

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2016
Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning **MAY 1, 2016** and ending **APR 30, 2017**

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

Mount Desert Island Hospital

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

P.O. Box 8, 10 Wayman Lane

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

Bar Harbor, ME 04609-0008

F Name and address of principal officer: **Arthur J. Blank**
same as C above

D Employer identification number

01-0211797

E Telephone number

207-288-5081

G Gross receipts \$ **67,459,631.**

H(a) Is this a group return

for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ **www.mdihospital.org**

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

L Year of formation: **1897** **M** State of legal domicile: **ME**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: Critical access hospital, providing medical & healthcare services located in Bar Harbor, ME.
	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) 19
	4	Number of independent voting members of the governing body (Part VI, line 1b) 15
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a) 510
	6	Total number of volunteers (estimate if necessary) 138
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, line 34 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 1,413,911.
	9	Program service revenue (Part VIII, line 2g) 53,807,800.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 210,657.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -14,038.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 55,418,330.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 31,843,846.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 148,169.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 23,447,485.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 55,291,331.
19	Revenue less expenses. Subtract line 18 from line 12 126,999.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 48,075,250.
	21	Total liabilities (Part X, line 26) 27,536,900.
	22	Net assets or fund balances. Subtract line 21 from line 20 20,538,350.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	Christina Maguire-Harding, VP of Finance & CFO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Nicholas E. Porto		03/11/18		P01310283
Firm's name	Firm's name ▶ Baker Newman & Noyes		Firm's EIN ▶ 01-0494526		
	Firm's address ▶ P.O. Box 507 Portland, ME 04112		Phone no. (207) 879-2100		

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 ☒ **X****1** Briefly describe the organization's mission:

Mount Desert Island Hospital's mission is to provide compassionate care and strengthen the health of our community by embracing tomorrow's methods and respecting time-honored values.

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 \$ 47,486,844. including grants of \$ 0.) (Revenue \$ 60,008,890.)

In fiscal year 2017, Mount Desert Island (MDI) Hospital provided \$5,753,830 in services for which no compensation was expected or received. Financial assistance policies exist to provide relief for those who cannot pay for medical care. MDI Hospital provides care to persons covered by governmental programs including Medicare, Medicaid, VA, and CHAMPUS. The unreimbursed value for providing care to these patients approximates \$1,374,708. The Hospital continues to provide a number of health services and preventative health programs to the community. Available programs include cardiac pulmonary rehabilitation, care coordination, wellness programs, diabetes education, annual wellness exams, nutrition counseling, parenting, pregnancy and sibling classes, physical and occupational therapy programs, speech therapy,

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

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

4e Total program service expenses **47,486,844.**Form **990** (2016)

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> ?	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 Revenue Procedure 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 temporarily restricted endowments, permanent endowments, or 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</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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule OForm **990** (2016)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 96		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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 510		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	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? If "No," to line 3b, provide an explanation in Schedule O	3b		
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		
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		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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? If "No," provide an explanation in Schedule O	14b		

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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 in Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	19			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		15		
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?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				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?				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?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			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 in Schedule O				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?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: **None**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **Arthur J. Blank - 207-288-5081**
P.O. Box 8, 10 Wayman Lane, Bar Harbor, ME 04609-0008

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

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

☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) John Benson, MD Trustee	1.00 1.00	X						0.	0.	0.
(2) Reverend Robert Benson Trustee	1.00 0.00	X						0.	0.	0.
(3) Stewart Brecher Trustee	1.00 0.00	X						0.	0.	0.
(4) Stuart Davidson, MD Trustee/Medical Staff Pres	36.00 0.00	X						485,697.	0.	27,368.
(5) David Einhorn, Esq. Trustee	1.00 0.00	X						0.	0.	0.
(6) Sarah Fina Trustee	1.00 0.00	X						0.	0.	0.
(7) Elsie Flemings Trustee	1.00 0.00	X						0.	0.	0.
(8) Patricia Hand, PhD Trustee	1.00 0.00	X						0.	0.	0.
(9) Charles Manee Hutchins Trustee	1.00 0.00	X						0.	0.	0.
(10) Lawrence Legutko Trustee	1.00 0.00	X						0.	0.	0.
(11) Beverly Paigen, PhD Trustee	1.00 0.00	X						0.	0.	0.
(12) Dean Read Trustee	1.00 1.00	X						0.	0.	0.
(13) William Rudolf Trustee	1.00 0.00	X						0.	0.	0.
(14) Martha Wagner, PhD Trustee	1.00 0.00	X						0.	0.	0.
(15) Noelle Wolf Trustee	1.00 0.00	X						0.	0.	0.
(16) Vince Messer, PhD Board Chair	5.00 0.00	X		X				0.	0.	0.
(17) James R. Bright 1st Vice Chair	3.00 0.00	X		X				0.	0.	0.

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)	(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			
(18) Julian Kuffler, MD 2nd Vice Chair/Physician	40.00 0.00	X		X				256,743.	0.	30,696.
(19) Arthur J. Blank President & CEO	40.00 2.00	X		X				335,546.	0.	29,691.
(20) Christina Maguire-Harding VP Finance/Treasurer/Clerk	40.00 1.00			X				182,561.	0.	23,959.
(21) Holly Thulin Secretary (part year)	40.00 0.00			X				29,385.	0.	6,212.
(22) Erin Levy Secretary	40.00 0.00			X				0.	0.	0.
(23) Mark Kandutsch, MD Physician	40.00 0.00					X		282,614.	0.	34,356.
(24) Nathan Donaldson, DO, MHA, FACE Physician	40.00 0.00					X		322,916.	0.	30,361.
(25) Edward Gilmore, MD, MACP Chief Medical Officer	40.00 0.00					X		282,497.	0.	15,767.
(26) Diehl Snyder, MD Physician	40.00 0.00					X		240,117.	0.	23,943.
1b Sub-total								2,418,076.	0.	222,353.
c Total from continuation sheets to Part VII, Section A								261,340.	0.	17,715.
d Total (add lines 1b and 1c)								2,679,416.	0.	240,068.

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

35

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
Therapy Partners, LLC 7 Hillview Drive, Bangor, ME 04401	Physical Therapy Services	565,130.
Vista Staffing Solutions, Inc., 275 East 200 South, Salt Lake City, UT 84111	Locum Agency	462,776.
Barton Associates, Inc. 300 Jubilee Drive, Peabody, MA 01960	Locum Agency	435,039.
Comprehensive Pharmacy Services, Inc. P.O. Box 638316, Cincinnati, OH 45263-8316	Pharmacy Management Services	424,466.
Hancock Community Health, LLC P.O. Box 8, Bar Harbor, ME 04609	Dental Services	342,735.

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

16

See Part VII, Section A Continuation sheets

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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					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,552,887.				
	g Noncash contributions included in lines 1a-1f: \$		65,430.				
	h Total. Add lines 1a-1f		3,552,887.				
Program Service Revenue	2 a Patient Services	Business Code	621990	56,154,556.	56,154,556.		
	b Pharmacy		621400	1,409,340.	1,409,340.		
	c Other Operating		621400	1,269,830.	1,269,830.		
	d Meaningful Use		621400	743,037.	743,037.		
	e Healthcare Administration		621400	220,795.	220,795.		
	f All other program service revenue		722210	198,132.	198,132.		
	g Total. Add lines 2a-2f			59,995,690.			
	3 Investment income (including dividends, interest, and other similar amounts)			251,048.			251,048.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross rents	(i) Real	13,200.				
	b Less: rental expenses	(ii) Personal	0.				
	c Rental income or (loss)		13,200.				
	d Net rental income or (loss)			13,200.	13,200.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	3,646,056.	(ii) Other	750.		
	b Less: cost or other basis and sales expenses		3,643,882.		0.		
	c Gain or (loss)		2,174.		750.		
	d Net gain or (loss)			2,924.		2,924.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue			Business Code			
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			63,815,749.	60,008,890.	0.	253,972.	

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 ☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	1,709,626.	1,102,271.	607,355.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	22,401,743.	18,116,035.	4,185,976.	99,732.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	522,802.	376,222.	146,580.	
9 Other employee benefits	7,286,072.	5,193,742.	2,092,330.	
10 Payroll taxes	1,637,703.	1,162,769.	474,934.	
11 Fees for services (non-employees):				
a Management				
b Legal	87,305.		87,305.	
c Accounting	101,829.		101,829.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	2,757.			2,757.
f Investment management fees	33,163.		33,163.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	9,617,626.	7,396,122.	2,221,504.	
12 Advertising and promotion	82,794.		82,794.	
13 Office expenses	5,070,440.	4,941,094.	83,666.	45,680.
14 Information technology				
15 Royalties				
16 Occupancy	875,065.	726,186.	148,879.	
17 Travel	56,368.	31,351.	25,017.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	336,590.	147,847.	188,743.	
20 Interest	525,578.	420,462.	105,116.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,624,208.	1,299,366.	324,842.	
23 Insurance	541,718.	411,644.	130,074.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Bad Debt Expense</u>	3,735,577.	3,735,577.		
b <u>Hospital Provider Tax</u>	1,125,762.	1,125,762.		
c <u>Equipment Rental/Mainte</u>	947,700.	867,253.	80,447.	
d <u>Food and Nutrition</u>	201,636.	201,636.		
e All other expenses	735,586.	231,505.	504,081.	
25 Total functional expenses. Add lines 1 through 24e	59,259,648.	47,486,844.	11,624,635.	148,169.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance 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	2,290.	1	2,289.
	2 Savings and temporary cash investments	1,772,351.	2	2,277,866.
	3 Pledges and grants receivable, net	154,775.	3	1,307,832.
	4 Accounts receivable, net	7,700,678.	4	6,579,530.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	711,591.	8	719,180.
	9 Prepaid expenses and deferred charges	452,808.	9	907,193.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 51,319,179.		
	b Less: accumulated depreciation	10b 29,823,846.		
	11 Investments - publicly traded securities	21,569,633.	10c	21,495,333.
	12 Investments - other securities. See Part IV, line 11	8,335,471.	11	9,502,285.
	13 Investments - program-related. See Part IV, line 11	1,801,125.	12	1,931,881.
	14 Intangible assets	80,000.	13	100,000.
	15 Other assets. See Part IV, line 11	44,629.	14	35,473.
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,449,899.	15	7,110,524.	
17 Accounts payable and accrued expenses	48,075,250.	16	51,969,386.	
Liabilities	18 Grants payable	9,158,634.	17	7,769,563.
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	2,622,786.	20	2,041,638.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties	6,120,738.	23	6,201,117.
	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	2,200,892.	24	2,822,154.
	26 Total liabilities. Add lines 17 through 25	7,433,850.	25	7,351,564.
	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.	27,536,900.	26	26,186,036.
Net Assets or Fund Balances	27 Unrestricted net assets			
	28 Temporarily restricted net assets	16,702,491.	27	20,110,961.
	29 Permanently restricted net assets	1,831,059.	28	3,485,084.
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.	2,004,800.	29	2,187,305.
	31 Capital stock or trust principal, or current funds		30	
	32 Paid-in or capital surplus, or land, building, or equipment fund		31	
	33 Retained earnings, endowment, accumulated income, or other funds		32	
	34 Total net assets or fund balances	20,538,350.	33	25,783,350.
35 Total liabilities and net assets/fund balances	48,075,250.	34	51,969,386.	

Form 990 (2016)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	63,815,749.
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,259,648.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,556,101.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,538,350.
5	Net unrealized gains (losses) on investments	5	706,195.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-17,296.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,783,350.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	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	2b	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 in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	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 in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Mount Desert Island Hospital

Employer identification number

01-0211797

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 **Schedule A (Form 990 or 990-EZ) 2016**

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2016

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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 (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2016

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Supplemental Information.

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, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

Mount Desert Island Hospital

Employer identification number

01-0211797

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 foundation

Check 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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization	Employer identification number
Mount Desert Island Hospital	01-0211797

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
18		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
19		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
1		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 5,000.	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
Mount Desert Island Hospital	01-0211797

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
21		\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input 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.)
4		\$ 135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
25		\$ 25,000.	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
Mount Desert Island Hospital	01-0211797

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
5		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 5,000.	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
Mount Desert Island Hospital	01-0211797

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		\$ 50,307.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
7		\$ 15,123.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 10,515.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 7,000.	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
Mount Desert Island Hospital	01-0211797

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
11		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 50,000.	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
Mount Desert Island Hospital	01-0211797

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		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 25,000.	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		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

01-0211797

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
31	Publicly Traded Securities		
		\$ 50,307.	11/16/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
7	140 shares Moody's Corporation stock		
		\$ 15,123.	10/12/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization	Employer identification number
Mount Desert Island Hospital	01-0211797

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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization

Mount Desert Island Hospital

Employer identification number

01-0211797

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 or 990-EZ) 2016

LHA

632041 11-10-16

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

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		7,239.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			7,239.
2a Did the activities in line 1 cause the organization to be not 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 expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Part II-B, Line 1, Lobbying Activities:

A portion of dues paid to the Maine Hospital Association and the American Hospital Association are available for lobbying. For the filing period, the amount paid to MHA available for lobbying was \$2,867 and for AHA the amount was \$4,372.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Mount Desert Island Hospital

Employer identification number

01-0211797

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2016

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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	5,390,259.	6,133,933.	6,987,538.	6,591,431.	6,300,481.
b Contributions	35,000.	479,781.	250,000.	25,000.	
c Net investment earnings, gains, and losses	735,670.	-340,076.	372,871.	625,391.	588,719.
d Grants or scholarships					
e Other expenditures for facilities and programs		860,000.	1,450,000.	225,000.	270,000.
f Administrative expenses	25,100.	23,379.	26,476.	29,284.	27,769.
g End of year balance	6,135,829.	5,390,259.	6,133,933.	6,987,538.	6,591,431.

