

1809



Form **990-T**  
Amended Return  
See Stmt 1  
Department of the Treasury  
Internal Revenue Service

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No 1545-0687

**2017**

For calendar year 2017 or other tax year beginning 10/01, 2017, and ending 9/30, 2018

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

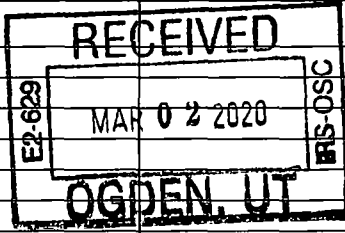
<b>A</b> <input type="checkbox"/> Check box if address changed	<b>Print or Type</b> EASTERN MAINE HEALTHCARE SYSTEMS (IH) INLAND HOSPITAL (IH) 200 KENNEDY MEMORIAL DRIVE WATERVILLE, ME 04901	<input type="checkbox"/> Check box if name changed and see instructions	<b>D</b> Employer identification number (Employees' trust, see instructions) 01-0217211
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		<b>E</b> Unrelated business activity codes (See instructions) 541380	
<b>C</b> Book value of all assets at end of year 38,521,108.	<b>F</b> Group exemption number (See instructions) ▶ 5247	<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

**H** Describe the organization's primary unrelated business activity.  
▶ **NONPATIENT LAB TESTING**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If 'Yes,' enter the name and identifying number of the parent corporation ▶ See Statement 2

**J** The books are in care of ▶ John Doyle Telephone number ▶ 207-973-9081

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales <u>68,821.</u>			
b	Less returns and allowances <u>35,580.</u> c Balance ▶	1 c	33,241.	
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3	33,241.	33,241.
4 a	Capital gain net income (attach Schedule D)	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c	Capital loss deduction for trusts	4 c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions, attach schedule)	12		
13	<b>Total.</b> Combine lines 3 through 12	13	33,241.	0.
				33,241.



Part II	Deductions Not Taken Elsewhere	
14	Compensation of officers, directors, and trustees (Schedule K)	14 578.
15	Salaries and wages	15 28,466.
16	Repairs and maintenance	16
17	Bad debts	17 5.
18	Interest (attach schedule)	18 214.
19	Taxes and licenses	19
20	Charitable contributions (See instructions for limitation rules)	20
21	Depreciation (attach Form 4562)	21
22	Less depreciation claimed on Schedule A and elsewhere on return	22a
23	Depletion	23
24	Contributions to deferred compensation plans	24
25	Employee benefit programs	25 8,140.
26	Excess exempt expenses (Schedule I)	26
27	Excess readership costs (Schedule J)	27
28	Other deductions (attach schedule)	28
29	<b>Total deductions.</b> Add lines 14 through 28	29 64,699.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30 102,102.
31	Net operating loss deduction (limited to the amount on line 30)	31 -68,861.
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32 -68,861.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34 -68,861.

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See Statement 3

See Statement 4

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**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation  
 Controlled group members (sections 1561 and 1563) check here  **See instructions and:**  
**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ 0. (2) \$ 0. (3) \$ 0.  
**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ 0.  
 (2) Additional 3% tax (not more than \$100,000) \$ 0.  
**c** Income tax on the amount on line 34 **35c** 0.

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from  Tax rate schedule or  Schedule D (Form 1041) **36**

**37 Proxy tax.** See instructions **37**

**38 Alternative minimum tax** **38**

**39 Tax on Non-Compliant Facility Income.** See instructions **39**

**40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies **40** 0.

**Part IV Tax and Payments**

**41 a** Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) **41 a**

**b** Other credits (see instructions) **41 b**

**c** General business credit. Attach Form 3800 (see instructions) **41 c**

**d** Credit for prior year minimum tax (attach Form 8801 or 8827) **41 d**

**e Total credits.** Add lines 41a through 41d **41 e** 0.

**42** Subtract line 41e from line 40 **42** 0.

**43** Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  
 Other (attach schedule) **43**

**44 Total tax.** Add lines 42 and 43 **44** 0.

**45 a** Payments. A 2016 overpayment credited to 2017 **45 a**

**b** 2017 estimated tax payments **45 b**

**c** Tax deposited with Form 8868 **45 c**

**d** Foreign organizations. Tax paid or withheld at source (see instructions) **45 d**

**e** Backup withholding (see instructions) **45 e**

**f** Credit for small employer health insurance premiums (Attach Form 8941) **45 f**

**g** Other credits and payments:  Form 2439  Form 4136  Other \_\_\_\_\_ Total **45 g**

**46 Total payments.** Add lines 45a through 45g **46** 0.

**47** Estimated tax penalty (see instructions). Check if Form 2220 is attached  **47**

**48 Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed **48**

**49 Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49**

**50** Enter the amount of line 49 you want: **Credited to 2018 estimated tax**  **Refunded**  **50**

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

**51** At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here \_\_\_\_\_ **Yes** **No**

**52** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file \_\_\_\_\_ **Yes** **No**

**53** Enter the amount of tax-exempt interest received or accrued during the tax year: \$ 0.

**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: 2/4/20 Title: NLH VP OF Finance

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

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: Self-Prepared Date: \_\_\_\_\_

