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	- Fo	990-T	Exem	ot Organization (and proxy tax	Busir under	ness Income section 6033(e)	Tax Return	-	OMB No 1545-0047
		•	For calendar year 2019	or other tax year beginning		• •	· /x ~ 1	020	2019
_			-	vww.irs.gov/Form990T					
	Depart Interna	ment of the Treasury al Revenue Service		SSN numbers on this form as				ļį.	Open to Public Inspection for 501(c)(3) Organizations Only
	ΑΓ	Check box if	<u> </u>			changed and see instruction		D En	ployer identification number
	<u> </u>	J address changed xempt under section		TERN MAINE HEAD	LTHCA	RE SYSTEMS (T	'AMC)	, (Ei	mployees' trust, see tructions)
		501( c ) <u>@</u> 3)		AROOSTOOK MED				lο	1-0372148
	٦	408(e) 1220		). BOX 151				F Ur	related business activity code
	·	408A 5300	` '	ESQUE ISLE, ME (	04769			(S	ee instructions )
		529(a)	\						
-	СВ	ook value of all assets	F Group exer	nption number (See instru	ictions.)	5247			
	at	end of year 90, 259, 120	O Charles	<u> </u>			501(c) trust 40	01(a) t	trust Other trust
-	<u>.</u>		'·	elated trades or business		► 1	Describe the only (or		
		rade or business he	-	ciated trades or business	<b>.</b> .	<u> </u>	- ' '	•	e, complete Parts I–V
				ne blank space at the er	nd of the	previous sentence,	complete Parts I and	d II, c	omplete a Schedule M
	f	or each additional t	rade or business, th	nen complete Parts III-	✓	,			<u>'</u>
	I 10	During the tax year,	was the corporation	n a subsidiary in an affil	iated gr	oup or a parent-subs	sidiary controlled gro	up?	Yes No
		f 'Yes,' enter the na	ame and identifying	number of the parent of	orporatio	on ►See Stat	ement 1 195	£' (	01 =05370U
	J T	he books are in care	of ▶ John J.	Doyle			Telephone number	<b>2</b> 0	7-973-9081
	Par	till Unrelated	d Trade or Busin	ness Income		(A) Income	(B) Expense	s ·	(C) Net
	1 a	Gross receipts or	sales						
		Less returns and allow		c Balance	- 1c		Action 100		
	2	Cost of goods sold	(Schedule A, line	7)	2				
	3	Gross profit Subti	ract line 2 from line	1c	3	•			
	4 a	Capital gain net in	come (attach Sche	dule D)	4a				, , , -
	b	Net gain (loss) (Form 4	1797, Part II, line 17) (att	ach Form 4797)	4b				• •
		Capital loss deduc			4c		LANGE OF SECTION AND SECTION A		
	5		a partnership or an S	corporation	5		(A. 44. A. 4. A. 4		
	6	(attach statement) Rent income (Sch		•	6			E 4447	
	6 7	· ·	anced income (Sch	adula E\	7	<del></del>			
	8		•	ontrolled organization (Schedule F			-	·	· · · · ·
	9			r (17) organization (Schedule G)	"   <u>°</u>				·
	10		activity income (Sci		10				
	11	Advertising incom-		riedule 1)	11	·			<del></del>
	12	*	e instructions, attac	h schadula)				2000	19
	12	Other income (Ser	e iristi uctions, attac	ii scriedule)	12			4.6	
	12	Total. Combine lin	os 3 through 12		13				
1				sewhere (See instr	1 1		D.  on doductions \ (	0. <u></u>	· 0.
l	ir at	directly of	onnected with th	e unrelated busines	ss inco	s for inflitations ( ame )	on deductions.) (	Deut	ictions must be
•	14			nd trustees (Schedule K				14	·
	15	Salaries and wage	7.	`	·	<del></del> 1'		15	
	16	Repairs and maint	,	RECEIV	ED			16	, _
	17	Bad debts	. /			ပ္က		17	
	18	Interest (attach sc	hedule) (see instruc	tidus)	0024	SOL	,	18	
	19	Taxes and license	s / ` ·	AUG 2 3 2	ושט	0-81		19	<del>-</del>
	20	Depreciation (atta				空   20			.,
	21	Less depreciation	claimed on Schedu	le A and REARENT	el II	21a		21 b	7
	22	Depletion	,		-		· · · · · · · · · · · · · · · · · · ·	22	
	23	· . /	eferred compensation	on plans				23	**
	24	Employee/benefit						24	
	25	• /	penses (Schedule I	)				25	•
	26	/	costs (Schedule J)					26	•
	27	Other deductions					``	27	
•	28	,	Add lines 14 through	h 27				28	
	29	1	-	efore net operating loss	deductio	on Subtract line 28	from line 13	29	
	30	peduction for net opera	iting loss arising in tax yo	ears beginning on or after Janu	ary 1, 201			30	1,
