


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](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015

<b>B</b> Check if applicable <input type="checkbox"/> Address change  <input type="checkbox"/> Name change  <input type="checkbox"/> Initial return  <input type="checkbox"/> Final return/terminated  <input type="checkbox"/> Amended return  <input type="checkbox"/> Application pending	<b>C</b> Name of organization WALDO COUNTY GENERAL HOSPITAL		<b>D</b> Employer identification number  01-0177170	
	Doing business as			
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number	
	118 NORTHPORT AVENUE		(207) 338-2500	
	City or town, state or province, country, and ZIP or foreign postal code BELFAST, ME 04915		<b>G</b> Gross receipts \$ 99,956,020	
<b>F</b> Name and address of principal officer LINDA B DRINKWATER PO BOX 287 BELFAST,ME 04915		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number <input type="checkbox"/>		
<b>J</b> Website: <input type="checkbox"/> WWW WCGH ORG				
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>		<b>L</b> Year of formation 1901	<b>M</b> State of legal domicile ME	

Part I

Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities WALDO COUNTY GENERAL HOSPITAL'S MISSION IS TO BE THE BEST - BETTER, EMPATHY, SERVICE AND TEAMWORK OUR GOAL IS TO ENSURE QUALITY, ACCESSIBLE AND AFFORDABLE HEALTH CARE SERVICES AND TO IMPROVE THE HEALTH AND WELL-BEING OF OUR COMMUNITY PLEASE SEE ATTACHED COMMUNITY BENEFITS REPORT		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	15
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	13
	<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	<b>5</b>	768
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	48
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	
	Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g) . . . . .	587,594	605,422
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	72,144,216	81,615,641
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,754,323	3,476,990
<b>12</b>		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	1,828,365	2,437,618
			77,314,498	88,135,671
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	82,500	78,208
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	45,138,439	46,996,528
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	29,510,038	30,572,804
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	74,730,977	77,647,540
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12 . . . . .	2,583,521	10,488,131
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>	
	<b>20</b>	Total assets (Part X, line 16) . . . . .	121,584,679	131,382,834
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .	27,274,970	31,786,459
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20 . . . . .	94,309,709	99,596,375

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	<div><div></div><div>Signature of officer</div></div>	<div><div>2016-08-03</div><div>Date</div></div>			
	<div><div>LINDA B DRINKWATER REGIONAL CFO</div><div>Type or print name and title</div></div>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name <input type="checkbox"/>			Firm's EIN <input type="checkbox"/>	
	Firm's address <input type="checkbox"/>			Phone no	

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