

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

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

C Name of organization
EASTERN MAINE HEALTHCARE SYSTEMS TAMC
THE AROOSTOOK MEDICAL CENTER TAMC
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 151
City or town, state or province, country, and ZIP or foreign postal code
PRESQUE ISLE, ME 04769

D Employer identification number
01-0372148
E Telephone number
(207) 973-9081
G Gross receipts \$ 141,007,404

F Name and address of principal officer
John J Doyle

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 5247

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

J Website: https://northernlighthealth.org/A-R-Gould-Hos

K Form of organization
Corporation Trust Association Other

L Year of formation 1981

M State of legal domicile ME

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF THE AROOSTOOK MEDICAL CENTER D/B/A NORTHERN LIGHT A R GOULD HOSPITAL IS TO RESTORE, MAINTAIN, AND IMPROVE THE HEALTH OF OUR FRIENDS AND NEIGHBORS IN A COMPASSIONATE AND PROFESSIONAL ENVIRONMENT
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets
3 Number of voting members of the governing body (Part VI, line 1a) 14
4 Number of independent voting members of the governing body (Part VI, line 1b) 9
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 1,258
6 Total number of volunteers (estimate if necessary) 79
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

Table with 4 columns: Description, Prior Year, Current Year, and Beginning/End of Year. Rows include Revenue (8-12), Expenses (13-19), and Net Assets or Fund Balances (20-22).

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: John J Doyle NLH VP of Finance
Date: 2020-08-08

Paid Preparer Use Only
Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF THE AROOSTOOK MEDICAL CENTER D/B/A NORTHERN LIGHT A R GOULD HOSPITAL IS TO RESTORE, MAINTAIN, AND IMPROVE THE HEALTH OF OUR FRIENDS AND NEIGHBORS IN A COMPASSIONATE AND PROFESSIONAL ENVIRONMENT

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 \$ 105,189,358 including grants of \$ 32,965) (Revenue \$ 139,780,094)
See Additional Data

4b (Code) (Expenses \$ 18,036,472 including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 5,002,468 including grants of \$) (Revenue \$)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 590,474 including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 128,818,772

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	123
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	Yes

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	1,258		
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	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a			No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b			No
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			No
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			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
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			No
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			No
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			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d		0	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			No
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			No
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			No
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			No
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			No
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			No
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			No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included in line 1a, above, who are independent (9); 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? (No); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (No); 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? (Yes); 16b 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? (Yes).

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ME
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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
John J Doyle 43 Whiting Hill Road Brewer, ME 04412 (207) 973-9081

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, or 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	5,679,638	5,538,260	838,469

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 ► 109

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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
COMPHEALTH INC PO BOX 972625 DALLAS, TX 753972651	PHYSCN FEES-LOCUMS	2,055,633
AMN HEALTHCARE INC 2735 COLLECTION CENTER DRIVE CHICAGO, IL 60693	TEMP STAFF	2,434,621
WEATHERBY LOCUMS INC PO BOX 972633 DALLAS, TX 753972633	PHYSCN FEES-LOCUMS	1,641,309
HUDSON STAFFING PLLC 4625 NADINE LN FRANKLIN, TN 37064	TEMP STAFF	508,546
AROOSTOOK MRI LLC PO BOX 19532 IRVINE, CA 92623	PURCHASE SERVICE	453,404

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 ► 20

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d	911,181		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	113,573		
	g Noncash contributions included in lines 1a - 1f \$ <u>6,846</u>				
h Total. Add lines 1a-1f		1,024,754			

Program Service Revenue			Business Code			
	2a Cafeteria		722514	404,999		
b Net Patient Care Services		621990	130,407,581	130,407,581		
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f			130,812,580			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			-4,261			-4,261
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
		15,711					
		b Less rental expenses	15,881				
		c Rental income or (loss)	-170				
	d Net rental income or (loss)			-170	-170		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			644				
		b Less cost or other basis and sales expenses	75,489				
		c Gain or (loss)	-74,845				
	d Net gain or (loss)			-74,845			-74,845
	8a 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			0				
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a	190,292					
	b Less cost of goods sold	b	91,776				
	c Net income or (loss) from sales of inventory			98,516		98,516	
Miscellaneous Revenue	Business Code						
11a 340B Revenue	621990		8,967,684	8,967,684			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			8,967,684				
12 Total revenue. See Instructions			140,824,258	139,375,095		424,409	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	32,965	32,965		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,924,780	2,226,015	698,765	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	70,238,748	65,483,696	4,755,052	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,967,193	1,700,232	266,961	
9 Other employee benefits	9,898,127	9,230,252	667,875	
10 Payroll taxes	4,263,120	3,977,982	285,138	
11 Fees for services (non-employees)				
a Management	0			
b Legal	3,906	3,748	158	
c Accounting	24,617		24,617	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,019,198	10,683,289	2,335,909	
12 Advertising and promotion	113,001	113,001		
13 Office expenses	2,449,879	1,727,038	722,841	
14 Information technology	3,254,203	3,035,184	219,019	
15 Royalties	0			
16 Occupancy	3,146,911	2,580,467	566,444	
17 Travel	456,906	430,056	26,850	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	213,783	192,949	20,834	
20 Interest	837,965	687,131	150,834	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	3,613,113	3,030,853	582,260	
23 Insurance	1,246,130	1,162,783	83,347	
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 Medical Supplies Expense	17,761,743	17,761,743		
b Taxes & Licensing	2,724,903	2,683,160	41,743	
c Repairs & Maintenance	1,748,306	1,528,594	219,712	
d Miscellaneous	311,154	261,414	49,740	
e All other expenses	317,056	286,220	30,836	
25 Total functional expenses. Add lines 1 through 24e	140,567,707	128,818,772	11,748,935	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,840	1	3,505
	2 Savings and temporary cash investments		2	27,113
	3 Pledges and grants receivable, net	9,506	3	0
	4 Accounts receivable, net	21,689,551	4	25,364,315
	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	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net	654,735	7	747,573
	8 Inventories for sale or use	2,254,826	8	2,025,307
	9 Prepaid expenses and deferred charges	1,020,055	9	1,005,547
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 94,876,281		
	b Less accumulated depreciation	10b 63,864,833	32,908,393	10c 31,011,448
	11 Investments—publicly traded securities		11	0
	12 Investments—other securities See Part IV, line 11		12	0
	13 Investments—program-related See Part IV, line 11		13	0
	14 Intangible assets		14	0
	15 Other assets See Part IV, line 11	13,501,702	15	12,555,139
16 Total assets. Add lines 1 through 15 (must equal line 34)	72,042,608	16	72,739,947	
Liabilities	17 Accounts payable and accrued expenses	19,805,200	17	21,785,247
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	26,865,374	25	26,488,454
	26 Total liabilities. Add lines 17 through 25	46,670,574	26	48,273,701
Net Assets or Fund Balances	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 Unrestricted net assets	18,691,062	27	18,429,226
	28 Temporarily restricted net assets	3,956,599	28	
	29 Permanently restricted net assets	2,724,373	29	6,037,020
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	25,372,034	33	24,466,246	
34 Total liabilities and net assets/fund balances	72,042,608	34	72,739,947	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	140,824,258
2	Total expenses (must equal Part IX, column (A), line 25)	2	140,567,707
3	Revenue less expenses Subtract line 2 from line 1	3	256,551
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,372,034
5	Net unrealized gains (losses) on investments	5	
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	-1,162,339
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,466,246

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
- 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?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 01-0372148

Name: EASTERN MAINE HEALTHCARE SYSTEMS TAMC
THE AROOSTOOK MEDICAL CENTER TAMC

Form 990 (2018)

Form 990, Part III, Line 4a:

PROVISION OF ACUTE & SUBACUTE HOSPITAL CARE RELATED TO OUTPATIENT CLINICS AND HEALTH CARE SERVICES SERVED 9,922 INPATIENT PATIENT DAYS, 21,166 LONG TERM CARE PATIENT DAYS, AND 270,212 OUTPATIENT VISITS PROVIDED SERVICES REGARDLESS OF ABILITY TO PAY AS WELL AS EDUCATION AND PROMOTION OF HEALTH PROVIDED OTHER UNCOMPENSATED CARE (AT COST) OF \$2,861,599