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

- a Board designated or quasi-endowment ☒ 86.34 %
 b Permanent endowment ☒ 13.66 %
 c Temporarily restricted endowment ☒ .00 %

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

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,258,948.		4,258,948.
b Buildings		28,456,094.	15,665,836.	12,790,258.
c Leasehold improvements		235,558.	166,904.	68,654.
d Equipment		18,163,408.	13,991,106.	4,172,302.
e Other		205,171.		205,171.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				21,495,333.

Schedule D (Form 990) 2016

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

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, col. (B) line 13.) ►		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Due from Affiliates	4,405,406.
(2) Aetna Deposit	98,000.
(3) Other Receivables	893,896.
(4) Estimated Third Party Settlements	1,713,222.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	7,110,524.

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) Deferred Compensation	2,873,043.	
(3) Estimated Third Party Settlements	4,078,714.	
(4) Due to Affiliate	399,807.	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	7,351,564.	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	64,340,612.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	706,195.
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	706,195.
3	Subtract line 2e from line 1	3	63,634,417.
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	33,163.
b	Other (Describe in Part XIII.)	4b	148,169.
c	Add lines 4a and 4b	4c	181,332.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	63,815,749.

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	59,078,316.
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	0.
3	Subtract line 2e from line 1	3	59,078,316.
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	33,163.
b	Other (Describe in Part XIII.)	4b	148,169.
c	Add lines 4a and 4b	4c	181,332.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	59,259,648.

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 V, line 4:

Endowment amounts restricted by the Board of Directors are released by the Board as needed for special projects supplying benefit to the community at large. These funds are intended solely for the use of expanding services, and not for sustaining current operations.

Part X, Line 2:

The Hospital and BBRV are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (Code). MDMC is a for-profit entity and is, therefore, subject to income taxes. Income taxes are recorded based upon the asset and liability method as prescribed by Financial Accounting Standards Board (FASB) Accounting Standards Coalition (ASC)

Part XIII Supplemental Information *(continued)*

740, Income Taxes. At April 30, 2017 and 2016, MDMC has certain net operating loss carryforwards which have been reduced by a valuation allowance of an equal amount as it is not presently considered likely that the deferred tax assets will be realized.

Part XI, Line 4b - Other Adjustments:

Fundraising Expenses Netted with Revenue on AFS 148,169.

Part XII, Line 4b - Other Adjustments:

Fundraising Expenses Netted with Revenue on AFS 148,169.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Mount Desert Island Hospital

Employer identification number

01-0211797

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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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)			530,343.		530,343.	.96%
b Medicaid (from Worksheet 3, column a)			5,223,487.	4,379,122.	844,365.	1.52%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			5,753,830.	4,379,122.	1,374,708.	2.48%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			100,496.		100,496.	.18%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			12,971,084.	7,072,623.	5,898,461.	10.62%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			13,071,580.	7,072,623.	5,998,957.	10.80%
k Total. Add lines 7d and 7j			18,825,410.	11,451,745.	7,373,665.	13.28%

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 Mount Desert Island Hospital

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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		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	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 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 15</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	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	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	X	
7 Did the hospital facility make its CHNA report widely available to the public?	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 checked="" type="checkbox"/> Other website (list url): <u>see Part V, Section C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	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?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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 Mount Desert Island Hospital

	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>150</u> % and FPG family income limit for eligibility for discounted care of <u>250</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance 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 his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	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 type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2016

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group Mount Desert Island Hospital

	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 type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c <input type="checkbox"/> Processed incomplete and complete FAP applications			
d <input type="checkbox"/> Made presumptive eligibility determinations			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	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)			

Schedule H (Form 990) 2016

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 Mount Desert Island Hospital**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

Schedule H (Form 990) 2016

Part V Facility Information *(continued)*

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

Mount Desert Island Hospital:

Part V, Section B, Line 5: Mount Desert Island Hospital participated in the Maine State Statewide Community Health Needs Assessment that focused on individual counties within the State, and during fiscal year 2016 also collaborated with Healthy Acadia to perform a service area CHNA. The CHNA for Hancock County provided an avenue to look at State of Maine surveillance data and validate our implementation plan and evaluation plan. MDIH felt that our community and service area would best be served by a more focused and representative CHNA. MDIH collaborated with Healthy Acadia to perform a focused CHNA for our services area commencing in September 2015.

Additionally, Mount Desert Island Hospital partnered with a number of other medical and community organizations to prepare a county-wide CHNA that was completed in February 2016. The CHNA presents the combined findings of three separate studies and surveys, which together consider the responses from a broad cross-section of the community, including health care professionals from a variety of backgrounds and people who work at other types of nonprofits, the private sector, education, and social services.

Mount Desert Island Hospital:

Part V, Section B, Line 6a: Additional hospitals participating in the supplemental countywide CHNA were Eastern Maine Health System, MaineHealth, and MaineGeneral Health.

Part V Facility Information (continued)

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

Mount Desert Island Hospital:

Part V, Section B, Line 6b: The Hospital's primary CHNA published during tax year 2015 was conducted in partnership with Healthy Acadia, a 501(c)(3) non-profit organization dedicated to empowering people and organizations to build healthy communities and making it possible for all people to lead healthier lives.

Multiple non-hospital community health organization participated in the supplemental countywide CHNA, as well, including Maine Center for Disease Control and Prevention and the University of Southern Maine.

Mount Desert Island Hospital:

Part V, Section B, Line 11: The Hospital, working with our community and our implementation plan, continues to move strategies forward for a healthy community. While there were two strategies that were outside of the main purview of the Hospital, the organization committed to providing feedback and support to help start a Farmers' Market and created walking maps of the community to encourage healthy activities. The Hospital is continuing with the implementation strategies that were first adopted in 2016 with its current CHNA as they are again recognized as ongoing initiatives in the Hancock County CHNA. The Hospital is using the strategies from the 2014 countywide CHNA survey, as well. The Hospital completed its CHNA in partnership with Healthy Acadia; the results were approved by the Planning Committee of the Board of Trustees in March of

Part V Facility Information (continued)

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

2016. The Hospital's Planning Committee oversees the work and the implementation of the CHNA including revisions and ongoing implementation evaluations.

Mount Desert Island Hospital:

Part V, Section B, Line 16j: The policy was provided, in writing, to patients on admission to the Hospital facility.

The Hospital works with community service organizations to post the Plain Language Summary in public libraries, local municipality facilities, local YMCA/YWCA, and the Healthy Acadia website.

Additionally, a qualified interpreter is made available to patients who need assistance translating the FAP, application, and related documents to another language.

Part V, Line 7a, Hospital's website:

<https://www.mdihospital.org/wp-content/uploads/2016/01/>

Final-MDIH_HA-2016-CHNA-and-Action-Plan.pdf

Part V, Line 7b, Other website:

<https://healthyacadia.org/resources/documents/>

Final-MDIH_HA-2016-CHNA-and-Action-Plan.pdf

Part V, Line 10a, Implementation Plan:

CHNA Implementation Guide:

<https://www.mdihospital.org/wp-content/uploads/2016/01/CHNA-Mount->

Part V Facility Information *(continued)*

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

Desert-Island-Hospital-Organization-Implementation-Guide.pdf

CHNA Implementation Plan:

<https://www.mdihospital.org/wp-content/uploads/2016/01/CHNA-Strategic-Planning-Public-Presentation-Copy.pdf>

Schedule H, Part V, Section B, Line 16a-16c:

Financial Assistance Policy URL:

<https://www.mdihospital.org/wp-content/uploads/2017/01/MDIHO-Financial-Assistance-Policy-FC-Approved-01-2017.pdf>

Financial Assistance Policy Application URL:

<https://www.mdihospital.org/wp-content/uploads/2014/08/FAPApplication.pdf>

Financial Assistance Plain Language Summary URL:

<https://www.mdihospital.org/wp-content/uploads/2017/01/Plain-Language-Summary-of-Financial-Assistance-Program-1557-01-2017.pdf>

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? 13

Name and address	Type of Facility (describe)
1 Community Health Center 16 Community Lane Southwest Harbor, ME 04679	Outpatient Clinic
2 Trenton Health Center 394 Bar Harbor Road Trenton, ME 04605	Outpatient Clinic
3 Behavioral Health Center 322 Main Street Bar Harbor, ME 04609	Outpatient Clinic
4 Cooper Gilmore Health Center 17 Hancock Road Bar Harbor, ME 04609	Outpatient Clinic
5 Cadillac Family Practice 322 Main Street Bar Harbor, ME 04609	Outpatient Clinic
6 Family Health Center 9 Hancock Road Bar Harbor, ME 04609	Outpatient Clinic
7 Lisa Stewart Women's Health Center 8 Wayman Lane Bar Harbor, ME 04609	Outpatient Clinic
8 MDI Orthopedics 10 Wayman Lane Bar Harbor, ME 04609	Outpatient Clinic
9 MDI Dermatology Health Center 322 Main Street Bar Harbor, ME 04609	Outpatient Clinic
10 MDI Urology 322 Main Street Bar Harbor, ME 04609	Outpatient Clinic

Schedule H (Form 990) 2016

Part VI Supplemental Information

Provide the following information.

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

Part I, Line 7:

The costing methodology utilized for this table was derived from Worksheet 2, Ratio of patient care cost to charges with data from filed cost reports for the fiscal year.

Part I, Line 7g:

The Hospital provides to the community several provider based physician and specialty practices to serve this rural island population. These practices are listed on Part V of this schedule. The facility subsidizes their operating costs to maintain access and coordination of care to our population.

Part I, Line 7, Column (f):

The Bad Debt expense included on Form 990, Part IX, Line 25(A), but subtracted for purposes of calculating the percentage in this column is \$ 3,735,577.

Part III, Line 2:

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.
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- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

The estimated cost of bad debt expense as reported is derived from the accounting systems and software the organization uses to calculate the cost-to-charge ratio from the as-filed Medicare Cost Reports.

Mount Desert Island Hospital (MDIH) estimates the cost of bad debt expense using accounting systems and software from our organization to calculate the cost of care from the as filed Medicare Cost Reports. This estimate best represents the value of providing care for those services that will be considered or deemed uncollectible. The value of these services at cost are estimated to be \$2,261,571. This is the amount the hospital must forgive as a benefit to the community for providing services.

Part III, Line 3:

The Hospital's financial assistance policy provides administrative and accounting guidelines for the identification, classification, and reporting of patients receiving financial assistance as distinguished from bad debts. Accordingly, the Hospital has estimated that no amount of bad debt expense at cost is attributable to patients eligible under the

Part VI Supplemental Information

Provide the following information.

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

organization's financial assistance policy.

Part III, Line 4:

See Footnote 2 on Page 8 of the attached audited financial statements.

Part III, Line 8:

The IRS Form 990, Schedule H instructions and guidance provide a template in Worksheet 2 as a way to determine the overall cost to charge ratio that could be applied throughout Schedule H in order to convert charges to cost. Where applicable, we have utilized the Worksheet 2 template calculation. The only area where we did not utilize this template calculation was in Schedule H, Part III, Section B, Line 6, Medicare allowable costs and payments related to the subsidized health services. Instead, the Hospital utilized the Medicare cost report estimated cost and payment for these services. The Hospital believes that provider based clinics listed in above should be considered a community benefit due to the fact that without the Hospital subsidizing and offering the services that these clinics offer, the community-at-large would have to travel 45

Part VI Supplemental Information

Provide the following information.

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

minutes or more to the nearest like-hospital. As such, Mount Desert Island Hospital believes that by offering and subsidizing these clinics within its community, thus enabling community members to have easy access and an easier commute for these services, this benefits the entire community at large.

Part III, Line 9b:

The Hospital would not initiate collection efforts against a patient that qualified for a sliding fee scale unless that patient failed to meet his or her obligation under a mutually agreed upon payment arrangement. After it was determined that the patient did not qualify for a readjustment to his or her payment terms, the Hospital would follow normal notification practices dictated by our collection policy, which is in compliance with the 501(r) regulations. Upon the qualifying defaults a patient's account may result in collection efforts. If the collection agency suspects or gains knowledge that someone may need to apply for one of the programs, the agency sends out a financial assistance application to the patient or guarantor and proceeds to notify MDIH of the outreach. Information about

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.
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- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

our free and sliding scale programs are on our website, on our account statements, and posted in public areas and at our provider clinics. We also make available a Patient Financial Counselor to help navigate the process.

Part VI, Line 2:

Mount Desert Island Hospital assesses the health needs of the community through the use of a collaborative Community Health Needs Assessment. As a key participant in the CHNA process, our institution is able to further address and identify those areas of most concern and need in our community. A community needs assessment is a point-in-time effort to measure the health and wellbeing of the community. It serves as a constructive tool to and basis for Mount Desert Island Hospital's strategic and subsequent action planning to develop health policy advocacy, allocate resources, improve or expand existing services, implement new programs and collaborate with other community health care providers. A community health needs assessment also serves as a benchmark for future assessment of measured progress toward established community

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.
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- 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.

health objectives.

Mount Desert Island Hospital's Community Health Needs Assessment provides an opportunity to gain insight into the needs and assets that are served. It also provides a measure to identify and address the needs of the vulnerable populations within our community. The Mount Desert Island Hospital process was a partnership with Healthy Acadia, a comprehensive community health coalition that was formed in 2001 with public health funding provided by the Maine Center for Disease Control and Prevention. The Community Health Improvement Plan and Health Needs Assessment were performed using the Mobilizing for Action through Planning and Partnerships process, which utilized a broad cross-section of our demographic and service area. This process delivered the basis for the assessment which demonstrated the strengths and opportunities for our plan. This process involved the gathering of quantitative data such as demographics, health indicators, and local statistical information as well as qualitative data from public surveys, focus groups, and community stakeholders. The data helps support short-term and long-term decisions

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.
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about allocation of community human and capital resources. Participants included members of the Hospital's medical staff, nursing staff, board of trustees and administration. Focus groups were used to gain feedback from diverse and remote populations, as we are an institution that serves the rural and coastal community of Mount Desert Island and the other islands off the coast of Hancock County. This assessment, in conjunction with the Maine Shared Health Needs Assessment and Planning Process, which provides detailed surveillance data about the chronic health conditions or improved health of the population we serve, allows for a comparative measurement to determine priorities of focus. This collaborative effort developed several themes for strategic initiatives and goals. The organization reviewed the overarching needs and validated those to the health needs of the community. This process was reviewed and prioritized through the Board Designated Planning Committee of the organization, which develops and maintains oversight of the Hospital's official Community Health Needs Assessment and Implementation and Evaluation Plans.

