosure, endowment funds include donor-restricted endowment funds. As required by GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of Relevant Law

The System has interpreted state law as requiring realized and unrealized gains on net assets with donor restrictions to be retained in a net assets with donor restrictions classification until appropriated by the Board and expended. State law allows the Board to appropriate so much of the net appreciation of net assets with donor restrictions as is prudent considering the System's long- and short-term needs, present and anticipated financial requirements, and expected total return on its investments, price level trends, and general economic conditions.

As a result of this interpretation, the System classifies as net assets with donor restrictions (a) the original value of the gifts donated to the endowment when explicit donor stipulations requiring permanent maintenance of the historical fair value are present and (b) the original value of the subsequent gifts to the endowment when explicit donor stipulations requiring maintenance of the historical fair value are present. The remaining portion of the donor-restricted endowment fund composed of accumulated gains not required to be maintained in perpetuity is classified as net assets with donor restrictions until those amounts are appropriated for expenditure in a manner consistent with the donor's stipulations. The System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: duration and preservation of funds, purposes of the donor-restricted endowment funds, general economic conditions, the possible effect of inflation and deflation, the expected total return from income and the appreciation of investments, other resources of the System, and the investment policies of the System.

Endowment Investment Return Objectives

The System has adopted investment policies for endowment assets that attempt to provide a predictable stream of funding to the programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the System must hold in perpetuity or for a donor-specified period(s) as well as board-designated funds. Under this policy, the endowment assets are invested in a manner to attain a total return (net of investment management fees) of at least 5.0% per year in excess of inflation, measured by the Consumer Price Index. To satisfy its long-term rate of return objectives, the System targets a diversified asset allocation that places a greater emphasis on equity-based investments within prudent risk constraints.

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14. Net Assets (Continued)

Endowment Investment Activity

The following is a summary of the endowment activity by type of fund at September 30, 2024 and 2023, and the changes therein for the years then ended (in thousands):

	<u>With Donor Restrictions</u>
Endowment investment, end of year, September 30, 2022	\$119,584
Investment return, net	15,981
Contributions	843
Interest and dividends transferred to specific purpose	(3,141)
Appropriation of endowment assets for expenditure	<u>(6,017)</u>
Endowment investment, end of year, September 30, 2023	127,250
Investment return, net	28,117
Contributions	7,169
Interest and dividends transferred to specific purpose	(4,573)
Appropriation of endowment assets for expenditure	<u>(5,021)</u>
Endowment investment, end of year, September 30, 2024	<u>\$152,942</u>

Funds With Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the System to retain as a fund of perpetual duration.

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15. Functional Expenses

The System provides health care services through its acute care, specialty care, and ambulatory care facilities. Expenses relating to providing these services for the years ended September 30, 2024 and 2023, are as follows (in thousands):

	<u>Program Services</u>		<u>Supporting Activities</u>	
	<u>Healthcare Services</u>	<u>Research</u>	<u>Management and General</u>	<u>Total Expenses</u>
September 30, 2024				
Salaries, wages and fringe benefits	\$1,998,583	\$23,179	\$569,026	\$2,590,788
Patient care supplies	593,003	6,852	168,214	768,069
Professional fees and purchased services	404,750	4,686	115,041	524,477
Depreciation and amortization	129,277	1,500	36,836	167,613
Other operating expenses	165,152	1,932	47,432	214,516
Interest expense	<u>18,414</u>	<u>214</u>	<u>5,247</u>	<u>23,875</u>
	<u>\$3,309,179</u>	<u>\$38,363</u>	<u>\$941,796</u>	<u>\$4,289,338</u>
September 30, 2023				
Salaries, wages and fringe benefits	\$1,623,839	\$23,740	\$684,006	\$2,331,585
Patient care supplies	674,132	1,966	22,296	698,394
Professional fees and purchased services	500,313	6,844	44,822	551,979
Depreciation and amortization	122,908	1,142	39,074	163,124
Other operating expenses	126,156	1,780	74,174	202,110
Interest expense	<u>8,919</u>	<u>—</u>	<u>6,470</u>	<u>15,389</u>
	<u>\$3,056,267</u>	<u>\$35,472</u>	<u>\$870,842</u>	<u>\$3,962,581</u>

16. Contingencies

The System is subject to complaints, claims, and litigation, which have risen in the normal course of business. In addition, the System is subject to compliance with laws and regulations of various governmental agencies. Recently, governmental review of compliance with these laws and regulations has increased resulting in fines and penalties for noncompliance by individual health care providers. Compliance with these laws and regulations is subject to future government review, interpretation, or actions, which are unknown and un-asserted at this time.