Form 990, Part III, Line 4b:

MEDICARE SHORTFALLS (AT COST) 70,334 PERSONS SERVED

Form 990, Part III, Line 4c:

MEDICAID SHORTFALLS (AT COST) 26,621 PERSONS SERVED

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD DUNCAN Trustee/ViceChr	1 00 0 00	X		X				0	0	0
CAROL BELL Trustee/Chair	1 00 0 00	X		X				0	0	0
DAVID WEED MD Pres Med Staff	50 00 0 00	X						493,667	0	13,835
M MICHELLE HOOD President NLH	1 00 50 00	X		X				0	3,977,600	296,423
GREGORY LAFRANCOIS SVP, President	50 00 0 00	X		X				347,665	0	28,510
HOLLY JOHNSON Trustee	1 00 0 00	X						0	0	0
ARG WB Trustee	50 00 0 00	X						579,436	0	20,355
JOHN HERWEH Trustee	1 00 0 00	X						0	0	0
GENE LYNCH Trustee	1 00 0 00	X						0	0	0
JANE TOWLE Trustee	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SCOTT VIOLETTE Trustee	1 00 0 00	X						0	0	0
STEVE ST PIERRE Trustee	1 00 0 00	X						0	0	0
GREG CLARK Trustee	1 00 0 00	X						0	0	0
MARK WILCOX Trustee	1 00 0 00	X						0	0	0
MAURA KELLY VP Finance Svcs	50 00 0 00			X				280,353	0	42,237
ANTHONY FILER Sr VP/CFO/Treas	1 00 50 00			X				0	577,280	64,222
GLENN MARTIN VP/Gen Csl/Sec	1 00 50 00			X				0	493,200	109,084
DARYL BOUCHER VP Nursing&PCS	50 00 0 00			X				129,087	0	10,144
JAY REYNOLDS MD CMO/CCO	50 00 0 00			X				370,606	0	28,794
ROGER PELLI DO VP, CMIO	50 00 0 00			X				261,814	0	731

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GLEND A DWYER VP, COO	50 00 0 00			X				304,101	0	13,445
YOOSUF SIDDIQUI VP HR/NW Region	1 00 50 00			X				0	170,905	40,686
RICHARD LEIDINGER Physician	40 00 0 00					X		535,868	0	28,527
MARK MORIN Physician	40 00 0 00					X		504,228	0	23,591
VENKATRAM NETHALA Physician	40 00 0 00					X		521,443	0	28,527
RICHARD DEBOWSKY Physician	40 00 0 00					X		513,881	0	21,580
ALAN P MAUTZ Physician	40 00 0 00					X		837,489	0	33,439
C BRUCE SANDSTROM Former VP of Finance	0 00 50 00						X	0	319,275	34,339

SCHEDULE A
(Form 990 or 990-EZ)

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.

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

EASTERN MAINE HEALTHCARE SYSTEMS TAMC
THE AROOSTOOK MEDICAL CENTER TAMC

Employer identification number

01-0372148

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 01-0372148

Name: EASTERN MAINE HEALTHCARE SYSTEMS TAMC
THE AROOSTOOK MEDICAL CENTER TAMC

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

Name of the organization EASTERN MAINE HEALTHCARE SYSTEMS TAMC THE AROOSTOOK MEDICAL CENTER TAMC	Employer identification number 01-0372148
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		12,334
j	Total Add lines 1c through 1i			12,334
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-B, line 1i - Other Activities Description	Non-deductible portion of dues

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS TAMC
THE AROOSTOOK MEDICAL CENTER TAMC

Employer identification number
01-0372148

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,090,471	2,941,700	3,203,458	2,948,531	3,058,725
b Contributions	200	3,201,633			5,000
c Net investment earnings, gains, and losses	120,021	-601	365,752	265,032	-75,498
d Grants or scholarships					
e Other expenditures for facilities and programs	611,127	52,260	609,560	4,859	19,939
f Administrative expenses			17,950	5,246	19,757
g End of year balance	5,599,565	6,090,472	2,941,700	3,203,458	2,948,531

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100 000 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | No | |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
- 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		227,598		227,598
b Buildings		43,296,254	28,841,520	14,454,734
c Leasehold improvements		3,253,263	2,284,523	968,740
d Equipment		44,834,274	30,511,925	14,322,349
e Other		3,264,892	2,226,865	1,038,027
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				31,011,448

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

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

(a) Description	(b) Book value
(1) Assets whose use is limited	116,987
(2) Board Designated Other	5,995,957
(3) Investments in County Physical Therapy	317,745
(4) Other Assets	87,430
(5) Permanently Donor Restricted Funds	2,724,573
(6) Temporarily Donor Restricted Funds	3,312,447
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	12,555,139

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Amounts due to Related Org	20,227,116
Reserve for Asset Disposal Costs	267,974
Reserve for Retiree Health Benefits	5,993,364
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	26,488,454

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information (continued)

Return Reference	Explanation

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 01-0372148

Name: EASTERN MAINE HEALTHCARE SYSTEMS TAMC
THE AROOSTOOK MEDICAL CENTER TAMC

Supplemental Information

Return Reference	Explanation
Part V, Line 4 Intended uses of the endowment fund	Endowment Funds are designated for purposes that align within this organization's exempt purpose

Supplemental Information

Return Reference	Explanation
Part X FIN48 Footnote	<p>Northern Light Health, its hospitals, and certain other affiliates have been determined by the Internal Revenue Service to be tax-exempt charitable organizations as described in Section 501(c)(3) or 501(c)(2) of the Internal Revenue Code (the Code) and, accordingly, are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code.</p> <p>Accordingly, no provision for federal income taxes has been recorded in the accompanying consolidated financial statements for these organizations. Tax-exempt charitable organizations could be required to record an obligation for income taxes as the result of a tax position they have historically taken on various tax exposure items including unrelated business income or tax status. Under guidance issued by the Financial Accounting Standards Board (FASB), assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position. Estimated interest and penalties, if applicable, related to uncertain tax positions are included as a component of income tax expense. Northern Light Health has evaluated its tax position taken or expected to be taken on income tax returns and concluded the impact to be not material. Certain of Northern Light Health's affiliates are taxable entities. Deferred taxes related to these entities are based on the difference between the financial statement and tax basis of assets and liabilities using enacted tax rates in effect in the years the differences are expected to reverse. The deferred tax assets and liabilities for these entities are not material.</p>

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.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

OMB No 1545-0047
2018
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b If "Yes," was it a written policy?	1b	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(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
a Financial Assistance at cost (from Worksheet 1)		603	590,474		590,474	0 420 %
b Medicaid (from Worksheet 3, column a)		26,621	16,539,234	11,536,766	5,002,468	3 560 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			240,290		240,290	0 170 %
d Total Financial Assistance and Means-Tested Government Programs		27,224	17,369,998	11,536,766	5,833,232	4 150 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	5	425	112,159		112,159	0 080 %
f Health professions education (from Worksheet 5)	3		500,506		500,506	0 360 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	6		34,500		34,500	0 020 %
j Total Other Benefits	14	425	647,165		647,165	0 460 %
k Total Add lines 7d and 7j	14	27,649	18,017,163	11,536,766	6,480,397	4 610 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 2,861,599	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5 41,072,212
6 Enter Medicare allowable costs of care relating to payments on line 5.	6 59,108,685
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7 -18,036,473
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b Yes

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 COUNTY PHYSICAL THERAPY	OUTPATIENT PHYSICAL THERAPY	50.000 %		
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

1

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
Northern Light AR Gould Hospit

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 19</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 or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V, Line 16j</u> for URL		
b	<input checked="" type="checkbox"/> Other website (list url) <u>See Part V, Line 16j</u> for URL		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>See Part V, Line 16j</u> for URL	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Northern Light AR Gould Hospit

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150 0000</u> % and FPG family income limit for eligibility for discounted care of <u>250 0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>See Part V, Line 16j for URL</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>See Part V, Line 16j for URL</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, Line 16j for URL</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

Northern Light AR Gould Hospit

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Northern Light AR Gould Hospit

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

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

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

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 6a - Related Organization Community Benefit Report	Northern Light AR Gould Hospital community benefit report is contained in an annual community benefit report prepared by Northern Light Health which is the parent organization of all related organizations
Part I, Line 7 - Explanation of Costing Methodology	Ratio of Patient Care Cost-to-Charges is used in calculations

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense	The costing methodology used to determine the amount is cost to charge ratio
Part III, Line 4 - Bad Debt Expense	Patient and trade 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 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 the applicable patient accounts receivable. Credit is extended without collateral.