The Implementation Plan is reviewed periodically and updated as strategies

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and initiatives are completed or modified. Those items that were not achievable are reviewed and documented as to the barrier for successful implementation and/or alternatives. MDI Hospital is currently implementing the results of the 2016 plan as there are several broad reaching programs that will continue to be a focus for our organization, using supplemental data from the Maine Shared Health Needs and Planning Process (Maine SHNAPP). They are outlined on our adopted implementation plan under the evaluation process. The revised plan continued on the foundation from the 2011 CHNA addressing the newly identified opportunities and has been approved by the Hospital's CHNA planning committee who has been authorized by the Hospital's board of directors to oversee the CHNA process on the board's behalf. The supplemental plan was approved as well while the Hospital engaged in a comprehensive update to its' CHNA in partnership again with Healthy Acadia. The results are available upon request and through www.mdihospital.org.

The Hospital's county-wide Community Health Needs Assessment, which aligns many state and county partners in Hancock County, was led primarily by

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Eastern Maine Health Systems and identified several health initiatives that MDI Hospital developed as part of its adopted implementation plan.

The implementation and evaluation plans and CHNA are located on the Hospital's public website along with a notice to solicit comments from the community regarding any questions, suggestions or concerns regarding the CHNA and the implementation plan.

Part VI, Line 3:

The Financial Assistance Policy (FAP) information is sent with all account statements and is printed on the back of the statement. A notice of the FAP in plain language is also available on our Hospital website, posted in public areas, and available within the departments and clinics of our organization. The Hospital provides a patient financial representative to help navigate the process to ensure that our patients have access to the care and services they need. MDIH is committed to providing access to quality healthcare services with compassion, dignity, and respect for those we serve, particularly the poor, indigent, and underserved in our

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communities, regardless of their ability to pay. We assist our patients who cannot afford to pay for part or all of the services received by working with our community to identify those in need and find the financial resources that may be made available to them. MDIH has adopted guiding principles when handling billing, collections, and financial support functions for our patients. We provide effective communications with patients regarding hospital bills and make affirmative efforts to help patients apply for public and private financial support programs, including providing resources to perform the application process on behalf of the patient. We have implemented policies and procedures for assisting low income patients in a consistent manner that is in compliance with the State of Maine Chapter 150 Guidelines for Free and Reduced Care. A patient financial representative is also available to assist with triaging patient needs and working with our patients to align resources. This representative is available to explain and review patient payment obligations. We also have a patient advocate to facilitate issues that arise during the course of this process. Information about Hospital-based financial support policies and external support programs that provide

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coverage for services are made available to patients during the pre-registration and registration processes and/or through communications with patients seeking financial assistance.

Support is available to uninsured and underinsured patients who do not qualify for public programs or other means of assistance. Notification about financial assistance programs at MDIH, including contact information, is available through messaging included on patient bills, physician offices, public areas, care management staff, registration areas, billing support staff, and reception in the Hospital and at our clinics. Patient brochures describing the financial counseling services, our financial assistance policies, financial assistance application, and the applicable services which are available in these areas as well as this information may be found on our public website, www.mdihospital.org. The annual review of these policies is done through the Board Appointed Finance Committee.

Part VI, Line 4:

632100 11-02-16

Part VI Supplemental Information

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Mount Desert Island Hospital is a 25-bed critical access hospital located in Bar Harbor, Maine and licensed by the State of Maine. The mission is to provide compassionate care and strengthen the health of our community by embracing tomorrow's methods and respecting time-honored values. Its services include acute inpatient, swing bed, 24-hour emergency center, diagnostic services, lab, physical therapy, pharmacy, obstetrics, nursery, and surgical services.

Along with hospital services, the Hospital employs the majority of primary and specialty care physicians in the area. The Hospital provides the only behavioral health clinic services in Hancock County, which has been identified as a need in the CHNA for mental and substance use treatment availability and the removal of stigma associated with mental and substance use disorders. Hancock and Washington counties are considered rural by the State of Maine and the United States Census Bureau, under guidelines set forth by the Office of Management and Budget (OMB). The Hospital service area (HSA) as defined by the Maine Health Data Organization (MHDO) uses the statistical method where the greatest

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proportion of residents received their inpatient care. The Hospital's primary service area is Mount Desert Island and the towns it supports as well as the outer islands off the coast of Bar Harbor, Northeast Harbor, and Southwest Harbor. Also included in our service area are the towns of Trenton and Lamoine, Maine. The Hospital entered into a collaborative to bring dental and oral health services to Mount Desert Island, which is defined as a federally underserved location for dental health and identified as a need in the Hospital's CHNA. MDI Hospital opened a dental center in Southwest Harbor to address the community's needs for oral health, expanding access the past year to our community for outreach and dental health services.

Part VI, Line 5:

Mount Desert Island Hospital is committed to improving health and quality of life in the MDI region. Through innovation and effort, we strive to meet the evolving needs of our community with a compassionate, patient-centered approach to care. Our dedication to excellence has been recognized with national awards for patient satisfaction and for the

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delivery of care in a rural setting. Today, MDI Hospital is a beacon of quality care for residents and visitors and a model of rural care delivery for the nation.

As one of the largest employers on MDI, the Hospital provided approximately 530 jobs in fiscal year 2017. Our network of island health centers are our frontline, providing the community with top quality, individualized primary care where they feel most at home. Our Hospital network offers seven primary care facilities in Bar Harbor, Northeast Harbor, Southwest Harbor, and Trenton as well as a new full service dental clinic, a nationally recognized Breast Health Center, and comprehensive behavioral health services.

MDI Hospital Organization Services: Breast Health Center at MDI Hospital, Cadillac Family Practice, Cooper Gilmore Health Center, Community Health Center, Community Dental Center, Lisa Stewart Women's Health Center, MDI Behavioral Health Center, Northeast Harbor Clinic (seasonal), Trenton Health Center, 24-7 emergency room, acute care (swing beds), behavioral

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health services, breast health services, cardiac rehabilitation, dental/oral health services, digital mammography, diabetes education, general surgery, imaging/radiology, infusion center, palliative care, laboratory services, neurology, nutrition education, obstetrical services, occupational therapy, oncology-hematology, orthopedics, pediatrics, physical therapy, podiatry, primary care, pulmonology, skilled rehabilitation, speech therapy, sports medicine, surgical services, urology, and women's health services.

In fiscal year 2017, our healthcare professionals offered skilled services to the Downeast Region including free and uncompensated care. MDI Hospital and Health Centers do not turn away those in need of medical care, regardless of their ability to pay. The organization provided \$5.7 million in free and uncompensated care during the year.

Community Partnerships

During fiscal year 2017, MDIH partnered with many area organizations to reach a broad range of community members. These community partnerships

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included MDI YMCA, Healthy Acadia, Connors Emerson School, AOS 91 School District, Havana Restaurant, Jesup Memorial Library, Southwest Harbor Public Library, Hancock County Emergency Management, MDI Search and Rescue, Acadia National Park, Life Flight of Maine, Eastern Maine Medical Center, Maine Coast Memorial Hospital, EMS personnel throughout Hancock County, Bar Harbor Fire Station, Bar Harbor Chamber of Commerce, MDI Rotary, MDI Lioness Club, MDI YWCA, MDI Marathon, Bar Harbor Food Pantry, and the Southwest Harbor and Tremont Chamber of Commerce. These partnerships allow MDI Hospital and Health Centers to provide education, services, training and informational materials to individuals and organizations throughout Downeast Maine.

Dedicated Staff

In fiscal year 2017, MDI Hospital's dedicated staff contributed countless hours of volunteer time and donations to groups such as Hospice Volunteers of Hancock County, Bar Harbor Food Pantry, Bar Harbor Housing Authority, MDI Marathon, Maine Alzheimer's Association, MDI Rotary, Island Connections, MDI YMCA, Island Housing Trust, MDI Lioness Club, Acadia

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National Park, Beth C. Wright Cancer Center, and American Cancer Society Relay for Life. MDIH staff also hosted a table during Bar Harbor's annual Halloween celebration on Ledgelawn, providing warm drinks and healthy snacks to children. In addition, Hospital staff volunteered at Harbor House's Basketball Shoot-Out, MDI High School sporting events, and Bar Harbor's annual Luminary Walk in honor of breast cancer awareness.

Community Health Services

Oral Health Services: In fiscal year 2017, MDI Hospital was proud to partner with the American Dental Association (ADA) to host the Island's fourth annual Give Kids a Smile Day at our Community Dental Center in Southwest Harbor. This event was founded by the ADA to raise awareness of the critical need for access to oral healthcare. Children were provided with oral hygiene instruction, cleanings and fluoride varnish from registered dietitians. MDI Hospital is committed to providing greater access to quality dental health services in our community.

Childbirth Education Classes: MDI Hospital's OB department provides

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low-cost classes for new families on labor and delivery, breastfeeding, newborn care, sibling issues, and infant and child CPR.

Flu Shot Clinics: The Hospital conducts low-cost public flu clinics each year at several locations throughout the community. A total of 50 people took advantage of these convenient clinics in fiscal year 2017.

Diabetes Education: MDI Hospital's Diabetes Education program provides guidance and support to help people manage their disease.

Telemedicine Services: Using two-way telecommunications technology, MDIH is able to connect clinicians in the ICU, ER, and on outer islands with providers' located miles away.

Nutrition Education: MDI Hospital dietitians provide a variety of educational and outreach services to the community each year. In fiscal year 2017, these efforts included: health coaching as part of the Jackson Laboratory's Health and Fitness Program; food safety education for the Jackson Laboratory Safety Fair; diabetes education program; nutrition

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education for the Diabetes Prevention Program classes; participation in the MDI Hospital health fair; individual nutrition counseling to hospital staff; nutrition and exercise education for the Food Revolution Day for elementary school students; nutrition education through grocery store tours as the local Hannaford; and nutrition education presentations and talks for Jackson Lab employees.

Palliative Care Team: In fiscal year 2017, MDI Hospital launched a new Palliative Care Program offering both inpatient and outpatient consultations for patients suffering from serious illnesses. Our palliative care program focuses on improving quality-of-life for patients with life-limiting illnesses and their families through the prevention and relief of physical, social, and spiritual aspects of suffering.

Integrated Care Team: In fiscal year 2017, MDI Hospital began operational implementation of our Integrated Care Model, a way to give our patients better, more personalized care. Under our Integrated Care Model, care is provided by a care team that works together to give each patient with the

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best care possible, tailored to meet their needs. Care team members work side by side with patients and their families to improve health, wellness, and quality of life both in and out of the clinic setting.

Each patient's care team is led by their primary care practitioner, who helps to establish and maintain their care plan. Patients receive regular follow-up calls from their care manager, and additional support is available both at home and in the clinic setting to help improve the quality of their care and their access to care. If a patient needs to be hospitalized, their care team works with their hospital care practitioners to coordinate their care.

School Based Nurse Program: MDI Hospital provides nursing services to the following schools: Trenton, Tremont, Pemetic Schools and College of the Atlantic. MDIH also provides Family Nurse Practitioner services to MDI High School one day per week during the school year.

Oversight and training to all Island emergency medical services

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MDI Hospital's Emergency Department is led by Nathan Donaldson, DO, MHA, FACEP. Dr. Donaldson is the Medical Director for all Bar Harbor, Northeast Harbor and Southwest Harbor Emergency Medical Services (EMS). Dr. Donaldson is a board-certified emergency physician with a background in sports medicine. As an EMS director, Dr. Donaldson facilitates quarterly education reviews and protocol updates for all Island EMS professionals.

Pharmaceutical Support for EMS Crash Boxes: The local EMS services and Mount Desert Island Hospital Pharmacy have an ongoing relationship where the Hospital pharmacy provides the medications for the ambulance services at no cost. This service allows the EMS crews to have the needed lifesaving medications on hand for MDI residents. EMS services and the pharmacy work closely to ensure compliance and ensure that the best medications are available for any emergency.

MDI Marathon: MDI Hospital has provided medical support and organizes volunteers for the MDI marathon for the past 14 years.

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(continued)

Part VI, Line 6:

N/A

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

ME

Schedule H, Part VI, Line 5 (continued)

Subsidized Health Services: YES (Your Exercise Solution) class in Bar Harbor, MDI Hospital's free Wellness Program provided two classes per week for 50 weeks to a total of 1664 participants.

Free Blood Pressure Clinics: MDI Hospital's Wellness Department provided free blood pressure clinics throughout the island, serving 60 people.

Community Walking Program: A total of 352 people participated in the

Part VI Supplemental Information

Provide the following information.

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

spring and fall walking programs.

Free Cancer Support Group: With sponsorship from the MDI Hospital Auxiliary and MDI Behavioral Health Center, and in collaboration with the Beth C. Wright Cancer Resource Center, MDI Hospital provides free monthly support groups for patients, survivors, and their families.

Prescription Assistance Program: At no cost to patients, MDI Hospital's Prescription Assistance Program helps those who lack prescription coverage access free or reduced cost medications available through programs sponsored by pharmaceutical companies. Between May 2016 and April 2017, the program helped 103 patients receive free prescriptions valued at \$168,400 wholesale. Since inception, the program has saved participants over \$2,034,000.