Check  if self employed PTIN: \_\_\_\_\_

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

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

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

1 Inventory at beginning of year	1		6 Inventory at end of year	6		Yes	No
2 Purchases	2		7 <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3 Cost of labor	3						
4a Additional section 263A costs (attach schedule)	4a						
b Other costs (attach sch)	4b						
5 <b>Total.</b> Add lines 1 through 4b	5		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?				X

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) <b>Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) <b>Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ▶

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A) ▶	Enter here and on page 1, Part I, line 7, column (B) ▶
<b>Total dividends-received deductions</b> included in column 8 ▶				

BAA

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).  
Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Totals**

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				

Enter here and on page 1, Part I, line 9, column (A).  
Enter here and on page 1, Part I, line 9, column (B).

**Totals**

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

Enter here and on page 1, Part I, line 10, column (A).  
Enter here and on page 1, Part I, line 10, column (B).  
Enter here and on page 1, Part II, line 26.

**Totals**

**Schedule J – Advertising Income** (See instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col. 4)
(1)						
(2)						
(3)						
(4)						

**Totals** (carry to Part II, line (5))

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>						
<b>Totals, Part II (lines 1– 5)</b>	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 27

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
See Statement 6		%	
		%	
		%	
		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			578.

Client IHAMEND

EASTERN MAINE HEALTHCARE SYSTEMS (IH)  
INLAND HOSPITAL (IH)

01-0217211

1/30/20

10 03AM

**Statement 1**  
**Form 990-T, Amended Return**  
**Amended Return Explanation**

Line 12 - Other Income changed from \$7,307 to \$0 due to repeal of Section 512(a) (7)

**Statement 2**  
**Form 990-T, Line I**  
**Name & I.D. Number of Parent Corporation**

EASTERN MAINE HEALTHCARE SYSTEMS 01-0527066

**Statement 3**  
**Form 990-T, Part II, Line 18**  
**Interest Expense**

Interest	\$	214.
Total	\$	<u>214.</u>

**Statement 4**  
**Form 990-T, Part II, Line 28**  
**Other Deductions**

CLINICAL EXPENSE	\$	300.
COURIER EXPENSE		1,823.
Depreciation		1,265.
EDUCATION EXPENSE		38.
LAB SUPPORT DEPARTMENT EXPENSE		3,762.
LEASE/RENTAL EXPENSE		48.
MAINTENANCE & REPAIR EXPENSE		2,615.
NON-CLINICAL EXPENSE		28.
PURCHASED SERVICE		36,419.
SUPPLIES EXPENSE		18,330.
TRAVEL EXPENSE		71.
Total	\$	<u>64,699.</u>

**Statement 5**  
**Form 990-T, Part II, Line 31**  
**Net Operating Loss Deduction**

Loss Year Ending	Original Loss	Loss Previously Used	Loss Available
9/30/03	\$ 344,106.	\$ 333,360.	\$ 10,746.
9/30/08	7,242.	0.	7,242.
9/30/09	46,228.	0.	46,228.
9/30/10	1,108.	0.	1,108.
9/30/11	30,502.	0.	30,502.
9/30/12	66,653.	0.	66,653.
9/30/13	11,624.	0.	11,624.

EASTERN MAINE HEALTHCARE SYSTEMS (IH)  
INLAND HOSPITAL (IH)

Client IHAMEND

01-0217211

1/30/20

10 03AM

Statement 5 (continued)  
Form 990-T, Part II, Line 31  
Net Operating Loss Deduction

Loss Year Ending	Original Loss	Loss Previously Used	Loss Available
9/30/14	\$ 102,192.	\$ 0.	\$ 102,192.
9/30/15	125,802.	0.	125,802.
9/30/16	205,850.	0.	205,850.
9/30/17	168,361.	0.	168,361.
Net Operating Loss Available			\$ 776,308.
Taxable Income			\$ -68,861.
Net Operating Loss Deduction (Limited to Taxable Income)			\$ 0.

Statement 6  
Form 990-T, Schedule K  
Compensation of Officers, Directors, and Trustees

Name	Title	% of Time Devoted	Unrelated Business Compensation
WALTER RICK BARRY	VP OF PT CARE	.04	\$ 87.
CHRIS FRAUENHOFER	VP, FINANCE	.04	95.
ANGELA GIBBS	VP Quality	.04	54.
DANIEL J. BOOTH	VP of Operation	.04	89.
GAVIN DUCKER, DO	VP-Med Affairs	.04	126.
JOHN DALTON	Pres/Ex-Officio	.04	127.
	Total		\$ 578.