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Form and Line Reference	Explanation
Part III, Line 8 - Explanation Of Shortfall As Community Benefit	Medicare losses should be treated as a community benefit because the losses are incurred in performing an important public service, and Maine hospitals experience one of the lowest Medicare reimbursement rates in the country
Part III, Line 9b - Provisions On Collection Practices For Qualified Patients	All account guarantors who express an inability to pay inpatient and outpatient services will be screened for eligibility for charity care using an application and guidelines established by Northern Light AR Gould Hospital. An account may be reconsidered for charity care at any time when new information is available about a patient's inability to pay.

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Form and Line Reference	Explanation
Part VI, Line 2 - Needs Assessment	Northern Light AR Gould Hospital uses quality and accountable care data to identify readmission trends. This data has resulted in additional hospital-based services including a community-based pharmacist, a congestive heart clinic, and continuation of both inpatient and outpatient case management programs.
Part VI, Line 3 - Patient Education of Eligibility for Assistance	Financial assistance or free care is available. Posters are displayed in patient care areas, information and forms are available online on the hospital website, and patient billing representatives are also available to take calls and to answer questions.

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Form and Line Reference	Explanation
Part VI, Line 4 - Community Information	<p>Located in Aroostook County, Presque Isle, Maine, Northern Light AR Gould Hospital has a service area comprised of both primary and secondary service areas, together referred to as the total service area. Total service areas (TSAs) are developed by the Northern Light Health Planning department based on neighboring zip codes from which a majority of a hospital's inpatient admissions originate. TSAs can sometimes overlap due to hospital locations or because of the specialty services provided by the hospitals. Towns representing Northern Light AR Gould Hospital's primary service area include Ashland, Blaine, Bridgewater, Central Aroostook County, Easton, Fort Fairfield, Mapleton, Mars Hill, Oxbow, Portage, Presque Isle, Washburn, Westfield. Towns representing Northern Light AR Gould Hospital's secondary service area include Caribou, Limestone, New Sweden, Perham, Stockholm, Van Buren. Aroostook County's demographic and social determinants of health data are provided below for Northern Light AR Gould Hospital based on the hospital's physical location in Aroostook County.</p> <p>Aroostook County - Demographic Data American Indian/Alaskan Native 1.6% (1,144), Asian 0.5% (320), Black/African American 0.9% (597), Hispanic 1.1% (736), Some other race 0.2% (161), Two or more races 1.6% (1,122), White 95.2% (66,055). Total county population 69,405.</p> <p>Aroostook County Social Determinants of Health Data Median household income \$38,087, Unemployment rate 5.5%, Individuals living in poverty 17.7%, Children living in poverty 23.6%, 65+ living alone 47.7%, People living in rural areas 80.3%, Food insecurity 16.9%.</p> <p>Other hospitals serving the Northern Light AR Gould Hospital community. Based on the State of Maine's definition of hospital service area, Northern Light AR Gould Hospital is the only hospital in this community per Hospital Service Area (HSA) designation. Additionally, the Health Resources & Services Administration designated Northern Light AR Gould hospitals service area as having medically underserved populations present in the community.</p>
Part VI, Line 5 - Promotion of Community Health	<p>Collaboration is imperative in Aroostook County as Northern Light AR Gould Hospital works with numerous local and regional organizations to improve community health and engage people of all ages in healthy behaviors. Over the past year, Northern Light AR Gould Hospital has partnered with each of the County's hospitals, the higher education institutions, the local Community Action Program, the local Agency on Aging, municipal recreation departments, local ski facilities, school departments, The United Way of Aroostook, and several other organizations to bring a variety of programs to the community. From promoting physical activity, identifying those with food insecurity challenges, providing education about chronic disease management, working on cutting smoking rates, to provide education about opioid abuse, Northern Light AR Gould Hospital has helped positively affect the lives of thousands of residents in northern Maine across the age spectrum. Northern Light AR Gould Hospital provided 1,527 flu vaccines to the community in the Fall of 2018.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6 - Affiliated Health Care System	<p>The 2019 Maine Shared Community Health Needs Assessment (CHNA) was conducted by Northern Light Health in collaboration with several member/affiliated hospitals and the many public health and community organizations across the state. The Maine Shared CHNA informs initiatives to promote community health across the system as well as within each member hospital's local service area. Each member hospital adopted a local implementation strategy referred to as a Community Health Strategy and annual community health improvement plans, tailored to meet local needs. Northern Light AR Gould Hospital is a member of Northern Light Health. Northern Light Health includes nine hospitals, numerous physician practices, long-term care facilities, home health and hospice, and ground and air emergency transport. Northern Light Health has a proven record of quality outcomes, cost reduction, and highly engaged patients. The Northern Light Health statewide network of care is tailored to the needs of communities and individuals, working to ensure that the people of Maine have the care they need close to home. Promotion of health is a major priority for Northern Light Health. Northern Light Health leadership participates on the Maine CDC Public Health Statewide Coordinate Council and the Maine Public Health Association. Northern Light Health coordinates several state-wide wellness initiatives. All hospitals are engaged around specific initiatives related to combating opioid abuse and food insecurity. Northern Light AR Gould Hospital serves as Northern Light Health's most northern member serving all of Aroostook County, Maine. As such, Northern Light Health AR Gould Hospital acts as a leader in the region to improve overall community wellness. Northern Light Health AR Gould Hospital leadership serves on the board of the Maine CDC Aroostook District Public Health Council. Over the past year, Northern Light Health AR Gould Hospital has engaged with several community organizations to introduce a significant number of health promotion and wellness activities, including a women's health conference, year round family physical activity series, community health fair, wellness presentations for seniors, health screenings, chronic disease management classes, provided outreach to the local housing authority and local native American tribe focused on wellness activities, provider speakers for various community health events, and collaborated with a local Community Action Program to provide food insecurity screening and referral program for primary care patients.</p>
Part VI, Line 7 - States Filing of Community Benefit Report	ME

Additional Data**Software ID:** 18007218**Software Version:** 2018v3.1**EIN:** 01-0372148**Name:** EASTERN MAINE HEALTHCARE SYSTEMS TAMC
THE AROOSTOOK MEDICAL CENTER TAMC**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Northern Light AR Gould Hospit 140 Academy Street Presque Isle, ME 04769 northernlighthealth.org/A-R-Go 37937	X	X					X			