Chronic Disease Prevention Programs: MDI Hospital continues to provide support for programs operated by Healthy Acadia for the management of chronic disease.

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.
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- 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.

Affordable Care Act Education: During fiscally year 2017, MDI Hospital offered health insurance enrollment counseling to help community members explore their health insurance options on the Health Insurance Marketplace.

Other Programs: In fiscal year 2017, 52 people attend MDI Hospital's health fair; 25 people attended MDI Hospital health screenings held at COA; 20 people participated in bone density and cholesterol screenings at MDI High School; 2 pre-diabetes classes were offered free to the community; MDI Hospital hosted 1 blood drive; and 1 smoking cessation group was offered.

Three horizontal bars of equal height are positioned above the title. The first bar on the left is grey, the middle bar is orange, and the bar on the right is red.

MOUNT DESERT ISLAND HOSPITAL AND SUBSIDIARIES

CONSOLIDATED FINANCIAL STATEMENTS

and

ADDITIONAL INFORMATION

April 30, 2017 and 2016

With Independent Auditor's Report

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MOUNT DESERT ISLAND HOSPITAL AND SUBSIDIARIES

Audited Consolidated Financial Statements and Additional Information

Years Ended April 30, 2017 and 2016

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Mount Desert Island Hospital and Subsidiaries

We have audited the accompanying consolidated financial statements of Mount Desert Island Hospital and Subsidiaries, which comprise the consolidated balance sheets as of April 30, 2017 and 2016, and 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.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Mount Desert Island Hospital and Subsidiaries as of April 30, 2017 and 2016, and the results of their operations, changes in their net assets and their cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Other Matter

Other Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The additional consolidating information is presented for purpose of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
August 11, 2017

MOUNT DESERT ISLAND HOSPITAL AND SUBSIDIARIES

Consolidated Balance Sheets

April 30, 2017 and 2016

ASSETS

	<u>2017</u>	<u>2016</u>
Current assets		
Cash and cash equivalents	\$ 643,333	\$ 403,123
Accounts receivable, less allowance for uncollectible accounts of \$3,036,791 in 2017 and \$2,378,540 in 2016	6,671,972	7,791,045
Due from Birch Bay Village Association	106,635	97,082
Inventoried supplies	719,180	711,591
Prepaid expenses and other current assets	1,222,801	488,402
Current portion of pledges receivable	602,018	82,187
Trustee held funds	899,965	979,447
Estimated third-party payor settlements	<u>1,713,222</u>	<u>1,280,630</u>
Total current assets	<u>12,579,126</u>	<u>11,833,507</u>
Assets limited as to use or donor restricted		
Board-designated funds	5,351,378	4,648,144
Donor-restricted funds	<u>2,910,228</u>	<u>2,052,929</u>
Total investments	8,261,606	6,701,073
Pledges receivable, net of current portion	409,483	72,588
Beneficial interest in perpetual trusts	<u>1,750,660</u>	<u>1,628,155</u>
Total assets limited as to use or donor restricted	<u>10,421,749</u>	<u>8,401,816</u>
Property and equipment, net	<u>28,264,489</u>	<u>28,664,949</u>
Other assets		
Real estate development costs	84,055	243,469
Resident priority and construction deposits	236,589	213,643
Investments to fund deferred compensation	2,873,043	2,595,364
Other assets	<u>1,527,206</u>	<u>1,160,272</u>
Total other assets	<u>4,720,893</u>	<u>4,212,748</u>
Total assets	<u>\$ 55,986,257</u>	<u>\$ 53,113,020</u>

The accompanying notes are an integral part of these consolidated financial statements.

LIABILITIES AND NET ASSETS

	<u>2017</u>	<u>2016</u>
Current liabilities		
Line of credit	\$ 2,822,154	\$ 2,200,892
Current portion of long-term obligations	1,290,056	1,905,216
Accounts payable and other accrued expenses	5,078,261	6,376,806
Accrued payroll and amounts withheld	843,785	689,564
Accrued employee benefits and related liabilities	2,584,856	2,503,361
Estimated third-party payor settlements	<u>2,887,614</u>	<u>3,662,148</u>
Total current liabilities	15,506,726	17,337,987
Resident priority and construction deposits	236,589	213,643
Long-term obligations, less current portion	14,813,346	15,071,044
Deferred compensation	2,873,043	2,595,364
Estimated third-party payor settlements, net of current portions	<u>1,191,100</u>	<u>2,056,822</u>
Total liabilities	<u>34,620,804</u>	<u>37,274,860</u>
Net assets		
Unrestricted	15,641,377	11,937,393
Temporarily restricted	3,536,771	1,895,967
Permanently restricted	<u>2,187,305</u>	<u>2,004,800</u>
Total net assets	<u>21,365,453</u>	<u>15,838,160</u>
Total liabilities and net assets	<u>\$ 55,986,257</u>	<u>\$ 53,113,020</u>

MOUNT DESERT ISLAND HOSPITAL AND SUBSIDIARIES

Consolidated Statements of Operations

Years Ended April 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Unrestricted revenues, gains (losses), and other support		
Patient service revenue (net of contractual allowances and discounts)	\$ 56,154,556	\$ 50,408,706
Less provision for bad debts	<u>3,735,577</u>	<u>3,702,221</u>
Net patient service revenue	52,418,979	46,706,485
Resident revenue	4,837,780	4,162,155
Loss on sale of cottage	(67,216)	-
Meaningful use revenue	743,037	529,622
Other revenue	3,513,528	3,362,596
Gifts and bequests	652,928	891,648
Net assets released from restrictions used for operations	<u>566,273</u>	<u>490,491</u>
Total revenues, gains (losses), and other support	<u>62,665,309</u>	<u>56,142,997</u>
Operating expenses		
Salaries and employee benefits	36,430,541	34,457,155
Supplies and other expenses	19,472,334	17,027,693
Marketing expenses	60,302	68,150
Health care provider tax	1,125,762	1,125,762
Depreciation and amortization	2,041,732	2,018,508
Interest	<u>908,382</u>	<u>1,148,292</u>
Total operating expenses	<u>60,039,053</u>	<u>55,845,560</u>
Income from operations	<u>2,626,256</u>	<u>297,437</u>
Other income (expense)		
Interest income on restricted investments, net	74,509	81,322
Realized gain (loss) on sale of investments	2,174	(9,668)
Other miscellaneous expense	(138,819)	(188,376)
Loss on impairment of real estate development costs	<u>(78,293)</u>	<u>-</u>
Other expense, net	<u>(140,429)</u>	<u>(116,722)</u>
Excess of revenues, gains (losses), and other support over expenses	2,485,827	180,715
Change in unrealized gains on investments	608,168	(516,845)
Net assets released from restrictions used for purchase of property and equipment	<u>609,989</u>	<u>624,015</u>
Increase in unrestricted net assets	<u>\$ 3,703,984</u>	<u>\$ 287,885</u>

The accompanying notes are an integral part of these consolidated financial statements.

MOUNT DESERT ISLAND HOSPITAL AND SUBSIDIARIES

Consolidated Statements of Changes in Net Assets

Years Ended April 30, 2017 and 2016

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Balances, May 1, 2015	\$ <u>11,649,508</u>	\$ <u>2,529,178</u>	\$ <u>2,066,276</u>	\$ <u>16,244,962</u>
Excess of revenues, gains, and other support over expenses	180,715	-	-	180,715
Change in unrealized gains on investments	(516,845)	-	-	(516,845)
Change in value of beneficial interest in perpetual trusts	-	-	(61,476)	(61,476)
Restricted contributions	-	481,295	-	481,295
Net assets released from restrictions used for operations	-	(490,491)	-	(490,491)
Net assets released from restrictions used for the purchase of property and equipment	<u>624,015</u>	<u>(624,015)</u>	<u>-</u>	<u>-</u>
Change in net assets	<u>287,885</u>	<u>(633,211)</u>	<u>(61,476)</u>	<u>(406,802)</u>
Balances, April 30, 2016	<u>11,937,393</u>	<u>1,895,967</u>	<u>2,004,800</u>	<u>15,838,160</u>
Excess of revenues, gains (losses), and other support over expenses	2,485,827	-	-	2,485,827
Change in unrealized gains on investments	608,168	-	-	608,168
Change in value of beneficial interest in perpetual trusts	-	-	98,027	98,027
Restricted contributions	-	2,817,066	84,478	2,901,544
Net assets released from restrictions used for operations	-	(566,273)	-	(566,273)
Net assets released from restrictions used for the purchase of property and equipment	<u>609,989</u>	<u>(609,989)</u>	<u>-</u>	<u>-</u>
Change in net assets	<u>3,703,984</u>	<u>1,640,804</u>	<u>182,505</u>	<u>5,527,293</u>
Balances, April 30, 2017	<u>\$ 15,641,377</u>	<u>\$ 3,536,771</u>	<u>\$ 2,187,305</u>	<u>\$ 21,365,453</u>

The accompanying notes are an integral part of these consolidated financial statements.

MOUNT DESERT ISLAND HOSPITAL AND SUBSIDIARIES

Consolidated Statements of Cash Flows

Years Ended April 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Cash flows from operating activities		
Change in net assets	\$ 5,527,293	\$ (406,802)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Change in beneficial interest in perpetual trusts	(98,027)	61,476
Depreciation and amortization	2,041,732	2,018,508
Provision for bad debts	3,735,577	3,702,221
Loss on impairment of real estate development costs	78,293	-
Loss on sale of cottage	67,216	-
Loss on sale of property and equipment	-	46,333
Change in net unrealized gains on investments	(608,168)	516,845
Realized (gain) loss on investments	(25,769)	21,787
Contributions restricted for long-term purposes	(2,000,436)	(114,272)
Change in pledges receivable, net	(856,726)	1,012,238
Change in operating assets and liabilities		
Accounts receivable	(2,616,504)	(4,520,488)
Other accounts receivable and assets	(249,893)	(465,729)
Estimated third-party payor settlements	(2,072,848)	(628,538)
Prepaid expenses and other current assets and inventoried supplies	(291,988)	(324,087)
Accounts payable and other accrued expenses	(1,809,029)	1,242,777
Accrued payroll and employee benefits	235,716	345,720
Net cash provided by operating activities	<u>1,056,439</u>	<u>2,507,989</u>
Cash flows from investing activities		
Purchases of property and equipment	(1,806,183)	(627,201)
Proceeds from sale of cottage	420,450	-
Purchases of investments	(4,597,130)	(3,991,360)
Proceeds from sales of investments	3,646,056	4,776,196
Decrease (increase) in trustee held funds	79,482	(36,503)
Net cash (used) provided by investing activities	<u>(2,257,325)</u>	<u>121,132</u>
Cash flows from financing activities		
Collections of contributions restricted for long-term purposes	2,000,436	114,272
Repayments of long-term obligations	(1,916,602)	(1,724,401)
Net advances from (net repayments of) line of credit	621,262	(794,764)
Proceeds of long-term obligations	736,000	39,602
Net cash provided (used) by financing activities	<u>1,441,096</u>	<u>(2,365,291)</u>
Increase in cash and cash equivalents	240,210	263,830
Cash and cash equivalents, beginning of year	<u>403,123</u>	<u>139,293</u>
Cash and cash equivalents, end of year	\$ <u>643,333</u>	\$ <u>403,123</u>
Supplemental disclosure of cash flow information:		
Cash paid during the year for interest	\$ <u>927,761</u>	\$ <u>1,194,004</u>

Noncash transaction:

In 2017, the Hospital entered into capital lease obligations with a value of \$336,894. These lease commitments and capital assets have been treated as noncash transactions.

The accompanying notes are an integral part of these consolidated financial statements.

MOUNT DESERT ISLAND HOSPITAL AND SUBSIDIARIES

Notes to Consolidated Financial Statements

April 30, 2017 and 2016

1. Nature of Operations

Mount Desert Island Hospital (Hospital) is a not-for-profit healthcare facility designated as a critical access hospital (CAH) located in Bar Harbor, Maine. Birch Bay Retirement Village (BBRV or Community) operates a facility (Inn) consisting of 32 assisted living and 23 independent living units. Mount Desert Management Company (MDMC) is a for-profit entity (owned by BBRV) established to develop cottages, which are part of the Community and are located in close proximity to the Inn. Once the cottages are completed and sold, ownership of the cottages is transferred from MDMC to Birch Bay Village Association (BBVA or Association). The Association is a separate entity owned by the shareholders/cottage owners. Its assets, liabilities and operations are not included in these financial statements.

The Hospital is a member of the Maine Rural Health Collaborative (Collaborative), a limited liability company, along with four other Maine healthcare organizations. The purpose of the Collaborative is to promote the effective, efficient and rational expenditure of each member's resources to preserve and enhance future access to critical, primary, and preventative healthcare services within the communities served by the members.

The Hospital is a member of Hancock County Community Health (HCCH), a limited liability company, along with one other healthcare organization. The purpose of HCCH is to provide additional health resources for identified healthcare service needs in the Hospital's service area.

The Hospital is a member of Beacon Health, a limited liability company, along with two other healthcare organizations. The purpose of Beacon Health is to develop an Accountable Care Organization while promoting an efficient care coordination network for patients aligned in the Hospital's service area.

2. Summary of Significant Accounting Policies

Principles of Consolidation

The accompanying financial statements include the accounts of the Hospital and its wholly-owned subsidiaries, BBRV and its subsidiary MDMC (collectively, Organization). Intercompany balances and transactions have been eliminated from the consolidated financial statements.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (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 financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Highly liquid savings deposits and investments with maturities of three months or less when purchased are considered cash equivalents.

MOUNT DESERT ISLAND HOSPITAL AND SUBSIDIARIES

Notes to Consolidated Financial Statements

April 30, 2017 and 2016

The Hospital maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. It has experienced no losses in such accounts, and management believes it is not exposed to any significant risk on cash and cash equivalents.

Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to earnings and a credit to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to patient accounts receivable.

In evaluating the collectibility of accounts receivable, the Hospital analyzes past results and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Data for each major payor source is regularly reviewed to evaluate the adequacy of the allowance for doubtful accounts. For receivables relating to self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a provision for bad debts in the period of service based on past experience, which indicates that many patients are unable or unwilling to pay amounts for which they are financially responsible. The difference between the standard rates (or discounted rates if negotiated or eligible) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged against the allowance for doubtful accounts.

During 2017, the Hospital increased its estimate from \$2,378,540 to \$3,036,791 in the allowance for doubtful accounts relating to self-pay patients. Self-pay write-offs decreased from \$4,497,132 in 2016 to \$3,073,215 in 2017. During 2016, the Hospital decreased its estimate from \$3,173,451 to \$2,378,540. The Hospital's self-pay write-offs increased from \$2,603,275 in 2015 to \$4,497,132 in 2016. Such fluctuations resulted from trends experienced in the collection of self-pay patient account balances and more timely identification of deductible and co-pay balances due from patients.

Investments

Investments in equity securities with readily determinable fair values are measured at fair value in the consolidated balance sheets. In accordance with the Hospital's policy, investment income or loss is included in other income if it is generated by restricted funds whose income is unrestricted, in other revenue if generated from Board-designated funds, and in temporarily restricted net assets if the income or loss is restricted by donor or law. Gains and losses on sales of investments are computed based on specific identification of the investment sold. Unrealized gains and temporary unrealized losses on investments are excluded from the excess of revenues, gains (losses), and other support over expenses. On a periodic basis, the Hospital evaluates its investments to determine if declines in market value below cost are other than temporary. If such declines are determined to be other than temporary, an impairment charge is recognized and included in the excess of revenues, gains (losses), and other support over expenses.

MOUNT DESERT ISLAND HOSPITAL AND SUBSIDIARIES

Notes to Consolidated Financial Statements

April 30, 2017 and 2016

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 value of investments will occur in the near term and that such changes could materially affect the amounts reported in the balance sheets.

Inventoried Supplies

Inventoried supplies, which include pharmaceuticals, are carried at the lower of cost (determined by the first-in, first-out method) or market.

Trustee Held Funds and Assets Limited as to Use

In connection with its bonds payable to Maine Health and Higher Educational Facilities Authority (MHHEFA), the Organization is required to maintain certain funds which are held by bond trustees. In addition, the Board of Trustees periodically segregates certain general fund assets as internally designated assets in order to provide for the future replacement of property and equipment and other uses.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Hospital has been limited by donors to a specific time period or purpose. Permanently restricted net assets represent assets held in trust on behalf of the Hospital restricted by donors to be maintained in perpetuity.

Property and Equipment

Property and equipment is stated at cost or at fair value at the date of donation for assets contributed to the Hospital. The provision for amortization and depreciation of property and equipment has been determined on the straight-line method in a manner which is intended to amortize the cost of assets over their estimated useful lives. Assets which have been purchased but not yet placed in service are included in construction in progress and no depreciation expense is recorded on such assets.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, and excluded from the excess of revenues, gains (losses), and other support over expenses, unless explicit donor stipulations specify how the donated assets must be used. 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.

MOUNT DESERT ISLAND HOSPITAL AND SUBSIDIARIES

Notes to Consolidated Financial Statements

April 30, 2017 and 2016

Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively-determined rates per discharge, reimbursed costs, discounted charges and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined and may be materially different from these estimates. Changes in these estimates are reflected in the consolidated statements in the year in which they occur. Patient services rendered for which payment is expected but ultimately is not received are written off and included as part of the provision for bad debts.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received. The gifts are reported as either temporarily or permanently restricted support 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, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations as net assets released from restrictions.

Free and Discounted Care

The Hospital provides care to patients who meet certain criteria under its free and discounted care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as free and discounted care, they are not reported as revenue. The Hospital maintains records to identify the amount of charges foregone for services and supplies furnished under its free and discounted care policy, as well as the estimated cost of those services and supplies and equivalent service statistics. The following information measures the level of free and discounted care provided during the years ended April 30:

	<u>2017</u>	<u>2016</u>
Charges foregone, based on established rates	\$ <u>876,000</u>	\$ <u>997,000</u>
Estimated costs and expenses incurred to provide free and discounted care	\$ <u>585,000</u>	\$ <u>675,000</u>
Equivalent percentage of free and discounted care charges to all Hospital patient charges	<u>1.06%</u>	<u>1.31%</u>

MOUNT DESERT ISLAND HOSPITAL AND SUBSIDIARIES

Notes to Consolidated Financial Statements

April 30, 2017 and 2016

Cost of providing free and discounted care services has been estimated based on an overall financial statement ratio of costs to charges applied to free and discounted care charges forgone.

Excess of Revenues, Gains (Losses), and Other Support Over Expenses

The consolidated statements of operations include excess of revenues, gains (losses), and other support over expenses. Changes in unrestricted net assets which are excluded from this measure, consistent with industry practice, include unrealized gains and temporary unrealized losses on investments and net assets released from restrictions used for purchase of property and equipment.

The Hospital and BBRV are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (Code). MDMC is a for-profit entity and is, therefore, subject to income taxes. Income taxes are recorded based upon the asset and liability method as prescribed by Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740, *Income Taxes*. At April 30, 2017 and 2016, MDMC has certain net operating loss carryforwards which have been reduced by a valuation allowance of an equal amount as it is not presently considered likely that the deferred tax assets will be realized.

Subsequent Events

For purposes of the preparation of these consolidated financial statements in conformity with GAAP, the Organization has considered transactions or events occurring through August 11, 2017, which was the date that the consolidated financial statements were available to be issued.

3. Gross Patient Service Revenue and Estimated Third-Party Payor Settlements

The Hospital has agreements with third-party payors that provide for payments at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

- Medicare - The Hospital is designated as a CAH. Under that designation, the Hospital is reimbursed 101% of allowable cost for its inpatient and outpatient services provided to Medicare patients. These reimbursements are subject to the Federal Government's Sequestration payment reduction of 2%, thereby reducing reimbursable costs to 99%. The Hospital is reimbursed for cost reimbursable items at tentative interim rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary. The Hospital's Medicare cost reports have been audited by the Medicare fiscal intermediary through April 30, 2010.

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- **MaineCare** - The Hospital's approval for CAH status also impacts reimbursement under the MaineCare program, whereby the Hospital is reimbursed 109% of allowable cost for inpatient and outpatient services. Other items not classified as inpatient or outpatient by MaineCare are reimbursed at cost or some specified discount from cost. The Hospital is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the fiscal intermediary. Final settlements have been issued through April 30, 2005.
- **Anthem** - Services provided to Anthem subscribers were reimbursed at a discount from established charges and settlements are performed annually. The Anthem settlement has not been finalized for 2017.
- **Other** - The Hospital has entered into payment agreements with certain commercial insurance carriers and health maintenance organizations. The basis for payment to the Hospital under these agreements includes prospectively-determined rates per discharge, discounts from established charges and prospectively-determined daily rates.

Gross Patient Service Revenue

Revenue from the Medicare and MaineCare programs accounted for approximately 41% and 7%, respectively, of the Hospital's gross patient service revenue for the year ended April 30, 2017, and 42% and 6%, respectively, for the year ended April 30, 2016. Laws and regulations governing the Medicare and MaineCare programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Net patient service revenue increased by approximately \$627,000 and \$30,000 in 2017 and 2016, respectively, as a result of changes to prior year estimated third-party payor settlements.

The State of Maine enacted legislation establishing a health care provider tax (State tax). As a result, the Hospital was subjected to and recorded \$1,125,762 of State tax in 2017 and 2016.

The Hospital recognizes patient service revenue associated with services rendered to patients who have third-party payor coverage on the basis of contractual rates for such services. For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates. Based on historical trends, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services rendered. Thus, the Hospital records a provision for bad debts related to uninsured patients in the period the services are rendered. Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized during fiscal years ended April 30, 2017 and 2016 totaled \$56,154,556 and \$50,408,706, respectively, of which \$51,715,921 and \$46,125,145, respectively, were revenues from third-party payors and \$4,438,635 and \$4,283,561, respectively, were revenues from self-pay patients.

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Estimated Third-Party Payor Settlements

At April 30, 2017 and 2016, the Hospital has recorded net estimated settlement receivables (payables) as follows:

	<u>2017</u>	<u>2016</u>
Medicare	\$ 868,331	\$ (464,270)
MaineCare	(1,180,237)	(2,556,747)
Anthem	(546,000)	397,000
Other	<u>(1,507,586)</u>	<u>(1,814,323)</u>
	(2,365,492)	(4,438,340)
Less current portions, net	<u>(1,174,392)</u>	<u>(2,381,518)</u>
Estimated third-party payor settlements, net of current portions	<u>\$ (1,191,100)</u>	<u>\$ (2,056,822)</u>

In February 2015, the Hospital entered into a repayment agreements with the State of Maine for its outstanding April 30, 2006 and April 30, 2014 and 2015 cost report settlement liabilities. In November 2016, the Hospital entered into a repayment agreement with the State of Maine for its outstanding April 30, 2016 cost report liability. The amounts not required to be repaid during fiscal year 2018 and 2017 are included in the long-term liability in the balance sheets at April 30, 2017 and 2016.

4. Meaningful Use Revenue

The Medicare and Medicaid electronic health record (EHR) incentive programs provide a financial incentive for achieving "meaningful use" of certified EHR technology. The meaningful use attestation is subject to audit by the Centers for Medicare and Medicaid Services (CMS) in future years. As part of this process, a final settlement amount for the incentive payments could be established that differs from the initial calculation, and could result in return of a portion or all of the incentive payments received by the Hospital.

The Medicaid program provides incentive payments to hospitals and eligible professionals with a certain percentage of Medicaid volumes. In the first year of participation, they must adopt, and implement, upgrade or demonstrate meaningful use and then demonstrate meaningful use for up to five remaining participation years. There are no payment adjustments under the Medicaid EHR incentive program.

The Hospital recorded meaningful use revenue of \$743,037 and \$529,622 for the years ended April 30, 2017 and 2016, respectively.

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5. Trustee Held Funds

As part of the agreements the Organization has with MHHEFA in conjunction with its bond issues, the Hospital is required to maintain certain debt service funds. The total amounts held in these funds by a trustee are as follows at April 30:

	<u>2017</u>	<u>2016</u>
2006F	\$ -	\$ 88,900
2007B	324,519	316,485
2010B	493,230	490,679
2012A	<u>82,216</u>	<u>83,383</u>
	<u>\$ 899,965</u>	<u>\$ 979,447</u>

All trustee held funds consist of cash equivalents and the market value of these instruments approximates cost.

6. Investments

Investments are designated as follows at April 30:

	<u>2017</u>	<u>2016</u>
Assets limited as to use - Board designated:		
J.C. Warren Employee Education Program	\$ 290,531	\$ 282,189
MDI Unrestricted Fund	5,056,553	4,360,626
Other	<u>4,294</u>	<u>5,329</u>
	<u>5,351,378</u>	<u>4,648,144</u>
Assets limited as to use - donor restricted funds:		
Temporarily restricted	2,473,583	1,676,284
Permanently restricted	<u>436,645</u>	<u>376,645</u>
	<u>2,910,228</u>	<u>2,052,929</u>
	<u>\$ 8,261,606</u>	<u>\$ 6,701,073</u>

Unrestricted and restricted investments at fair value consist of the following at April 30:

	<u>2017</u>	<u>2016</u>
Cash and cash equivalents	\$ 2,081,808	\$ 1,493,119
Exchange traded funds	3,597,129	2,545,695
Mutual funds	<u>2,582,669</u>	<u>2,662,259</u>
	<u>\$ 8,261,606</u>	<u>\$ 6,701,073</u>

At April 30, 2017 and 2016, unrealized losses on certain investments whose cost was greater than fair value approximated \$53,000 and \$175,000, respectively. Management considers all impairments to be temporary.

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Investment income and gains (losses) for assets limited as to use, cash equivalents, and other investments are comprised of the following for the years ended April 30:

	<u>2017</u>	<u>2016</u>
Income		
Interest and dividend income	\$ 227,453	\$ 278,776
Realized gains (losses) on sales of securities	25,769	(21,787)
Management fees	<u>(33,163)</u>	<u>(33,424)</u>
	<u>\$ 220,059</u>	<u>\$ 223,565</u>
Other changes in unrestricted net assets		
Change in net unrealized gains	<u>\$ 608,168</u>	<u>\$ (516,845)</u>

Income on investments is reported as follows for the years ended April 30:

	<u>2017</u>	<u>2016</u>
Other operating revenues:		
Income	\$ 119,781	\$ 164,030
Realized gains (losses) on sales of securities	<u>23,595</u>	<u>(12,119)</u>
	<u>143,376</u>	<u>151,911</u>
Other income (expense):		
Income	74,509	81,322
Realized gains (losses) on sales of securities	<u>2,174</u>	<u>(9,668)</u>
	<u>76,683</u>	<u>71,654</u>
	<u>\$ 220,059</u>	<u>\$ 223,565</u>

The Hospital's primary responsibility is to provide health care services to the communities within its service area. In order to accomplish this goal, the Hospital maintains resources to assure monies are available to provide for future retirement of debt, replacement of capital equipment, and a return on investment in order to accommodate inflationary increases in equipment costs and to remain technologically current.

In accordance with the State of Maine's Uniform Prudent Management of Institutional Funds Act, the Hospital treats earnings on permanently restricted funds as temporarily restricted until appropriated for expenditure by proper governing Board action.