	31	Unrelated busines	s taxable income. S	ubtract line 30 from line	29			31	· 0.
•									

Part III    Total Unrelated Business Taxable Income   32	Form	' 1990-T (2019) EAS	TERN MAINE HEA	LTHCARE	SYSTEMS (TAI	MC)		0.1	-037	2148	Page <b>2</b>
matructions)  33 Amounts paid for disallewed fringes  34 Charitable contributions (see instructions for limitation rules)  35 Total unrelated business standable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33  35 Deduction for depeting loss sinsing in taryears bignings before lineary. 1, 2018 (see mitr)  37 Total of unrelated business standable income before specific deduction. Subtract line 36 from line 35  37 Total of unrelated business standable income. Subtract line 38 from time 37 in line 38 is greater than fine 37, and reference in the 37 increase in the 37 increase in the 37 increase						<u> </u>			. 037	2140	1 age 2
33 Amounts paud for disallowed fringes 34 Charitable contributions (see instructions for imitation rules) 35 Total interellate biasness stayable income before pre-2018 NOLs and specific deduction. Subtract line 34 from its sum of lines 32 and 33 36 Deduction for imperiting issue smail in the years beginning before pre-2018 NOLs and specific deduction. Subtract line 35 from line 35 37 O.0. 38 Specific deduction (Cenerally \$1.00, but see line \$3 instructions for exceptions) 38 Unrelated business taxable income. Subtract line 38 from line 37. 39 Unrelated business taxable income. Subtract line 38 from line 37. 39 Unrelated business taxable income. Subtract line 38 from line 37. 39 Unrelated business taxable income. Subtract line 38 from line 37. 39 Unrelated business taxable income. Subtract line 38 from line 37. 39 Unrelated business staxable income. Subtract line 38 from line 37. 30 Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 40 Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 41 Trusts Taxable at Trust Rates. See instructions for lax computation lincome tax on the amount on line 39 from 10 see	32		siness taxable income	computed fro	om all unrelated tra	ades or b	usinesses	(see	22		
34   34   34   35   36   36   37   36   36   37   37   38   38   39   39   39   39   39   39	22	ŕ	allowed fringes								0.
35 O. 1 36 Deduction for net operating lists arising in the sum of lines 32 and 33 36 Deduction for net operating lists arising in the years beginning before sharp 1, 2818 (see inst.) 37 Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 38 Specific deduction. Generally \$1,000, but see line 38 instructions for exceptions) 39 O.  Part IV Tax Computation 40 Organizations Taxable act Corporations. Multiply line 39 by 21% (0.21) 41 Trusts Taxable act Trust faces. See instructions for tax computation income tax on the amount on line 39 from: 42 Provy tax. See instructions 43 Alternative minimum tax (finats only) 44 Tax on Noncompliant Facility income. See instructions 45 Total a Computation 46 Organizations Taxable act Trust faces. See instructions for tax computation income tax on the amount on line 39 from: 47 Total act and the seed of		Charitable contributions (see instructions for limitation rules)  Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33.									
the sum of lines 32 and 33  5											
36 Beduten for net operating loss arraing in tal systar beginning before specific declution. Subtract line 35 from line 35.  37 Total of unrelated business taxable income. Subtract line 38 from line 37.  38 Specific deduction. (Generally \$1,000, but see line 38 instructions for exceptions).  39 Unrelated business taxable income. Subtract line 38 from line 37 if line 38 is greater than line 37.  enter the smaller of zero or line 37.  PEART IV. Tax Computation.  40 Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21).  41 Trusts Taxable at Trust Ratex. See instructions for fax computation income tax on the amount on line 39 from:   Tax rate schedule or   Schedule D (Form 1041).  42 Proxy tax. See instructions.  43 Alternative minimum tax (trusts only).  43 Tax on Moncompliant Facility Income. See instructions.  44 Tax on Moncompliant Facility Income. See instructions.  45 Totals. Add lines 42, 43, and 44 to line 40 or 41, whichever applies.  45 Totals. Add lines 44 though 45 t	99										0.