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

Form and Line Reference	Explanation
<p>Facility Northern Light AR Gould Hospit - Part V, Section B, Line 5</p>	<p>The Maine Shared CHNA research team conducted a statewide survey among stakeholders to identify and prioritize significant health issues in communities across the state. The survey, coordinated with the Maine CDC, engaged public health expertise throughout the process. Community outreach was conducted between September 2018 and January 2019. Community forums with residents and service providers were held in the county. All forms of engagement included forums and key informant interviews. The purpose of this outreach was to gather feedback on data and to identify health priorities, community assets, and gaps in resources to be used in health improvement planning. Local forums were conducted in partnership with the Maine CDC to solicit input from individuals representing populations with health disparities including medically underserved, low-income, or minority populations. The following organizations attended the September 17, 2018 Aroostook County Shared CHNA Community Engagement Forum and provided valuable feedback on the Maine Shared CHNA. Persons representing broad interests of the community who were consulted during the engagement process (the following list was extracted from the Aroostook County CHNA report, pages 27-28) Aroostook Agency on Aging, Aroostook County Action Program, Aroostook County Health Network/Pines Health Services, Aroostook Mental Health Center, Aroostook Public Health District, Aroostook Substance Abuse Prevention, Cary Medical Center, Community Member, E D Bells, Fiddlehead Focus, Fish River Rural Health, Greater Fort Kent Chamber of Commerce, Health Services Foundation, Hope and Justice Project, Houlton Family Practice and Pain Clinic, Houlton-Pediatrics-Houlton Regional Hospital, Houlton Regional Hospital, Houlton Regional Hospital and Link for Hope, Katahdin Valley Health Center, Kristen Wells Consulting, Life by Design, Maine CDC, Maine CDC Public Health Nursing, MSAD #27, Northern Light Health, Northern Light Acadia Healthcare, Northern Light Acadia Hospital, Northern Light AR Gould Hospital, Northern Light Home Care & Hospice, Northern Maine Community College, Northern Maine Medical Center, Power of Prevention, Presque Isle Star-Herald, St John Valley Pediatrics, Seniors Achieving Greater Education, The Northern Lighthouse, Inc., United Way of Aroostook, University of Maine Cooperative Extension. Key informant interview populations identified by the Maine Shared CHNA steering committee included medically underserved and vulnerable populations to ensure their input was heard and captured included Veterans, Tribal communities, Adults ages 65 and older who are isolated or have multiple chronic conditions, Non-English speakers, undocumented individuals, immigrants, and refugees, Deaf individuals and those with other physical disabilities, Adolescents/youth, LGBTQ, People with mental health conditions and developmental disabilities, Rural individuals, Individuals in substance use disorder recovery/substance use disorder.</p>

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

Form and Line Reference	Explanation
Facility Northern Light AR Gould Hospit - Part V, Section B, Line 5	<p>order prevention and treatment professionals The following is a list of organizations who participated in Key Informant Interviews Alpha One, Androscoggin Home Healthcare + Hospice , Bingham Foundation, Cary Medical Center, Catholic Charities of Maine, Community Concepts , Community Caring Collaborative, Edmund Ervin Pediatric Center, MaineGeneral Health, Equality Maine, Family Medicine Institute, Frannie Peabody Center, Greater Portland Council of Governments, Healthy Acadia, Healthy Androscoggin, Healthy Communities of the Capitol Area, Kennebec Valley Council of Governments, Long Creek Youth Development Center, Maine Access Immigrant Network, Maine Alliance for Addiction and Recovery, Maine Alliance to Prevent Substance Abuse, Maine Chapter Multiple Sclerosis Society, Maine Council on Aging, Maine Migrant Health, Maine Seacoast Mission, Millinocket Chamber of Commerce, National Alliance on Mental Illness, Nautilus Public Health, Northern Light Maine Coast Hospital, Office of Aging and Disability Services, Penquis Community Action Agency, Portland Public Health, Seniors Plus, Sunrise Opportunities, Tri-County Mental Health Services, United Ambulance Service, Veterans Administration Maine Healthcare System, York County Community Action Corporation</p>

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

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

Form and Line Reference	Explanation
Facility Northern Light AR Gould Hospit - Part V, Section B, Line 6a	The Maine Shared CHNA was conducted through a collaborative effort among Maines four largest health-care systems Central Maine Healthcare, Northern Light Health (formerly known as EMHS), MaineGeneral Health, MaineHealth and the Maine Center for Disease Control and Prevention, an office of the Maine Department of Health and Human Services (DHHS) Northern Light Health member organizations participating in the Shared CHNA included Acadia Hospital, Blue Hill Hospital, CA Dean Hospital, Eastern Maine Medical Center, Inland Hospital, Maine Coast Hospital, Mercy Hospital, Seabasticook Valley Hospital, and AR Gould Hospital

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

Form and Line Reference	Explanation
<p>Facility Northern Light AR Gould Hospit - Part V, Section B, Line 11</p>	<p>Northern Light Health recently conducted their 2019 Shared Community Health Needs Assessment that will inform priority work to be implemented FY20-FY22. In FY20, our members will provide information on how they addressed significant needs identified in their 2019 Community Health Strategy. While conducting the 2019 Shared CHNA research and outreach, Northern Light AR Gould Hospital continued to implement priority work from their final year, FY19, of their three-year 2016 Community Health Strategy. Below reflect these efforts related to the 2016 Community Health Strategy. The data gathered from the 2016 Shared Community Health Needs Assessment (Shared CHNA) informed Northern Light AR Gould Hospitals Community Health Strategy (Implementation Strategy) developed with input from community stakeholders including those who serve priority populations, local Public Health District Liaisons, social service agency representatives, local business leaders, and community advocates. Priorities were selected after weighing the severity of each priority area, availability of knowledge and effective interventions, determination that the priority area was un-addressed or under-addressed, and community collaborations underway with Northern Light AR Gould Hospital. A hospital task force considered the data and identified areas of significant need including priority concerns, intended actions to address the need, programs and resource allocation, planned collaborations, and population of focus. The implementation strategy was presented and adopted by the hospital's Board of Trustees. Northern Light AR Gould Hospital identified four priorities of focus addressing the significant needs identified in its 2016 CHNA as follows:</p> <ul style="list-style-type: none"> Decrease prevalence of sedentary lifestyles in youth through family engagement. Actions taken by Northern Light AR Gould Hospital to address this priority in FY19: Northern Light AR Gould Hospital partnered with multiple community agencies to provide low cost or no cost activities for families as well as additional activities for adults through our Fit and Fun programming. Decrease number of adults age 20-65 with cardiovascular disease risk factors. Actions taken by Northern Light AR Gould Hospital to address this priority in FY19: Patient smoking reduction - Northern Light AR Gould Hospital provided smoking cessation information to patients through signage, educational materials, discharge instructions, and a stop smoking event. We also wrote a letter of support for Aroostook County Action Program (ACAP) to receive a grant for tobacco cessation staff. Staff smoking reduction - Northern Light AR Gould Hospital provided tobacco cessation information to new employees at new staff orientation. Information was placed throughout the campus about quitting resources. Our system benefits include tobacco cessation aids and support. Improve health status of adults over 65 with three or more chronic conditions. Actions taken by Northern Light AR Gould Hospital to address

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

Form and Line Reference	Explanation
Facility Northern Light AR Gould Hospit - Part V, Section B, Line 11	<p>this priority in FY19 Northern Light AR Gould Hospital facilitated a train the trainer class for the Stanford Model Living Well class and held multiple community education sessions Northern Light AR Gould Hospital also provides a regular series of Healthy Aging lunch and learn events, and a series of community talks which provide health education to community members, which often focused on chronic health conditions Improve access to mental health/substance abuse services and early intervention Actions taken by Northern Light AR Gould Hospital to address this priority in FY19 Northern Light AR Gould Hospital provided education cards related to opioid use to primary care patients and in key service lines of emergency department, general surgery and orthopedics Additional information related to actions taken by Northern Light AR Gould Hospital on the above priorities can be found in their FY19 Progress Report to Our Community at https://northernlighthealth.org/Community-Health-Needs-Assessment/2016-CHNA-Reports/Community-Health-Strategy Northern Light AR Gould Hospital considered all priorities identified in the Shared CHNA, as well as other sources, through an extensive review process While the full spectrum of needs is important, Northern Light AR Gould Hospital is currently poised to focus only on the highest priorities at this time Priorities listed below will be address through partnerships with and support to organizations in the community focused on these areas Organizations are indicated in parentheses Poverty (Aroostook County Action Program) Oral Health (St Apollonia Clinic)Domestic Violence (Hope & Justice)Transportation (Aroostook Area Agency on Aging, Aroostook Regional Transportation Service)Affordable Housing (Presque Isle Housing Authority, Aroostook County Action Program)Economic Development (Aroostook Partnership for Progress, Central Aroostook Chamber of Commerce)Educational Attainment (Aroostook Aspirations, Aroostook Partnership for Progress, United Way)</p>