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The basic objectives of the Hospital's investment policy are to emphasize long-term growth of principal while avoiding excessive risk and to achieve returns in excess of spending plus the rate of inflation over the investment horizon in order to preserve the purchasing power of Hospital assets to fund new programs and capital purchases. The long-term asset mix of investments is based on the following allocation guidelines:

<u>Asset Class</u>	<u>Range Minimum-Maximum</u>
Equities	40% - 85%
Fixed income securities (including cash and cash equivalents)	0% - 60%
Alternative investments	0% - 20%

Total annualized returns of an actively managed portfolio are expected to:

- Meet or exceed, on a risk adjusted basis, the return of a balanced market index comprised of:

40%	Standard & Poor's 500
20%	Barclays Capital Aggregate Bond Index
20%	MSCI EAFE Net Index
10%	Russell 2000
10%	Alternatives Index
- Achieve a real return equal to the Consumer Price Index, plus 5%, and an absolute return of 8%.

It is expected the investment portfolio will display an overall level of risk which is consistent with the risk associated with the composite benchmark specified above. Risk is measured by the standard deviation of quarterly returns.

7. Property and Equipment

A summary of property and equipment at April 30 follows:

	<u>2017</u>	<u>2016</u>
Land and improvements	\$ 5,322,000	\$ 4,865,900
Buildings	39,695,227	39,131,292
Fixed equipment	<u>18,950,199</u>	<u>18,316,735</u>
	63,967,426	62,313,927
Less allowances for depreciation and amortization	<u>(35,908,108)</u>	<u>(33,895,321)</u>
	28,059,318	28,418,606
Construction in progress	<u>205,171</u>	<u>246,343</u>
Property and equipment, net	<u>\$ 28,264,489</u>	<u>\$ 28,664,949</u>

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8. Real Estate Development Costs/BBRV

BBRV is a retirement community located in Hulls Cove, Maine, which consists of several different components located on the same campus. One component of the Community is a 55-unit facility referred to as the Inn, which consists of 32 assisted living suites and 23 independent living apartments.

The other component of the Community is the development of 20 separate cottage units. The construction costs related to the development of the cottages are carried by MDMC. As of April 30, 2017, the construction and sale of 18 of the 20 units is complete and purchase and sale agreements have been signed for construction of the 2 remaining units. Based on the signed purchase and sale agreements for the remaining 2 units, management determined the value of the real estate development costs representing the pro rata common costs related to the development of the two unbuilt cottages was impaired and recorded an impairment loss of \$78,293 for the year ended April 30, 2017. Once cottages are completed, ownership of the cottages transfers to BBVA and occupancy of the units at BBVA is made available to shareholders of BBVA through residency agreements. The cost of these cottages and operating results of BBVA are not reflected in the Hospital's consolidated financial statements.

The land the cottages are situated on is leased from BBRV to BBVA and is managed by MDMC. The land lease requires monthly rental payments for a period of 99 years. The initial base rent is \$600 per cottage per year. Lease payments were \$12,000 in both 2017 and 2016, and management fees were approximately \$149,000 and \$127,000 in 2017 and 2016, respectively. Due from BBVA of \$106,635 and \$97,082 at April 30, 2017 and 2016, respectively, represents land lease payments, cooperative fees and shared expenses expected to be received within one year.

As of April 30, 2017 and 2016, BBRV maintained priority deposits to reserve units in the Inn, as well as security deposits for residents, totaling \$236,589 and \$213,643, respectively. These funds are held separately. The priority deposits are noninterest bearing and are refundable.

9. Pledges Receivable

Pledges receivable under gifts for the related capital and equipment campaigns include the value of future unconditional promises to give from donors for temporarily restricted purposes. The future amounts receivable at April 30, 2017 are as follows:

Due within one year	\$ 615,904
Due within two to five years	<u>409,483</u>
Total pledges receivable	1,025,387
Less allowance for uncollectible pledges	<u>(13,886)</u>
	<u>\$ 1,011,501</u>

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10. Borrowings

Line of Credit

The Hospital has an available commercial line of credit with interest at the prime lending rate (4.00% at April 30, 2017). Maximum borrowings under the agreement are \$3,000,000. The line of credit expires on January 31, 2018.

Amounts outstanding on this line at April 30, 2017 and 2016 were \$2,822,154 and \$2,200,892, respectively. Advances are collateralized by the Hospital's unrestricted investments.

Long-Term Obligations

Long-term obligations consist of the following at April 30:

	<u>2017</u>	<u>2016</u>
Mount Desert Island Hospital		
MHHEFA Revenue Bonds, Series 2010B, interest rates varying between 3.0% and 4.0%, principal due of \$132,200, plus original issue premium of \$16,570 in 2017 and \$23,934 in 2016.	\$ 148,770	\$ 301,134
MHHEFA Revenue Bonds, Series 2007B, interest rates varying between 4.0% and 4.3%, principal due in amounts ranging from \$350,000 on July 1, 2017 to \$430,000 on July 1, 2022, plus original issue premium of \$9,380 in 2017 and \$11,060 in 2016.	1,892,868	2,229,548
MHHEFA Revenue Bonds, Series 2006F, with interest at 4%, principal due of \$92,104 on July 1, 2016. Paid in 2017.	-	92,104
\$3,600,000 mortgage note payable, interest rate of 5.5% through February 6, 2016 and then the prime rate (4.00% at April 30, 2017) plus 0.75% through January 6, 2036, monthly installments of \$22,278, including interest, through February 6, 2016 becoming variable through January 6, 2036 based on the prime rate in effect; collateralized by real estate.	3,073,070	3,191,184

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	<u>2017</u>	<u>2016</u>
\$2,700,000 note payable, interest rate of 5.25%, annual principal only payments of \$450,000 with one final principal and interest payment due February 1, 2017; collateralized by real estate. Paid in 2017.	-	450,000
\$2,150,000 note payable, due in monthly installments of \$18,075 including interest at a rate of 5.25%, through April 30, 2017; collateralized by equipment. Paid in 2017.	-	210,452
\$197,000 mortgage note payable, interest at the greater of the prime rate plus 0.75% or 4.25% (4.75% at April 30, 2017), monthly installments of \$1,074 including interest through May 19, 2035; collateralized by real estate.	161,227	167,231
\$183,750 mortgage note payable, interest at the greater of the prime rate plus 1.0% or 4.25% (5.00% at April 30, 2017), monthly installments of \$1,002 including interest through March 18, 2036; collateralized by real estate.	155,134	159,883
6% mortgage payable in monthly installments of \$13,612, including interest, through January 9, 2028; collateralized by real estate.	1,291,783	1,374,895
\$520,000 note payable, interest rate of 4.75% through December 12, 2019 and then the prime rate (4.00% at April 30, 2017) plus 0.75% through November 12, 2024, monthly installments of \$5,469, including interest, through December 12, 2019 becoming variable through November 12, 2024 based on the prime rate in effect; collateralized by real estate.	415,401	460,141
\$496,000 mortgage note payable, interest rate of 4.875% through April 27, 2022 and then the prime rate (4.00% at April 30, 2017) plus 0.625% through April 27, 2037, monthly installments of \$3,259, including interest, through April 27, 2037; collateralized by real estate.	496,000	-

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	<u>2017</u>	<u>2016</u>
\$240,000 note payable, interest at the prime rate (4.00% at April 30, 2017) plus 0.75%, monthly installments of \$1,552, including interest, through May 14, 2037; collateralized by real estate.	240,000	-
Various capital leases bearing interest at fixed rates ranging from 5.24% to 8.04%, maturing through April 2021; collateralized by equipment.	368,502	106,952
Birch Bay Retirement Village		
MHHEFA Revenue Bonds, Series 2010B, interest rates varying between 3.0% and 5.25%, principal due in amounts ranging from \$320,000 on July 1, 2017 to \$600,000 on July 1, 2031, plus net original issue premium of \$179,206 in 2017 and \$192,054 in 2016.	6,241,331	6,564,179
MHHEFA Revenue Bonds, Series 2012A, interest rates varying between 2.00% and 5.00%, principal due in amounts ranging from \$70,000 on July 1, 2017 to \$115,000 on July 1, 2032, plus net original issue premium of \$110,652 in 2017 and \$117,909 in 2016.	1,555,352	1,632,609
\$39,602 note payable, due in monthly installments of \$942 including interest at a rate of 6.629%, through November 7, 2019; collateralized by a vehicle.	25,963	35,948
\$44,000 note payable, due in monthly installments of \$811 including interest at a rate of 3.99%, through July 1, 2021; collateralized by a vehicle.	<u>38,001</u>	<u>-</u>
	16,103,402	16,976,260
Less current portion	<u>1,290,056</u>	<u>1,905,216</u>
Long-term obligations, excluding current portion	<u>\$14,813,346</u>	<u>\$15,071,044</u>

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The Hospital and BBRV are required to make monthly deposits with the trustee to fund principal and interest payments on the bonds as they come due. The Hospital's 2010, 2007, and 2006 bonds are collateralized by a security interest in all gross receipts of the Hospital, its equipment and a mortgage lien on the Hospital real estate. BBRV's 2012 and 2010 bonds are collateralized by the gross receipts of BBRV, its equipment and fixtures, and a mortgage lien on BBRV's real estate.

Under their agreements with MHHEFA, the Hospital and BBRV must meet certain restrictive loan covenants. The Hospital was in compliance with these requirements at April 30, 2017.

Assets recorded under capital leases totaled \$2,387,133 and \$2,067,393 at April 30, 2017 and 2016, respectively. Accumulated amortization associated with these assets totaled \$1,938,547 and \$1,869,485 in 2017 and 2016, respectively. The cost of these assets has been included with property and equipment. Because the Hospital has the right to purchase the leased assets for nominal amounts at the end of the lease terms, such assets are amortized over their useful lives, which exceed the lease terms. Amortization expense for assets under capital leases was approximately \$69,000 and \$86,000 in 2017 and 2016, respectively, and has been included with depreciation and amortization expense in the consolidated financial statements.

During the year ended April 30, 2017, MDMC entered into a construction loan with a local bank to finance the construction of a cottage that was sold and transferred to BBVA on April 30, 2017, for an amount not to exceed \$419,250. At April 30, 2017, the amount outstanding on this loan is \$212,264, and is included in current liabilities in the consolidated financial statements. The loan was paid in full on May 1, 2017.

Scheduled principal repayments on long-term obligations are as follows:

	<u>Long-Term Obligations</u>	<u>Capital Lease Obligations</u>
2018	\$ 1,170,788	\$ 127,700
2019	1,084,226	136,500
2020	1,129,035	138,500
2021	1,179,561	2,500
2022	1,116,152	-
Thereafter	<u>10,055,138</u>	<u>-</u>
	\$ <u>15,734,900</u>	405,200
Less amounts representing interest		<u>36,698</u>
		<u>\$ 368,502</u>

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11. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are held in the form of long-term investments and pledges receivable, and are available for the following purposes:

	<u>2017</u>	<u>2016</u>
Ambulance related programs	\$ -	\$ 25,000
U-Penn Pilot Project	270,643	134,912
Community Health Center	138,557	138,557
Palliative Care support	489,424	100,099
Straus Center support	228,044	239,044
PCS Program support	51,687	64,908
Equipment	13,334	130,484
Generator Project	1,981,177	-
Campus Expansion support	-	385,166
Women's Health Center Building	2,174	79,771
Dental Clinic	90,271	194,443
Other	<u>271,460</u>	<u>403,583</u>
	<u>\$ 3,536,771</u>	<u>\$ 1,895,967</u>

Permanently restricted net assets are restricted to:

	<u>2017</u>	<u>2016</u>
Investments to be held in perpetuity, the income from which is expendable for free care and hospital operations (reported as operating income when released)	\$ 436,645	\$ 376,645
Beneficial interest in trust funds held by others	<u>1,750,660</u>	<u>1,628,155</u>
	<u>\$ 2,187,305</u>	<u>\$ 2,004,800</u>

The Hospital is the beneficiary of five and four trusts as of April 30, 2017 and 2016, respectively, a portion of the income from which is unrestricted and is to be paid to the Hospital in perpetuity. The Hospital's interest in the trusts is recognized as an asset based on the fair market value of the underlying assets, which totaled \$1,750,660 and \$1,628,155 as of April 30, 2017 and 2016, respectively. Increases and decreases in the carrying value of these assets are included in permanently restricted net assets.

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12. Deferred Compensation

The Hospital has established a deferred compensation plan that permits management and highly compensated employees to defer portions of their compensation based on Internal Revenue Service guidelines. The Hospital has recorded \$2,873,043 and \$2,595,364 at April 30, 2017 and 2016, respectively, to reflect its liability under this plan. The Hospital has established a Trust to finance obligations under the plan. The Hospital has a corresponding asset of \$2,873,043 and \$2,595,364 (assets consist entirely of mutual funds) at April 30, 2017 and 2016, respectively. Under the plan, all gains and losses in trust fund investments increase or decrease the deferred compensation liability.

13. Retirement Plan

The Hospital has an Employee Savings Retirement Plan (Plan) under Section 403(b) of the Code. The Plan allows employees to defer certain amounts into the Plan and also provides for employer matching contributions into the Plan on behalf of an employee who has reached age 21 and completed two (2) years of eligible service (1,000 hours worked in each of those years). The Hospital matches employee contributions of 1% - 4% of eligible earnings at 1.25% - 4.25%, respectively, and employee contributions in excess of 4% are matched at 4.25%. All eligible employees receiving the employer match are 100% vested. Pension expense was \$520,820 and \$509,328 for 2017 and 2016, respectively.

14. Concentrations

Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors was as follows:

	<u>2017</u>	<u>2016</u>
Medicare	25 %	30 %
MaineCare	5	5
Anthem	6	5
Other third-party payors	33	29
Patients	<u>31</u>	<u>31</u>
	<u>100 %</u>	<u>100 %</u>

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Labor Force

The Hospital's unionized labor workforce are members of the National Nurses Organizing Committee and National Nurses United Local Unit #982. It is approximately 16.5% of the Hospital's work force. The current union contract is in effect through April 30, 2018.