38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 39 Unrelated business taxable impose, Subtract line 38 from line 37 if line 38 is greater than line 37, enter the smaller of zero or line 37  Part IV   Tax Computation 40 Organizations Taxable as Corporations, Multiply line 39 by 21% (0.21) 41 Trusts Taxable at the structions for lax computation income tax on the amount on line 39 from   Tax rate schedule or   Schedule D (Form 1041) 42 Proxy tax. See instructions 43 Alternative minimum tax (drusts only) 43 Alternative minimum tax (drusts only) 44 Tax on Noncompliant Facility income. See instructions 45 Totals. Add lines 42, 43, and 44 to line 40 or 41, winchever applies 45 Totals. Add lines 44 44 to line 40 or 41, winchever applies 46 Foldely in scredit (corporations attach Form 3800 (see instructions) 46 Cedent for prior year minimum tax (datach Form 8801 or 8827) 47 Total credits. Add lines 48 through 46d 47 Subtract line 46e from line 45 48 Other taxes Check if from:   Form 4255   Form 8611   Form 8697   Form 8866 48 Other taxes Check if from:   Form 4255   Form 8611   Form 8697   Form 8866 48 Other taxes Check if from:   Form 4255   Form 8611   Form 8697   Form 8866 49 Total tax. Add lines 43 and 48 (see instructions) 50 2019 net 965 tax liability paid from Form 965-8, Part II, column (4), line 3 51a Payments: A 2018 overpayment credited to 2019 520 Total payments. Add lines 45 and 48 (see instructions) 53 Total payments. Add lines 45 is through 510 53 Total payments. Add lines 45 is through 510 54 Tox and payments. Add lines 51 is through 510 55 Total payments. Add lines 51 is through 510 56 Torel for small employer health insurance premiums (attach Form 8941) 69 Other credits, adjustments, and payments   Form 449 51 Total payments. Add lines 51 is through 510 51 Total payments. Add lines 51 is through 510 52 Total payments. Add lines 51 is through 510 53 Estimated tax penalty (see instructions) 54 Torel for small employer health insurance premiums (attach Form 229) is at	36	Deduction for net operating	g loss arīsing in tax years beç	ginning before Jai	nuary 1, 2018 (see instr	·)			36		
39 Unrelated business taxable income. Subtract line 38 from line 37 if line 38 is greater than line 37, and the smaller of zero of line 37 on line 39 from line 39 by 21 % (0 21)  40 Organizations Taxable at Trust Rates. See instructions for lax computation lincome tax on the amount on line 39 from 3800 (see instructions) line 39 from 3800 (see instructions) line 30 from 3800 line 3827) line 30 from 3800 (see instructions) line 30 from 3800 line 3827) line 30 from 3800 line 3827) line 30 from 3800 line 3827) line 30 from 3800 line 3827 line 3828 l	37			•			36 from lin	e 35	1		<u> </u>
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11 Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on the amount on line 39 form:   Tax rate schedule or   Schedule D (Form 1041)   142   143   144	Par										
on line 39 from:  Tax rate schedule or  Schedule D (Form 1041)									40		0.
A2 Proxy tax. See instructions   A3 Alternative minimum tax (trusts only)   A4   Tax on Noncompliant Facility Income. See instructions   A5   Topla. Add lines 42, 43, and 44 to line 40 or 41, whichever applies   A5   Topla. Add lines 42, 43, and 44 to line 40 or 41, whichever applies   A6   Topla. Add lines 42, 43, and 44 to line 40 or 41, whichever applies   A6   Topla. Add lines 42, 43, and 44 to line 40 or 41, whichever applies   A6   Topla. Add lines 42, 43, and 44 to line 40 or 41, whichever applies   A6   Topla. Add lines 42, 43, and 44 to line 47 and 48   Topla. Add lines 46 through 46   A7   Subtract line 46e from line 45   A7   Topla. Add lines 46e through 46d   A7   Subtract line 46e from line 45   A7   Topla. Add lines 47 and 48 (see instructions)   A6   Topla. Add lines 47 and 48 (see instructions)   A8   Topla. Add lines 47 and 48   Topla. Add lines 48   Topla. Add lines 48   Topla. Add lines 48   Topla. Add lines 49   Topla	41	_	_		-		the amour	it •	41		
43 Alternative minimum tax (trusts only) 44 Tax on Noncompliant Facility Income. See instructions 45 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 45 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 46 For Melh Live x-redit (corporations attach Form 1118, trusts attach Form 1116) 46 AB For Melh Live x-redit (corporations attach Form 3800 (see instructions) 46 Cederal business credit Attach Form 3800 (see instructions) 47 Cederal for prior year minimum tax (attach Form 8801 or 8827) 48 Other taxes Check if from: Form 455 Form 8611 Form 8697 Form 8866 47 Subtract line 46e from 1mme 45 48 Other taxes Check if from: Form 455 Form 8611 Form 8697 Form 8866 49 Total tax. Add lines 47 and 48 (see instructions) 50 2019 net 965 tax liability pand from Form 965-A or Form 965-B, Part III, column (k), line 3 51 a Payments: A 2018 overpayment credited to 2019 51 a Payments: A 2018 overpayment credited to 2019 51 a Payments: A 2018 overpayment credited to 2019 51 a Payments: A 2018 overpayment credited to 2019 51 a Credit for small employer health insurance premiums (attach Form 894) 61 (Credit for small employer health insurance premiums (attach Form 894) 62 (Other credits, adjustments, and payments Form 2439 63 Estimated tax penalty (see