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

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

Form and Line Reference	Explanation
Facility Northern Light AR Gould Hospit - Part V, Section B, Line 16j	Response for 7a (list url) is https //northernlighthealth org/A-R-Gould-Hospital Response for 7b (list url) is https //northernlighthealth org/Community-Health-Needs-Assessment/2019-CHNA-Reports Response for 10 (list url) is https //northernlighthealth org/Community-Health-Needs-Assessment/2019-CHNA-Reports/Community-Health-Strategy Response for 16a, 16b, 16c (list url) is http //northernlighthealth org/A-R-Gould-Hospital under "Bill Pay & Financial Assistance"

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
1 NORTHERN LIGHT SURGERY 146 ACADEMY STREET STE 1A PRESQUE ISLE, ME 04769	OUTPATIENT PHYSICIAN CLINIC
1 NORTHERN LIGHT PRIMARY CARE 23 NORTH STREET STE 4 PRESQUE ISLE, ME 04769	OUTPATIENT PHYSICIAN CLINIC
2 NORTHERN LIGHT OBGYN 140 ACADEMY STREET STE 4 PRESQUE ISLE, ME 04769	OUTPATIENT PHYSICIAN CLINIC
3 NORTHERN LIGHT PEDIATRICS 23 NORTH STREET STE 1 PRESQUE ISLE, ME 04769	OUTPATIENT PHYSICIAN CLINIC
4 NORTHERN LIGHT SLEEP DIAGNOSTICS 140 ACADEMY STREET STE 3 PRESQUE ISLE, ME 04769	OUTPATIENT PHYSICIAN CLINIC
5 NORTHERN LIGHT CANCER CARE 140 ACADEMY STREET PRESQUE ISLE, ME 04769	OUTPATIENT PHYSICIAN CLINIC
6 NORTHERN LIGHT DIALYSIS 23 NORTH STREET SUITE 5 PRESQUE ISLE, ME 04769	OUTPATIENT PHYSICIAN CLINIC
7 NORTHERN LIGHT CONTINUING CARE 15 HIGHLAND AVENUE MARS HILL, ME 04758	NURSING HOME, OUTPATIENT CLINIC
8 NORTHERN LIGHT PRIMARY CARE 23 HIGH STREET FORT FAIRFIELD, ME 04742	OUTPATIENT PHYSICIAN CLINIC
9 NORTHERN LIGHT OUTPATIENT SPECIALTY CLINICS 146 ACADEMY STREET SUITE 1B PRESQUE ISLE, ME 04769	OUTPATIENT PHYSICIAN CLINICS
10 NORTHERN LIGHT URGENT CARE 23 NORTH STREET STE 2 PRESQUE ISLE, ME 04769	OUTPATIENT PHYSICIAN CLINIC
11 NORTHERN LIGHT HEART AND LUNG 146 ACADEMY STREET STE 11 PRESQUE ISLE, ME 04769	OUTPATIENT PHYSICIAN CLINIC
12 NORTHERN LIGHT UROLOGY 140 ACADEMY STREET STE 5 PRESQUE ISLE, ME 04769	OUTPATIENT PHYSICIAN CLINIC
13 NORTHERN LIGHT PRIMARY CARE 118 BENNETT DRIVE STE 130 CARIBOU, ME 04736	OUTPATIENT PHYSICIAN CLINIC
14 NORTHERN LIGHT PRIMARY CARE 106 MAIN STREET MARS HILL, ME 04758	OUTPATIENT PHYSICIAN CLINIC

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
16 NORTHERN LIGHT WOMENS HEALTH 140 ACADEMY STREET STE 6 PRESQUE ISLE, ME 04769	OUTPATIENT PHYSICIAN CLINIC
1 NORTHERN LIGHT EYE CARE 146 ACADEMY STREET SUITE D PRESQUE ISLE, ME 04769	OUTPATIENT PHYSICIAN CLINIC
2 NORTHERN LIGHT MEDICAL TRANSPORT & EMERGENCY CARE 140 ACADEMY STREET PRESQUE ISLE, ME 04769	AMBULANCE SERVICE
3 NORTHERN LIGHT ORTHOPEDICS 140 ACADEMY STREET SUITE 10 PRESQUE ISLE, ME 04769	OUTPATIENT PHYSICIAN CLINICS
4 NORTHERN LIGHT SLEEP DIAGNOSTICS 140 ACADEMY STREET SUITE 2 PRESQUE ISLE, ME 04769	OUTPATIENT PHYSICIAN CLINICS
5 NORTHERN LIGHT EARS NOSE and THROAT CARE 140 ACADEMY STREET SUITE 12 PRESQUE ISLE, ME 04769	OUTPATIENT PHYSICIAN CLINIC
6 NORTHERN LIGHT MEDICAL TRANSPORT & EMERGENCY CARE 18 HIGHLAND AVENUE MARS HILL, ME 04769	AMBULANCE SERVICE
7 NORTHERN LIGHT MEDICAL TRANSPORT & EMERGENCY CARE 18 COMMUNITY CENTER DRIVE FORT FAIRFIELD, ME 04742	AMBULANCE SERVICE
8 NORTHERN LIGHT MEDICAL TRANSPORT & EMERGENCY CARE 6 VICTORIA STREET WASHBURN, ME 04786	AMBULANCE SERVICE
9 NORTHERN LIGHT MEDICAL TRANSPORT & EMERGENCY CARE 119 WEINMAN DRIVE LIMESTONE, ME 04750	AMBULANCE SERVICE

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization EASTERN MAINE HEALTHCARE SYSTEMS TAMC THE AROOSTOOK MEDICAL CENTER TAMC

Employer identification number 01-0372148

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 7 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Includes rows for Aroostook Aspirations and LifeFlight Foundation.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Grantmaker's Description of How Grants are Used	The Organization makes payments only to other not-for-profit organizations. Therefore, additional monitoring was not deemed necessary.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS TAMC
THE AROOSTOOK MEDICAL CENTER TAMC

Employer identification number
01-0372148

Part I Questions Regarding Compensation

		Yes	No		
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes			
<p>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.</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>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:</p> <p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.</p>	5b		No		
<p>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:</p> <p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No		
<p>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.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9		No		

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 1a Relevant information in regards to selections on 1a	The following received a wellness program incentive: Glenda Dwyer, officer \$500; Alan Mautz, highest compensated employee 162; David Weed, director 110. The benefit is available for all employees. The following received a giftcard for \$22: Daryl Boucher, officer; Wendy Boucher, director; Alan Mautz, highest compensated employee; Mark Morin, highest compensated employee; David Weed, director. The following received a giftcard for \$15: Glenda Dwyer, officer; Richard Leidinger, highest compensated employee; Venkatram Nethala, highest compensated employee.



Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 01-0372148
Name: EASTERN MAINE HEALTHCARE SYSTEMS TAMC
 THE AROOSTOOK MEDICAL CENTER TAMC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ALAN P MAUTZ Physician	(i)	502,667	331,711	3,111		33,439	870,928	
	(ii)	-----	-----	-----	-----	-----	-----	-----
ANTHONY FILER Sr VP/CFO/Treas	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	497,426	71,027	8,827	31,517	32,705	641,502	
ARG WB Trustee	(i)	569,102	8,300	2,034		20,355	599,791	
	(ii)	-----	-----	-----	-----	-----	-----	-----
C BRUCE SANDSTROM Former VP of Finance	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	265,163	31,548	22,564	22,000	12,339	353,614	
DAVID WEED MD Pres Med Staff	(i)	489,821		3,846		13,835	507,502	
	(ii)	-----	-----	-----	-----	-----	-----	-----
GLENDA DWYER VP, COO	(i)	247,228	32,562	24,311		13,445	317,546	
	(ii)	-----	-----	-----	-----	-----	-----	-----
GLENN MARTIN VP/Gen Csl/Sec	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	415,555	72,710	4,935	86,309	22,775	602,284	
GREGORY LAFRANCOIS SVP, President	(i)	306,380	39,143	2,142	24,938	3,572	376,175	
	(ii)	-----	-----	-----	-----	-----	-----	-----
JAY REYNOLDS MD CMO/CCO	(i)	292,084	34,280	44,242		28,794	399,400	
	(ii)	-----	-----	-----	-----	-----	-----	-----
M MICHELLE HOOD President NLH	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	3,773,999	196,017	7,584	273,147	23,276	4,274,023	2,839,409
MARK MORIN Physician	(i)	500,342		3,886		23,591	527,819	
	(ii)	-----	-----	-----	-----	-----	-----	-----
MAURA KELLY VP Finance Svcs	(i)	240,569	25,320	14,464	21,773	20,464	322,590	
	(ii)	-----	-----	-----	-----	-----	-----	-----
RICHARD DEBOWSKY Physician	(i)	505,829		8,052		21,580	535,461	
	(ii)	-----	-----	-----	-----	-----	-----	-----
RICHARD LEIDINGER Physician	(i)	487,337	40,500	8,031		28,527	564,395	
	(ii)	-----	-----	-----	-----	-----	-----	-----
ROGER PELLI DO VP, CMIO	(i)	259,770	500	1,544		731	262,545	
	(ii)	-----	-----	-----	-----	-----	-----	-----
VENKATRAM NETHALA Physician	(i)	517,912		3,531		28,527	549,970	
	(ii)	-----	-----	-----	-----	-----	-----	-----
YOOSUF SIDDIQUI VP HR/NW Region	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	132,287	15,811	22,807	10,267	30,419	211,591	

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization EASTERN MAINE HEALTHCARE SYSTEMS TAMC THE AROOSTOOK MEDICAL CENTER TAMC	Employer identification number 01-0372148
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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 organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶	\$					

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Tina Weed	fam mem=officer	69,816	compensation		No
(2) Danhong Zhao	fam mem=officer	230,839	compensation		No
(3) Rachael St Pierre	fam mem=brd mem	28,743	compensation		No
(4) Dawn Mahan	fam mem=brd mem	12,919	compensation		No

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part V Supplemental Information	Tina Weed is a family member of an officer and is an employee of Northern Light AR Gould Danhong Zhao is a family member of a board member/officer and is an employee of Northern Light AR Gould Rachael St Pierre is a family member of a board member and is an employee of Northern Light AR Gould Dawn Mahan is a family member of a board member and is an employee of Northern Light AR Gould

SCHEDULE O
(Form 990 or 990-
EZ)

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.

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

2018

**Open to Public
Inspection**

Department of the Treasury

Name of the organization

EASTERN MAINE HEALTHCARE SYSTEMS TAMC
THE AROOSTOOK MEDICAL CENTER TAMC

Employer identification number

01-0372148

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	<p>OTHER PROGRAM SERVICES 4 CHARITY CARE PROVIDED (AT COST) 603 PERSONS SERVED OTHER PROGRAM SERVICES 5 Please see the following excerpt from the Northern Light Health Annual Report 2019 to the Community for details of community benefit projects at NLH members Were making healthcare work for you We are Changemakers All around us in todays world are people who challenge the status quo and aim to do more History remembers those who have created changes that make our world a better place Where would we be today if Alexander Graham Bell hadnt invented the telephone? Or, Thomas Edison didnt find a way to harness electricity to make light? Or, Marie Curie didnt discover the radioactive compounds that would lead to the use of radiation therapy to treat cancer? Of course, not all change is so grand, and not all changemakers are so iconic, but even small changes over time make a big difference Here at Northern Light Health, among our thousands of dedicated employees, valued patients, generous donors, and committed community partners, we are grateful to have changemakers who work every day to improve the lives of people across our great state In our 2019 Annual Report, we will introduce you to some of these changemakers They are improving their communities, their workplaces, and themselves They are finding better ways to treat people with Alzheimers disease They are taking on extraordinary physical challenges to further cancer research And, they are looking to make meaningful changes to how patients are cared for during their stays in our hospitals and healthcare facilities At Northern Light Health, our purpose is to make healthcare work for you, and one way that we are doing that is by raising quality through innovation, teamwork, and efficiency You will see examples of this throughout the pages of this years report I am truly inspired by the great work that is happening here, and I know you will be inspired too Sincerely, M Michelle Hood, FAC HE President and CEO, Northern Light Health Ordinarily, Michelle and I co-author the introductory letter to our annual report, but this year, I felt it was important to add a few additional thoughts of my own This will be the final annual report of Michelles 14-year tenure with Northern Light Health as she is moving on to an exciting new opportunity with the American Hospital Association to serve as executive vice president and chief operating officer I think it is fitting that the theme of this years report is changemakers because Michelle has been a positive agent of change for our healthcare system During her time as CEO, Northern Light Health has grown from a loosely organized confederation of hospitals to an integrated healthcare system that is poised to serve people across Maine for generations to come I speak on behalf of our Board of Directors when I congratulate Michelle on her exciting new opportunity She can feel proud of all that she has accomplished for Northern Light Health and the people</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4d Other Program Services Description</p>	<p>e of Maine Sincerely, Barry McCrum Northern Light Health, Board Chair We are Hopeful When Memory Fades Northern Light Alzheimers Research Program As Bill Doak runs a wooden board under a scroll saw in the woodworking shop behind his home, he pushes too hard, the board jumps, and the saw blade breaks Bills wife, Nina, is standing nearby with a nervous look There's sawdust on the floor and projects in various stages of production and repair, including a chest of drawers Bill has made thousands of dovetail joints but when he started this project for his grandson, he couldn't remember how to make a dovetail joint, explains Nina Instead, Bill is fastening the drawers together with screws For Nina, it's a good sign that Bill is still problem-solving, but this scenario is just one of the many new realities they are learning to deal with since Bill has been living with Alzheimers disease I built several boats over the years, and Ive built many pieces of furniture The work gave me a sense of comfort, explains Bill, And, now, not so much It takes a lot of time Bill takes long walks on the roads near his coastal home in Surry, reads books, and solves crossword puzzles He does these things to keep both his mind and body fit As shes done for 40 years Nina is at his side supporting him As the disease progresses, so does her worry She and Bill cared for Bills parents, who both had Alzheimers disease Bill is a very bright man who has held important administrative positions at the National Institutes of Health He was great with numbers, and thats not there anymore, says Nina, Bill says that Im angry Yes, I am angry, but not at him This disease is slowly taking away my best friend Bill is doing all he can to slow the diseases progression He is part of a clinical research trial offered through Northern Light Acadia Hospitals Mood and Memory Clinic, in which he is a patient of Clifford Singer, MD, chief of Geriatrics and principal investigator for Northern Lights Alzheimers Disease Research Program Acadia Hospital, together with the University of California San Diego and the National Institute on Aging is testing a drug currently used to treat ALS to see if it slows Alzheimers disease Bill is part of that trial There is a critical public health need Because of our aging society, there is a doubling of the numbers of people with Alzheimers disease nationally and in Maine The best hope we have of coping is to either prevent or at least slow the disease down, Dr Singer explains Northern Light Acadia Hospital is also partnering with Jackson Laboratory, a world-class genetics research institute The hospital has clinicians and access to potential research study participants while Jackson Laboratory has state-of-the-art genetics laboratories, grant writing expertise, and researchers Gareth Howell, PhD, associate professor at Jackson Laboratory, and his team of researchers are studying the effects of Alzheimers disease on mice at the genetic level D</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4d Other Program Services Description</p>	<p>r Howell says collaborating with a clinician with a national reputation such as Dr Singer allows them to not only enhance research but also attract grants Our partnership with Dr Singer allows us to go backward and forward between human patients and mouse models You can understand more about the disease in the mouse if you have mouse models that look like the human condition And so, there are benefits of having a close partnership with somebody studying the disease in humans, Dr Howell explains Northern Light Acadia Hospital also collaborates with the University of Maine and Activas Diagnostics, an Orono-based company, co-founded by Marie Hayes, PhD Dr Hayes is the principal investigator and project director for an NIH grant-funded research project She was instrumental in securing a \$1 million grant to develop and test technology that allows researchers to study sleeping patterns on a group of 120 study participants at their homes What if disruption of sleep is the earliest signs of neurodegeneration not just Alzheimers disease, but Parkinsons disease and other kinds of diseases associated with sleep disorders? asks Dr Hayes, Early detection is the secret to treatment thats successful OTHER PROGRAM SERVICES 6 Ali Abedi, PhD, U Maine professor of Electrical and Computer Engineering, and his team are collaborating with Activas, of which he is also co-founder, to help develop and test the home-based sleep diagnostics technology that Dr Hayes and he patented They created a prototype sleep monitoring device that looks like a mattress pad, but it has 32 sensors that can measure respiration and movement during sleep And its much easier to operate because its in peoples homes Its not invasive, its in your own comfortable home The idea is we create sets of signals that indirectly measure whats going on inside your brain in terms of cognitive impairment, explains Dr Abedi Whether its studying sleep patterns, conducting genetic research on mice, or attracting human clinical trials to Maine, the best and brightest research, engineering, and clinical minds in Maine are coming together to find a cure for a brain disease that is affecting Bill Doak and many thousands of other people in Maine I hope there can be a pill that would stop the progression and, if possible, help me gain back some of the things that Ive lost, thats what I hope, explains Bill, I also hope the clinical trials Im involved in can help find a cure for future generations *Northern Light Acadia is also exploring opportunities to collaborate with Massachusetts General Hospital on Alzheimers Research Want to learn more about what we do? MAINAH (Maine Initiative for Neurologic Aging and Health) offers healthy brain aging tips You can sign up for our newsletter or join a study Visit https //northernlighthealth org/Acadia/HealthyBrainAging We are Motivated The Heart of a Friar Northern Light Cardiovascular Care As the sun rises over the Franciscan Friars monastery on Orcutt</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	Amended Bylaws as follows Amended Article VIII (Fiduciary Duty, Prohibited Transactions, Divided Loyalty, Independence), Section 5 (Independent Trustee) Subsection (e) to change the amount from aggregated more than \$10,000 to equaled or exceeded (i) \$80,000, or (ii) 2% of such companys consolidated gross revenues if such companys consolidated gross revenues were less than \$4,000,000, in any of such three fiscal years To add payments made by the company to the Corporation for healthcare services shall not be deemed to constitute payments