15. Contingencies

Medical Malpractice Insurance

The Hospital insures its medical malpractice risks on a claims-made basis under a policy which covers all employees of the Hospital. A claims-made policy provides specified coverage for claims reported during the policy term. The policy contains a provision which allows the Hospital to purchase "tail" coverage for an indefinite period of time to avoid any lapse in insurance coverage. The Hospital is subject to complaints, claims and litigation due to potential claims which arise in the normal course of doing business. FASB Accounting Standards Update (ASU) 2010-24, Health Care Entities (Topic 954): *Presentation of Insurance Claims and Recoveries*, provides clarification to companies in the health care industry on the accounting for professional liability and similar insurance. ASU 2010-24 states that insurance liabilities should not be presented net of insurance recoveries and that an insurance receivable should be recognized on the same basis as the liabilities, subject to the need for a valuation allowance for uncollectible accounts. The Hospital has evaluated its exposure to losses arising from potential claims and has properly accounted for them in the balance sheets for the years ended April 30, 2017 and 2016. The Hospital intends to renew coverage on a claims-made basis and anticipates that such coverage will be available.

Self-Insurance Program

The Hospital self-insures its employee health benefits and has estimated and recorded amounts to meet its expected obligations under the program. Total expense for health benefits was \$7,897,233 and \$6,475,981 in 2017 and 2016, respectively. The Hospital provided services totaling \$4,073,898 and \$3,198,750 in 2017 and 2016, respectively, which represents services rendered for Hospital employees for which the Hospital recorded revenue. Stop loss insurance coverage is in effect which mitigates the Hospital's exposure to loss on an individual and aggregate basis.

The Hospital also participates in a self-insured workers' compensation insurance plan through an industry cooperative. Current funding levels by the Hospital and other participants in the cooperative are expected to be adequate to meet future claims. Excess insurance has been purchased to mitigate the cooperative's exposure to loss on large aggregate claims over a certain level.

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16. Operating Leases

The Hospital leases medical buildings and equipment under operating leases with varying terms and expiration dates. Rent expense, under these leases, for the years ended April 30, 2017 and 2016 was \$777,205 and \$680,396, respectively. At April 30, 2017, future minimum payments are \$780,611 in 2018 only.

17. Volunteer Services

Total volunteer service hours provided annually to the Hospital were approximately 3,300 and 5,900 in 2017 and 2016, respectively. The volunteers provide various nonspecialized services to the Hospital and BBRV, none of which have been recognized as revenue or expense in the statements of operations.

18. Functional Expenses

The Organization provides general health services to residents within its geographic location. Expenses related to providing these services are as follows:

	<u>2017</u>	<u>2016</u>
Health care services	\$ 42,625,504	\$ 39,243,893
General and administrative	11,591,473	11,044,327
Health care provider tax	1,125,762	1,125,762
Cottage and Inn expenses	<u>4,696,314</u>	<u>4,431,578</u>
	<u>\$ 60,039,053</u>	<u>\$ 55,845,560</u>

Included in general and administrative expense are fundraising costs of \$322,245 and \$348,140 in 2017 and 2016, respectively.

19. Fair Value Measurements

FASB ASC 820, *Fair Value Measurement*, defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. FASB ASC 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

MOUNT DESERT ISLAND HOSPITAL AND SUBSIDIARIES

Notes to Consolidated Financial Statements

April 30, 2017 and 2016

Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

Assets and liabilities measured at fair value on a recurring basis are summarized below. Fair values were primarily determined using the market approach.

Fair Value Measurements at April 30, 2017				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Cash and cash equivalents	\$ 2,081,808	\$ -	\$ -	\$ 2,081,808
Exchange traded funds	3,597,129	-	-	3,597,129
Mutual funds	2,582,669	-	-	2,582,669
Investments to fund deferred compensation and related liability (mutual funds)	2,873,043	-	-	2,873,043
Beneficial interest in perpetual trusts	-	-	1,750,660	1,750,660
Total	<u>\$ 11,134,649</u>	<u>\$ -</u>	<u>\$ 1,750,660</u>	<u>\$ 12,885,309</u>

Fair Value Measurements at April 30, 2016				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Cash and cash equivalents	\$ 1,493,119	\$ -	\$ -	\$ 1,493,119
Exchange traded funds	2,545,695	-	-	2,545,695
Mutual funds	2,662,259	-	-	2,662,259
Investments to fund deferred compensation and related liability (mutual funds)	2,595,364	-	-	2,595,364
Beneficial interest in perpetual trusts	-	-	1,628,155	1,628,155
Total	<u>\$ 9,296,437</u>	<u>\$ -</u>	<u>\$ 1,628,155</u>	<u>\$ 10,924,592</u>

The fair value of Level 3 assets is based on the market prices of the underlying assets, but is classified as Level 3 as there is no market in which to trade the beneficial interest itself.

The following is a reconciliation of investments in which significant unobservable inputs (Level 3) were used in determining fair value:

Balance, May 1, 2015	\$ 1,689,631
Change in value of trusts	<u>(61,476)</u>
Balance, April 30, 2016	1,628,155
Contributions	24,478
Change in value of trusts	<u>98,027</u>
Balance, April 30, 2017	<u>\$ 1,750,660</u>

ADDITIONAL INFORMATION

MOUNT DESERT ISLAND HOSPITAL AND SUBSIDIARIES

Consolidating Balance Sheet

April 30, 2017

ASSETS

	Mount Desert Island Hospital	Consolidated Birch Bay Retirement Village	Elimi- nations	Total
Current assets				
Cash and cash equivalents	\$ 198,347	\$ 444,986	\$ -	\$ 643,333
Accounts receivable, net	6,579,530	92,442	-	6,671,972
Due from Birch Bay Village Association	-	106,635	-	106,635
Inventoried supplies	719,180	-	-	719,180
Prepaid expenses and other current assets	1,203,524	19,277	-	1,222,801
Current portion of pledges receivable	602,018	-	-	602,018
Trustee held funds	449,444	450,521	-	899,965
Estimated third-party payor settlements	<u>1,713,222</u>	<u>-</u>	<u>-</u>	<u>1,713,222</u>
Total current assets	<u>11,465,265</u>	<u>1,113,861</u>	<u>-</u>	<u>12,579,126</u>
Assets limited as to use or donor restricted				
Board-designated funds	5,351,378	-	-	5,351,378
Donor-restricted funds	<u>2,910,228</u>	<u>-</u>	<u>-</u>	<u>2,910,228</u>
Total investments	8,261,606	-	-	8,261,606
Pledges receivable, net of current portion	409,483	-	-	409,483
Beneficial interest in perpetual trusts	<u>1,750,660</u>	<u>-</u>	<u>-</u>	<u>1,750,660</u>
Total assets limited as to use or donor restricted	<u>10,421,749</u>	<u>-</u>	<u>-</u>	<u>10,421,749</u>
Due from affiliates	<u>4,405,406</u>	<u>412,291</u>	<u>(4,817,697)</u>	<u>-</u>
Property and equipment, net	<u>21,495,333</u>	<u>6,769,156</u>	<u>-</u>	<u>28,264,489</u>
Other assets				
Real estate development costs	-	84,055	-	84,055
Resident priority and construction deposits	-	236,589	-	236,589
Investments to fund deferred compensation	2,873,043	-	-	2,873,043
Other assets	<u>1,308,590</u>	<u>218,616</u>	<u>-</u>	<u>1,527,206</u>
Total other assets	<u>4,181,633</u>	<u>539,260</u>	<u>-</u>	<u>4,720,893</u>
Total assets	<u>\$ 51,969,386</u>	<u>\$ 8,834,568</u>	<u>\$ (4,817,697)</u>	<u>\$ 55,986,257</u>

LIABILITIES AND NET ASSETS (DEFICIT)

	<u>Mount Desert Island Hospital</u>	<u>Consolidated Birch Bay Retirement Village</u>	<u>Elimi- nations</u>	<u>Total</u>
Current liabilities				
Line of credit	\$ 2,822,154	\$ -	\$ -	\$ 2,822,154
Current portion of long-term obligations	881,811	408,245	-	1,290,056
Accounts payable and other accrued expenses	4,491,152	587,109	-	5,078,261
Accrued payroll and amounts withheld	693,555	150,230	-	843,785
Accrued employee benefits and related liabilities	2,584,856	-	-	2,584,856
Estimated third-party payor settlements	<u>2,887,614</u>	<u>-</u>	<u>-</u>	<u>2,887,614</u>
Total current liabilities	14,361,142	1,145,584	-	15,506,726
Due to affiliates	399,807	4,417,890	(4,817,697)	-
Resident priority and construction deposits	-	236,589	-	236,589
Long-term obligations, less current portion	7,360,944	7,452,402	-	14,813,346
Deferred compensation	2,873,043	-	-	2,873,043
Estimated third-party payor settlements, net of current portion	<u>1,191,100</u>	<u>-</u>	<u>-</u>	<u>1,191,100</u>
Total liabilities	<u>26,186,036</u>	<u>13,252,465</u>	<u>(4,817,697)</u>	<u>34,620,804</u>
Net assets (deficit)				
Unrestricted	20,110,961	(4,469,584)	-	15,641,377
Temporarily restricted	3,485,084	51,687	-	3,536,771
Permanently restricted	<u>2,187,305</u>	<u>-</u>	<u>-</u>	<u>2,187,305</u>
Total net assets (deficit)	<u>25,783,350</u>	<u>(4,417,897)</u>	<u>-</u>	<u>21,365,453</u>
 Total liabilities and net assets (deficit)	 <u>\$ 51,969,386</u>	 <u>\$ 8,834,568</u>	 <u>\$ (4,817,697)</u>	 <u>\$ 55,986,257</u>

MOUNT DESERT ISLAND HOSPITAL AND SUBSIDIARIES

Consolidating Statement of Operations

Year Ended April 30, 2017

	Mount Desert Island Hospital	Consolidated Birch Bay Retirement Village	Eliminations	Total
Unrestricted revenues, gains (losses), and other support				
Patient service revenue (net of contractual allowances and discounts)	\$ 56,154,556	\$ -	\$ -	\$ 56,154,556
Less provision for bad debts	<u>3,735,577</u>	<u>-</u>	<u>-</u>	<u>3,735,577</u>
Net patient service revenue	52,418,979	-	-	52,418,979
Resident revenue	-	4,837,780	-	4,837,780
Loss on sale of cottage	-	(67,216)	-	(67,216)
Meaningful use revenue	743,037	-	-	743,037
Other revenue	3,238,694	274,834	-	3,513,528
Gifts and bequests	652,928	-	-	652,928
Net assets released from restrictions used for operations	<u>551,467</u>	<u>14,806</u>	<u>-</u>	<u>566,273</u>
Total revenues, gains (losses), and other support	<u>57,605,105</u>	<u>5,060,204</u>	<u>-</u>	<u>62,665,309</u>
Operating expenses				
Salaries and employee benefits	33,462,611	2,967,930	-	36,430,541
Supplies and other expenses	18,604,582	867,752	-	19,472,334
Marketing expenses	-	60,302	-	60,302
Health care provider tax	1,125,762	-	-	1,125,762
Depreciation and amortization	1,624,206	417,526	-	2,041,732
Interest	<u>525,578</u>	<u>382,804</u>	<u>-</u>	<u>908,382</u>
Total operating expenses	<u>55,342,739</u>	<u>4,696,314</u>	<u>-</u>	<u>60,039,053</u>
Income from operations	<u>2,262,366</u>	<u>363,890</u>	<u>-</u>	<u>2,626,256</u>
Other income (expense)				
Interest income on restricted investments, net	74,509	-	-	74,509
Realized gain on sale of investments	2,174	-	-	2,174
Other miscellaneous	(131,440)	(7,379)	-	(138,819)
Loss on impairment of real estate development costs	<u>-</u>	<u>(78,293)</u>	<u>-</u>	<u>(78,293)</u>
Other expense, net	<u>(54,757)</u>	<u>(85,672)</u>	<u>-</u>	<u>(140,429)</u>
Excess of revenues, gains (losses), and other support over expenses	2,207,609	278,218	-	2,485,827
Change in unrealized gains on investments	608,168	-	-	608,168
Net assets released from restrictions used for purchase of property and equipment	609,989	-	-	609,989
Equity transfer (to) from affiliate	<u>(17,296)</u>	<u>17,296</u>	<u>-</u>	<u>-</u>
Change in unrestricted net assets	<u>\$ 3,408,470</u>	<u>\$ 295,514</u>	<u>\$ -</u>	<u>\$ 3,703,984</u>

MOUNT DESERT ISLAND HOSPITAL AND SUBSIDIARIES

Consolidating Statement of Changes in Net Assets (Deficit)

Year Ended April 30, 2017

	Mount Desert Island Hospital	Consolidated Birch Bay Retirement Village	Elimi- nations	Total
Unrestricted net assets (deficit)				
Excess of revenues, gains (losses), and other support over expenses	\$ 2,207,609	\$ 278,218	\$ -	\$ 2,485,827
Change in unrealized gains on investments	608,168	-	-	608,168
Net assets released from restrictions used for purchase of property and equipment	609,989	-	-	609,989
Equity transfer (to) from affiliate	(17,296)	17,296	-	-
Change in unrestricted net assets (deficit)	<u>3,408,470</u>	<u>295,514</u>	<u>-</u>	<u>3,703,984</u>
Temporarily restricted net assets				
Contributions	2,815,481	1,585	-	2,817,066
Net assets released from restrictions	(1,161,456)	(14,806)	-	(1,176,262)
Change in temporarily restricted net assets	<u>1,654,025</u>	<u>(13,221)</u>	<u>-</u>	<u>1,640,804</u>
Permanently restricted net assets				
Contributions	84,478	-	-	84,478
Change in value of beneficial interest in perpetual trusts	98,027	-	-	98,027
Change in permanently restricted net assets	<u>182,505</u>	<u>-</u>	<u>-</u>	<u>182,505</u>
Change in net assets (deficit)	5,245,000	282,293	-	5,527,293
Net assets (deficit), beginning of year	<u>20,538,350</u>	<u>(4,700,190)</u>	<u>-</u>	<u>15,838,160</u>
Net assets (deficit), end of year	<u>\$ 25,783,350</u>	<u>\$ (4,417,897)</u>	<u>\$ -</u>	<u>\$ 21,365,453</u>