instructions) 64 Total payments. Add lines 51 a through 51g 65 Coverpayment. If line 52 is larger than the total of lines 84, 50, and 53, enter amount owed 65 Overpayment. If line 52 is larger than the total of lines 84, 50, and 53, enter amount overpaid 65 Center the amount of line 55 you want Credited to 2020 estimated tax P 65 Overpayment. If line 52 is larger than the total of lines 84, 50, and 53, enter amount overpaid 65 Center the amount of lines of the forms the organization have an interest in or a signature or other authority over a financial account (bank, sourites, or other) in a foreign country? If Yes, the organization may have to the EincEN Form 114, Report of Foreign Bank and Financial Accounts If Yes, enter the name of the foreign co	42	· · · · · · · · ·	<b>—</b>		edule D (Form 10-	+1,		<b>▶</b>	$\rightarrow$		
45 0.    Part /		•							$\longrightarrow$	<del></del>	
Part Vf   Tax and Payments   A68 Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)   46a   b Other credits, see instructions)   46b   d		<del>-</del>	<del>-</del>						44		
A6a   b   cher credits (see instructions)   A6a   A6b   A6b   A6c   A6				r 41, whichev	er applies				45		0.
b Other credits (see instructions) c General business credit. Attach Form 3800 (see instructions) d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total credits. Add lines 46 shrough 46d 46 0. 46e				a 1110 decida	ottock Farm 1116		<u>c - l</u>		<del>, , ,</del>		
c General business credit Attach Form 3800 (see instructions) d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total credits. Add lines 46e through 46d  47	-	-		i i i i o, trusts	attach Form 1116	· —			-		
Total credits. Add lines 46a through 46d  47 Subtract line 46e from line 45  8 Other taxes Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)  48 Total tax. Add lines 47 and 48 (see instructions)  50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3  51a Payments: A 2018 overpayment credited to 2019 b 2019 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments ☐ Form 2439 ☐ Form 4136  52 Total payments. Add lines 51a through 51g 53 Estimated tax penalty (see instructions). Other ☐ Total ☐ Form 2439  54 Tax due, if line 52 is larger than the total of lines 49, 50, and 53, enter amount ower decorated from the 55 overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid  56 Enter the amount of line 55 you want Credited to 2020 estimated tax ►  Part VI Statements Regarding Certain Activities and Other Information (see instructions)  57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114,  Ferror of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country here  So During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file  Financial account of law exempt interest received or accrued during the tax year So  So During the tax year, did the organization or prepare (which then shoppen) is based on all information of which prepare has any knowledge and belief, it participle organization preceive a distributi		<del>-</del>		(see instructi	ons)				1		
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Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) Other (attach schedule) 48 49 70tal tax. Add lines 47 and 48 (see instructions) 50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 51a Payments: A 2018 overpayment credited to 2019 b 2019 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations Tax paid or withheld at source (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments Form 4136 Total payments. Add lines 51a through 51g Total payments. Add lines 51a through 51g 52 Total payments. Add lines 51a through 51g 53 54 Tax due, if fine 52 is less than the total of lines 49, 50, and 53, enter amount owed 55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 66 Enter the amount of line 55 you want Credited to 2020 estimated tax Part VI Statements Regarding Certain Activities and Other Information (see instructions) 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If Yes, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If Yes, enter the name of the foreign country here 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If Yes, see instructions for other forms the organization from, or was it the grantor of, or transferor to, a foreign trust?  If Yes, see instructions for other forms the organization from, or was it the grantor of, or transferor to, a foreign trust?  If Yes, see instructions for other forms the organization of prepare (where the name of the foreign country here  September of others and the prepare in the saty knowledge and bale minimation of which prepare has any knowledge and bale majored.  Fir			_						$\rightarrow$		
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g Other credits, adjustments, and payments				at source (se	e instructions)				]		
g Other credits, adjustments, and payments			•	nremijims (at	tach Form 8941)		-		-		