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	The Aroostook Medical Center d/b/a Northern Light A R Gould Hospital (the Corporation) is a Maine nonprofit corporation Eastern Maine Healthcare Systems, d/b/a Northern Light Health (NLH), also a Maine nonprofit corporation, is the sole voting corporate member of the Corporation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	Each year at their annual meeting, the directors elect replacements for those directors whose terms are expiring Election of directors is subject to ratification by the NLH Board of Directors

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	The NLH President has authority to appoint and remove the SVP, President of the Corporation NLH also has joint and superior authority to approve, disapprove or initiate action with respect to the following matters I amendments to the corporations Articles of Incorporation or Bylaws,II changes in legal form of organization of the Corporation,III election of the Directors/Trustees of the Corporation,IV action concerning the Corporations operating budget and capital expenditures,V the Corporations acquisition of assets or assumption of liabilities of an unaffiliated third party,VI transfer of 5% or more of the assets of the Corporation,VII financing transactions concerning the Corporation, VIII merger, consolidation, sale, lease, mortgage, pledge or other disposition of all or substantially all assets of the Corporation, IX add or revise a health care service of the Corporation,X discontinue or close a health care service of the Corporation,XI action concerning the Corporations role in the NLH Strategic Plan,XII action concerning the Corporations participation in key strategic affiliations with third parties not affiliated with NLH, andXIII dissolution of the Corporation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	Form 990 is reviewed by the VP of Finance. It is also provided to each board member either electronically or in hard copy with an opportunity to ask questions prior to filing with the IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	The organization requests updates of potential conflicts and relationships from the officers and Board members on an annual basis. The request requires disclosure of all business relationships, board memberships, and family relationships. A database is maintained that is compared to payroll records and the accounts payable vendor list to identify any potential conflicts of interest. Transactions are reviewed for reasonableness as an arm's length transaction. The first agenda item for board meetings and board committee meetings is for members to declare any conflict of interest with upcoming agenda items or deliberations. At any point when consideration is being given to purchase/contract with a party in interest, the member with the conflict is either excused from the discussion and consideration process or abstains from voting on the matter. All transactions identified with parties in interest are disclosed within the Form 990. All are deemed to be arm's length transactions.

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management</p>	<p>The SVP, President of Northern Light A R Gould Hospital and the system President/CEO (Pre sident) who serves on the board ex-officio are employed by the system parent, Eastern Main e Healthcare Systems, d/b/a Northern Light Health (NLH) The NLH Executive Performance Man agement Committee (the Committee) is responsible to monitor and evaluate the performance o f the NLH President, to set compensation of the NLH President, and to review recommendatio ns of the NLH President with respect to compensation of the SVP, President of the direct s ubsiidiaries, and other direct reports to the NLH President The Committee is comprised ent irely of independent Directors per NLH bylaws Process The Committee meets regularly throu ghout the fiscal year at the discretion of the Committee chair as well as on call of the C hair of the NLH board In carrying out its duties pursuant to the Bylaws, the Committee - Assures that the executive compensation program is administered in a manner consisten t with the NLH executive compensation philosophy - Reviews and updates the NLH executive compen sation philosophy which serves as the foundation on which all current and future executive compensation decisions are made - Assures that value of compensation provided by NLH does not exceed the value of services provided by the executive - Reviews annual incenti ve compen sation criteria for eligible executives, as defined by the NLH President - Reviews peri odic compensation survey information and provides expert input to proposed changes to the executive compensation program - Assures that a formal and timely performance management s ystem is in place for executives - Reviews incentive compensation criteria scoring and ass ociated pay schedules for officers and key employees - Provides any public statements rega rding executive compensation practices at NLH deemed appropriate - Maintains minutes of th e meetings and communicates actions to the NLH Board of Directors To accomplish this, the committee uses an external consultant with access to comparative data from independent sou rces and include national as well as regional data points The NLH President reviews all d irect report compensation actions with the committee In addition, the NLH President ensur es that any subsidiary policies and practices governing executive compensation are consisten t with the committee's philosophy and practices statement Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees Compensation of other o fficers and key employees of the organization is established by the Human Resources depart ment who utilize external market research to establish compensation ranges for specific po sitions The compensation of officers and key employees are reviewed by the system Preside nt/CEO and A R Gould Executive & Finance committee On an annual basis, the compensation ranges are compared to the updated survey information The hiring manager will determine w here the employee will fall wi</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	thin the ranges established by the Human Resources department based on experience and cred entials

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The Aroostook Medical Center d/b/a Northern Light A R Gould makes its governing documents, conflict of interest policy and financial statements available to the public upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Net Change in Funds Held at EMHS Foundation = -\$643873

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Transfer to exempt parent-Eastern Maine Healthcare Systems = -\$518466

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Summary	A change was made this year to change reporting of Patient Service Revenue under Program Service Revenue from gross patient service revenue to net patient service revenue, which is now the hospital industry standard. The outcome offsets contractual allowance, charity care, and bad debt expense from Part IX line 24 to Part VIII line 2 against patient service revenue. As a result, Part I Summary line 9 (Program service revenue), line 12 (Total revenue), line 17 (other expenses) and line 18 (Total expenses) are not comparative to prior year.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS TAMC
THE AROOSTOOK MEDICAL CENTER TAMC

Employer identification number

01-0372148

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.