BIRCH BAY RETIREMENT VILLAGE AND SUBSIDIARY**Consolidating Balance Sheet****April 30, 2017****ASSETS**

	Birch Bay Retirement Village	Mount Desert Management Company	Total
Current assets			
Cash and cash equivalents	\$ 62,033	\$ 382,953	\$ 444,986
Accounts receivable, net	92,442	-	92,442
Due from Birch Bay Village Association	103,526	3,109	106,635
Prepaid expenses and other current assets	19,277	-	19,277
Trustee held funds	<u>450,521</u>	<u>-</u>	<u>450,521</u>
Total current assets	<u>727,799</u>	<u>386,062</u>	<u>1,113,861</u>
Due from affiliates	<u>-</u>	<u>412,291</u>	<u>412,291</u>
Property and equipment, net	<u>6,769,156</u>	<u>-</u>	<u>6,769,156</u>
Other assets			
Real estate development costs	-	84,055	84,055
Resident priority and construction deposits	236,589	-	236,589
Other assets	<u>218,616</u>	<u>-</u>	<u>218,616</u>
Total other assets	<u>455,205</u>	<u>84,055</u>	<u>539,260</u>
Total assets	<u>\$ 7,952,160</u>	<u>\$ 882,408</u>	<u>\$ 8,834,568</u>

LIABILITIES AND NET ASSETS (DEFICIT)

	Birch Bay Retirement Village	Mount Desert Management Company	Total
Current liabilities			
Current portion of long-term obligations	\$ 408,245	\$ -	\$ 408,245
Accounts payable and other accrued expenses	294,761	292,348	587,109
Accrued payroll and amounts withheld	<u>150,230</u>	<u>-</u>	<u>150,230</u>
Total current liabilities	853,236	292,348	1,145,584
Due to affiliates	4,417,890	-	4,417,890
Resident priority and construction deposits	236,589	-	236,589
Long-term obligations, less current portion	<u>7,452,402</u>	<u>-</u>	<u>7,452,402</u>
Total liabilities	<u>12,960,117</u>	<u>292,348</u>	<u>13,252,465</u>
Net assets (deficit)			
Unrestricted net assets (deficit)	(5,059,644)	590,060	(4,469,584)
Temporarily restricted net assets	<u>51,687</u>	<u>-</u>	<u>51,687</u>
Total net assets (deficit)	<u>(5,007,957)</u>	<u>590,060</u>	<u>(4,417,897)</u>
Total liabilities and net assets (deficit)	<u>\$ 7,952,160</u>	<u>\$ 882,408</u>	<u>\$ 8,834,568</u>

BIRCH BAY RETIREMENT VILLAGE AND SUBSIDIARY

Consolidating Statement of Operations

Year Ended April 30, 2017

	Birch Bay Retirement Village	Mount Desert Management Company	Total
Unrestricted revenues, gains (losses), and other support			
Resident revenue	\$ 4,837,780	\$ -	\$ 4,837,780
Loss on sale of cottage	-	(67,216)	(67,216)
Other revenue	274,834	-	274,834
Net assets released from restrictions used for operations	<u>14,806</u>	<u>-</u>	<u>14,806</u>
Total revenues, gains (losses), and other support	<u>5,127,420</u>	<u>(67,216)</u>	<u>5,060,204</u>
Operating expenses			
Salaries and employee benefits	2,967,930	-	2,967,930
Supplies and other expenses	861,779	5,973	867,752
Marketing expenses	54,002	6,300	60,302
Depreciation and amortization	417,526	-	417,526
Interest	<u>382,804</u>	<u>-</u>	<u>382,804</u>
Total operating expenses	<u>4,684,041</u>	<u>12,273</u>	<u>4,696,314</u>
Income (loss) from operations	<u>443,379</u>	<u>(79,489)</u>	<u>363,890</u>
Other expense			
Other miscellaneous expense	(7,379)	-	(7,379)
Loss on impairment of real estate development costs	<u>-</u>	<u>(78,293)</u>	<u>(78,293)</u>
Total other expense	<u>(7,379)</u>	<u>(78,293)</u>	<u>(85,672)</u>
Equity transfer from affiliate	<u>17,296</u>	<u>-</u>	<u>17,296</u>
Change in unrestricted net assets (deficit)	<u>\$ 453,296</u>	<u>\$ (157,782)</u>	<u>\$ 295,514</u>

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

Mount Desert Island Hospital

Employer identification number

01-0211797

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 checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input 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

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?

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

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input 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.

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.

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.

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

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

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

Yes No

1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2016

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 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) Stuart Davidson, MD Trustee/Medical Staff Pres	(i)	460,566.	0.	25,131.	0.	27,368.	513,065.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Julian Kuffler, MD 2nd Vice Chair/Physician	(i)	241,227.	0.	15,516.	0.	30,696.	287,439.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Arthur J. Blank President & CEO	(i)	283,582.	14,163.	37,801.	0.	29,691.	365,237.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Christina Maguire-Harding VP Finance/Treasurer/Clerk	(i)	172,181.	8,142.	2,238.	7,088.	16,871.	206,520.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Mark Kandutsch, MD Physician	(i)	253,758.	21,844.	7,012.	0.	34,356.	316,970.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Nathan Donaldson, DO, MHA, FACE Physician	(i)	288,489.	0.	34,427.	0.	30,361.	353,277.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Edward Gilmore, MD, MACP Chief Medical Officer	(i)	264,877.	0.	17,620.	0.	15,767.	298,264.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Diehl Snyder, MD Physician	(i)	230,149.	0.	9,968.	0.	23,943.	264,060.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Tanya Hanke, DO Physician	(i)	185,852.	44,799.	30,689.	0.	17,715.	279,055.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(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 Hospital provides the President & CEO's fitness membership, which is approximately \$399 per year. The Hospital reimburses all other benefitted employees, including other employees listed in Part VII, \$100 annually toward a health club membership with appropriate supporting documentation.

Part I, Line 7:

Performance-based variable compensation which is subject to review annually by a board compensation committee.

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

Name of the organization

Mount Desert Island Hospital

Employer identification number
01-0211797

Part I	Bond Issues See Part VI for Column (f) Continuations										
(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 MHHEFA 2006F Bond	01-0314384	None	07/03/05	707,200.	Replacement of central chiller		X		X		X
B MHHEFA 2007B Bond	01-0314384	None	07/03/07	4,427,988.	Clinic construction, off		X		X		X
C MHHEFA 2010B Bond	01-0314384	None	07/01/10		Reinfinancing of 1998A bond for re		X		X		X
D											

Part II Proceeds									
	A		B		C		D		
1 Amount of bonds retired									
2 Amount of bonds legally defeased									
3 Total proceeds of issue	707,200.		4,427,988.		1,200,000.				
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds									
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds									
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds	707,200.		4,427,988.						
11 Other spent proceeds					1,200,000.				
12 Other unspent proceeds									
13 Year of substantial completion	2008		2009		1999				
	Yes	No	Yes	No	Yes	No	Yes	No	
14 Were the bonds issued as part of a current refunding issue?		X		X	X				
15 Were the bonds issued as part of an advance refunding issue?		X		X		X			
16 Has the final allocation of proceeds been made?	X		X		X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X				

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions**Schedule K, Part I, Bond Issues:**

(a) Issuer Name: MHHEFA 2007B Bond

(f) Description of Purpose: Clinic construction, office and clinic space

(a) Issuer Name: MHHEFA 2010B Bond

(f) Description of Purpose:

Reinfinancing of 1998A bond for renovation of outpatient service area

Schedule K, Part IV, Arbitrage, Line 2c:

(a) Issuer Name: MHHEFA 2007B Bond

Date the Rebate Computation was Performed: 12/29/2012

(a) Issuer Name: MHHEFA 2010B Bond

Date the Rebate Computation was Performed: 08/21/2015

SCHEDULE L
(Form 990 or 990-EZ)

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

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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

2 Enter the amount of tax incurred by 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

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

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

Schedule L (Form 990 or 990-EZ) 2016

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
Dr. John Benson	Trustee	301,766.	John Benson		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: Dr. John Benson

(d) Description of Transaction: John Benson, MD is the proprietor of J&D Imaging, Inc. which is contracted with MDI Hospital to preform radiology and imaging services. The equipment is under lease from J&D Imaging, Inc. Although Dr. Benson is a member of the Board of Trustees, he abstains from any motion or situation which may be deemed a conflict of interest and duly reports and completes all required disclosure documents. All transactions are at arms-length.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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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	3	65,430.	Stock Exchange Value
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....				
26 Other ▶ (.....				
27 Other ▶ (.....				
28 Other ▶ (.....				

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

29

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

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		

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

Schedule M (Form 990) (2016)

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

Schedule M, Line 32b:

The Hospital gift acceptance policy stipulates that stock donations are sold by their third-party investment advisors as soon as administratively possible.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

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

medication therapy management, health coaching, care management,
coagulation management, and our oral health program which included
education and outreach to the community, schools, and service
providers. Throughout the year, staff from the Hospital make
presentations to area school children regarding smoking cessation,
wellness, health, activity, nutrition, and oral health, including a
Give Kids a Smile Day in which free or reduced cost screenings are
available. Additionally, community groups such as the YMCA, Alcoholics
Anonymous, Cancer Support, and Palliative Care use the Hospital's
conference rooms for their meetings. Many hospital staff members serve
other nonprofits in capacities such as volunteer hours, and board of
directors' memberships, as well as memberships in service organizations
such as the local Healthy Acadia, Rotary, Chamber of Commerce and
Lions/Lioness clubs.

Form 990, Part VI, Section B, line 11b:

The Form 990 is prepared by an outside independent accounting firm with
input and assistance from Finance Department staff. The initial review of
the Form 990 is performed by the Finance Committee of the Hospital's Board
of Directors. Members are provided with an electronic copy of the Form 990
and all supporting schedules (printed versions are also available upon
request). Once the Finance Committee has completed its review, all Board of
Trustees members are provided with a copy of the Form 990 and supporting
schedules. Board Members are given the opportunity to comment and review
before the Form 990 is filed with the IRS. The President & CEO and the VP

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

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of Finance & CFO are available to answer any inquiries from Board members. Board Members are also provided with a copy of the final Form 990 as it is filed.

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

Mount Desert Island Hospital monitors and enforces compliance with the conflict of interest policy by requiring all trustees, officers, and committee members to annually sign a statement affirming that each person has received, read, and understands the conflict of interest policy and that no such conflict exists. Additionally, interested persons have a duty to disclose any actual or possible conflicts of interest at the time they arise. After disclosing a potential conflict of interest and answering any questions that might be asked concerning such interest, the affected person shall withdraw from any meetings, deliberations, votes, or other matters concerning the conflict.

To ensure that the Hospital does not engage in activities that could jeopardize its tax exempt status, the Board or a committee appointed by the Board, periodically reviews compensation and similar arrangements to ensure they are reasonable and are the result of arms-length bargaining. In conducting these reviews the Board may use outside advisors.

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

The process used by Mount Desert Island Hospital for determining the President & CEO's compensation includes a review and approval by the governing body of the Organization. The governing body uses market data from an independent source to compare compensation models of similarly sized organizations within like demographic and geographic areas to align

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compensation packages. The compensation of other officers and key employees is reviewed by the Human Resources Department using the same market data guidelines to compare and establish compensation for these positions.

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

The annual report and Form 990 are available to the public on the Hospital's website. Governing documents, the conflict of interest policy, and the financial statements are available upon request.

Form 990, Part VII, Section A, Line 1:

Dr. Stuart Davidson and Dr. Julius Kuffler are employees and/or independent contractors affiliated with Mount Desert Island Hospital. Compensation paid to them is for their services in these roles, and not for their services as Trustees.

Form 990, Part IX, Line 11g, Other Fees:

Consulting:

Program service expenses	0.
Management and general expenses	68,932.
Fundraising expenses	0.
Total expenses	68,932.

Purchased Services:

Program service expenses	6,162,960.
Management and general expenses	2,085,959.
Fundraising expenses	0.
Total expenses	8,248,919.

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Physician Fees:

Program service expenses	696,336.
Management and general expenses	66,613.
Fundraising expenses	0.
Total expenses	762,949.

Outside Lab Fees:

Program service expenses	536,826.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	536,826.
Total Other Fees on Form 990, Part IX, line 11g, Col A	9,617,626.

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

Equity Transfer to Affiliate	-17,296.
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Form 990, Part XII, Line 2c:

The audit process has not changed from the prior year.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

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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
Birch Bay Retirement Village - 01-0481696 P.O. Box 8, 10 Wayman Lane Bar Harbor, ME 04609-0008	Retirement Community	Maine	501(c)(3)	Line 12a, I	Mount Desert Island Hospital	X	

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

Schedule R (Form 990) 2016

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
Mount Desert Management Company - 01-0538776 P.O. Box 8, 10 Wayman Lane Bar Harbor, ME 04609	Real Estate Development	ME	N/A	C CORP	N/A	N/A	N/A		X

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) Birch Bay Retirement Village	O	1,113,479.	Actual per Books
(2) Birch Bay Retirement Village	R	52,092.	Actual per Books
(3) Birch Bay Retirement Village	S	1,480,839.	Actual per Books
(4)			
(5)			
(6)			

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

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

[illegible]

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