52 Total payments. Add lines 51a through 51g 53 Estimated tax penalty (see instructions). Check if Form 2220 is attached 54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed 55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 55 Part VI Statements Regarding Certain Activities and Other Information (see instructions) 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN Form 114,  Report of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country here 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  Sign   Under penalties of penury. I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and brighted bytegrates on or preparer (other than lixpayayer) is based on all information of which preparer has any knowledge.  Sign   Print/Type preparer's name   Preparer's signature   Preparer   Date   Check   If PTIN   PTIN   Self employed   Print/Self		•	•	_ `	•	ř	•		1		
53 Estimated tax penalty (see instructions). Check if Form 2220 is attached 54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed 55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 66 Enter the amount of line 55 you want Credited to 2020 estimated tax  Part VI Statements Regarding Certain Activities and Other Information (see instructions) 67 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN Form 114,  Report of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country here  S0 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If 'Yes,' see instructions for other forms the organization may have to file  S0 Enter the amount of tax-exempt interest received or accrued during the tax year  S1 During the tax year, did the organization formation of which prepare has any knowledge and budge penalties of perjury. I declayer final have examined this return, including accompanying schedules and statements, and to the best of my knowledge and budge, it is return with the preparer shown below (see instructions)?  Paid Pre-  Paid Pre-  Paid Pre-  Preparer's signature  Self-Prepared  Preparer's signature  Date  Preparer's signature  Self-Prepared  Preparer's signature  Firm's name  Preparer's signature  Firm's address  Prim's address  Prim's address  Preparer's signature  Firm's address  Firm's address  Preparer's address  Preparer's signature  Preparer's address  Preparer's address  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Prep		Form 4136	Oth	ner	Total	- 5	1 g				
Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  55. Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid  66 Enter the amount of line 55 you want. Credited to 2020 estimated tax.  Part VI Statements Regarding Certain Activities and Other Information (see instructions)  57. At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114,  Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here.  58. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  59. Enter the amount of tax-exempt interest received or accrued during the tax year.  Sign  Under penalties of periny. I declare than have examined this return, including accompanying schedules and slatements, and to the best of my knowledge and belief, it is true correct, and completed before ration of preparer (other than (axpayer)) is based on all information of which preparer has any knowledge.  Signature of officer.  Prim's name  Preparer's signature  Preparer's signature  Preparer's signature  Firm's name  Firm's name  Firm's address  Firm's address  Firm's address  Firm's address  Firm's address  Firm's address								. —	, P		74.
Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country here   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Tener Information Informa		·	• •			int awad		• [	$\vdash$		
Enter the amount of line 55 you want   Credited to 2020 estimated tax   Refunded   \$6   74.							it overnaid	10 -			7.1
Statements Regarding Certain Activities and Other Information (see Instructions)   The statements Regarding Certain Activities and Other Information (see Instructions)   The statements Regarding Certain Activities and Other Information (see Instructions)   The statements Regarding Certain Activities and Other Information (see Instructions)   The statements Regarding Certain Activities and Other Information (see Instructions)   The statements Regarding Certain Activities and Other Information (see Instructions)   The statements Regarding Certain Activities and Other Information or a signature or other authority over a signature or other authority or other forms the organization nay have to file process or other forms the prepared or other authority or other forms the prepared or other authority or other forms the prepared or other authority or other forms the grand or other forms the grand or other forms the grand or other authority or other forms the grand or other forms the grand or o			-			o, a,,,,	it ovorpaid	Refunded ►	<del>  <u>1</u>  </del> -		
financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country here  Suring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If 'Yes,' see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year  Under penalties of perjury, I declare than 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 laxpayer) is based on all information of which preparer has any knowledge  NLH VP of Finance  Title  Print/Type preparer's name  Preparer's signature  Date  Print/Type preparer's name  Preparer's signature  Date  Print/Type preparer's name  Firm's name  Firm's name  Firm's address  Firm's address  Firm's address	Par	t VI Statements	Regarding Certain	n Activities	and Other Inf	ormatio	on (see ins	tructions)	<del>1 8 _ 1</del> .		