See Additional Data Table

(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

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	
(1) MERIDIAN MOBILE HEALTH LLC 43 WHITING HILL ROAD BREWER, ME 04412 01-0512673	AMBULANCE	ME	AHS					No			No	
(2) M DRUG LLC 43 WHITING HILL ROAD BREWER, ME 04412 27-2175482	PHARMACY	ME	AHS					No			No	
(3) ALLIANCE HEALTH DOCUMENTATION LLC 43 WHITING HILL ROAD BREWER, ME 04412 46-2751855	TRANSCRIPTION	ME	AHS					No			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
(1) AFFILIATED HEALTHCARE SYSTEMS AHS 43 WHITING HILL ROAD BREWER, ME 04412 01-0385322	HOLDING CO	ME	EMHS	C CORP				Yes	
(2) AFFILIATED HEALTHCARE MANAGEMENT 43 WHITING HILL ROAD BREWER, ME 04412 01-0349339	HLTHCR MGMT	ME	AHS	C CORP				Yes	
(3) AFFILIATED LABORATORY INC 43 WHITING HILL BREWER, ME 04412 01-0381283	CLINICAL LAB	ME	AHS	C CORP				Yes	
(4) AFFILIATED MATERIEL SERVICES 43 WHITING HILL ROAD BREWER, ME 04412 01-0381189	PURCHASING	ME	AHS	C CORP				Yes	
(5) BEACON DIRECT 43 WHITING HILL ROAD BREWER, ME 04412 37-1864965	HEALTHCARE SELF-FUNDED TPA	ME	EMHS	C Corp				Yes	

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

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

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

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 01-0372148
Name: EASTERN MAINE HEALTHCARE SYSTEMS TAMC
 THE AROOSTOOK MEDICAL CENTER TAMC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
43 WHITING HILL ROAD BREWER, ME 04412 01-0527066	SUPPORTING ORGANIZATION FOR HEALTHCARE AFFILIATES	ME	501(C)(3)	12 TYPE II	N/A	Yes	
43 WHITING HILL ROAD BREWER, ME 04412 01-0391036	LEASES REAL ESTATE	ME	501(C)(2)		EMHS	Yes	
43 WHITING HILL ROAD BREWER, ME 04412 01-0459837	PROVIDE HEALTHCARE SERVICES	ME	501(C)(3)	3	EMHS	Yes	
43 WHITING HILL ROAD BREWER, ME 04412 22-3183888	PROVIDE HEALTHCARE SERVICES	ME	501(C)(3)	10	AHC	Yes	
PO BOX 404 489 STATE STREET BANGOR, ME 044020404 01-0211501	PROVIDE HEALTHCARE SERVICES	ME	501(C)(3)	3	EMHS	Yes	
43 WHITING HILL ROAD BREWER, ME 04412 01-0377901	FUND RAISING FOR EXEMPT EASTERN MAINE MEDICAL CENTER	ME	501(C)(3)	10	EMMC	Yes	
43 WHITING HILL ROAD STE 400 BREWER, ME 04412 01-0465231	PROVIDE PATIENT CARE AND EDUCATION	ME	501(C)(3)	10	EMMC	Yes	
43 WHITING HILL ROAD STE 400 BREWER, ME 04412 22-2514163	RAISE AND MANAGE FUNDS FOR EXEMPT ORGANIZATIONS	ME	501(C)(3)	12 TYPE II	EMHS	Yes	
43 WHITING HILL ROAD STE 400 BREWER, ME 04412 01-0391038	PROVIDE SERVICES TO ELDERLY	ME	501(C)(3)	PF	EMHS	Yes	
43 WHITING HILL ROAD STE 400 BREWER, ME 04412 01-0430751	OPERATION OF NURSING HOMES	ME	501(C)(3)	10	ROSSCARE	Yes	
200 KENNEDY MEMORIAL DRIVE WATERVILLE, ME 04901 01-0217211	PROVIDE HEALTHCARE SERVICES	ME	501(C)(3)	3	EMHS	Yes	
220 KENNEDY MEMORIAL DRIVE WATERVILLE, ME 04901 01-0421234	PROVIDE SKILLED AND LONG-TERM NURSING CARE	ME	501(C)(3)	3	INLAND HOSPITAL	Yes	
PRITHAM AVENUE PO BOX 1129 GREENVILLE, ME 044411129 04-3341666	PROVIDE HEALTHCARE SERVICES	ME	501(C)(3)	3	EMHS	Yes	
57 WATER STREET BLUE HILL, ME 046145231 01-0227195	PROVIDE HEALTHCARE SERVICES	ME	501(C)(3)	3	EMHS	Yes	
447 NORTH MAIN STREET PITTSFIELD, ME 04967 01-0263628	PROVIDE HEALTHCARE SERVICES	ME	501(C)(3)	3	EMHS	Yes	
447 NORTH MAIN STREET PITTSFIELD, ME 04967 01-1357854	PROVIDE PATIENT CARE	ME	501(C)(3)	10	SVH	Yes	
PO BOX 151 140 ACADEMY STREET PRESQUE ISLE, ME 04769 01-0504393	PROVIDE PATIENT CARE	ME	501(C)(3)	3	TAMC	Yes	
144 State Street Portland, ME 04101 01-0211534	PROVIDE HEALTHCARE SERVICES	ME	501(c)(3)	3	EMHS	Yes	
50 Foden Road South Portland, ME 04106 01-0246804	PROVIDE HOME HEALTH AND HOSPICE SERVICES	ME	501(c)(3)	10	EMHS	Yes	
43 WHITING HILL ROAD BREWER, ME 04412 47-4315094	PROVIDE HEALTHCARE SERVICES	ME	501(C)(3)	12 TYPE II	EMHS	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
50 UNION STREET ELLSWORTH, ME 04605 01-0198331	PROVIDE HEALTHCARE SERVICES	ME	501(c)(3)	3	EMHS	Yes	
50 UNION STREET ELLSWORTH, ME 04605 01-0390918	LEASE MEDICAL FACILITIES	ME	501(C)(3)	12 TYPE I	MCMH	Yes	
43 WHITING HILL ROAD BREWER, ME 04412 01-0211501	OPERATION OF NURSING HOME	ME	501(c)(3)	3	EMMC	Yes	
43 WHITING HILL ROAD BREWER, ME 04412 45-2967056	ACCOUNTABLE CARE ORGANIZATION	ME	501(c)(3)	12 Type II	EMHS	Yes	
43 WHITING HILL ROAD BREWER, ME 04412 47-4483187	ACCOUNTABLE CARE ORGANIZATION	ME	501(c)(3)	12 Type II	EMHS	Yes	
43 WHITING HILL ROAD BREWER, ME 04412 36-4903784	ACCOUNTABLE CARE ORGANIZATION	ME	501(c)(3)	12 Type II	EMHS	Yes	
43 WHITING HILL ROAD BREWER, ME 04412 83-0911574	AMBULANCE	ME	501(c)(3)	10	EMHS	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	EASTERN MAINE HEALTHCARE SYSTEMS EMHS	l	397,521	FMV
(1)	EASTERN MAINE HEALTHCARE SYSTEMS EMHS	m	6,138,164	FMV
(2)	EASTERN MAINE HEALTHCARE SYSTEMS EMHS	p	12,872,507	FMV
(3)	EASTERN MAINE HEALTHCARE SYSTEMS EMHS	r	518,466	FMV
(4)	EASTERN MAINE MEDICAL CENTER EMMC	m	1,260,729	FMV
(5)	EMHS FOUNDATION	m	140,250	FMV
(6)	EMHS FOUNDATION	s	911,181	FMV
(7)	VNA Home Health & Hospice	l	146,008	FMV
(8)	WORKHEALTH LLC	j	54,177	FMV
(9)	WORKHEALTH LLC	m	91,184	FMV
(10)	BEACON HEALTH LLC	m	425,576	FMV
(11)	M DRUG LLC	m	260,779	FMV
(12)	M DRUG LLC	p	69,887	FMV
(13)	AFFILIATED LABORATORY INC	m	478,784	FMV