Report of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country here    X	57	-	-	•			•	-			Yes No
During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  X  If 'Yes,' see instructions for other forms the organization may have to file  59 Enter the amount of tax-exempt interest received or accrued during the tax year \$  Contype penalties of perjury, I declare-trian have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is frue correct, and complete the grantion of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  NLH VP of Finance  May the IRS discuss this return with the preparer shown below (see instructions)?  Yes X No  Paid  Preparer's signature  Preparer's signature  Date  Check If PTIN  Self-Prepared  Firm's name  Firm's name  Firm's address  Firm's address								e to file FinCEN	N Form	114,	
If 'Yes,' see instructions for other forms the organization may have to file  59 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0.  Under penalties of perjury, I declare than have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is frue correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  NLH VP of Finance  May the IRS discuss this return with the preparer shown below (see instructions)?  Yes X No  Paid  Preparer's signature  Self-Prepared  Firm's name  Firm's address  Firm's address	50	· =				_	-	r transferor to			
Sign Here    Under penalties of perjury, I declare than 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 lexpayer) is based on all information of which preparer has any knowledge    NLH VP of Finance   May the IRS discuss this return with the preparer shown below (see instructions)?   Yes   X No	30					s it the gi	aritor or, or	transieror to,	a loreig	jii tiust:	1
Here    NLH VP of Finance   May the IRS discuss this return with the preparer shown below (see instructions)?   Yes   X   No	59	Enter the amount of ta	x-exempt interest receive	ed or accrued	during the tax year		\$	0.			
Paid Pre- parer Use Firm's address  NLH VP OF Finance the preparer shown below (see Instructions)? Yes X No  NLH VP OF Finance the preparer shown below (see Instructions)? Yes X No  Print/Type preparer's name Preparer's signature Self-Prepared Firm's address  Firm's address	C:	Under penalties of p belief, it is true cor	perjury, I declare than have ex rect, and complete Declaration	ramined this return n of preparer (other	n, including accompanyir er than taxpayer) is base	ng schedule ed on all info	and statement rmation of white	ts, and to the best o ch preparer has any	f my knov knowledg	vledge and e	
Paid Pre- parer Use Firm's address Print/Type preparer's name Preparer's signature Self-Prepared Firm's address Firm's address Print/Type preparer's name Preparer's signature Self-Prepared Firm's EIN Firm's EIN Firm's EIN			GASH"		712961	NLI	I VP of	Finance	the prep	arer shown be	is return with low (see
Paid Pre- parer Use Firm's address Firm's address Firm's address Firm's address Firm's address Firm's address	_	Signature of off	icer /		Jaie .	Title			Instruction	ons)' Y	es X No
Pre- parer Use Firm's address	Pair	Print/Type preparer	's name	· -		Date		Check III If	PT	N	
USE Firm's address Firm's address	Pre-			Self-Pre	epared						
Only		''						Firm's EIN			
								Phone no			

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Form **990-T** (2019)

Schedule A — Cost of Good		thod of inve	entory valuation		· · · · · · · · · · · · · · · · · · ·	
<ol> <li>Inventory at beginning of year</li> </ol>	ar <b>1</b>		6 Inven	ory at	end of year	6
2 Purchases	2		7 Cost	of goo	ds sold. Subtract	
3 Cost of labor	3				ine 5 Enter here	7
4 a Additional section 263A costs (attack	n schedule)		anu	i r ai t	I, IIIIe Z	Yes No
	4a			ruloc	of section 263A (with	
<b>b</b> Other costs (attach sch)	4 b				duced or acquired for	
5 Total. Add lines 1 through 4t	5		to the	organ	ızatıon?	
Schedule C - Rent Income	(From Real Pro	perty and	l Personal Propert	y Lea	sed With Real Pro	operty) (see instructions)
1 Description of property			····			
(1)						
(2)						
(3)						
(4)					<del></del>	
	2 Rent received or				3(a) Deductions	directly connected with
(if the percentage of rent for personal property is more than 10% but not property ex			entage of rent for perso	al and personal property ntage of rent for personal seeds 50% or if the rent is on profit or income)  3(a) Deductions directly connect the income in columns 2(a) are income in columns		
(1)						
(2)						
(3)						
(4)						
Total	Total	1	<del></del>		1	
(c) Total income. Add totals of colhere and on page 1, Part I, line 6		Enter ►			(b) Total deductions. En here and on page 1, Part I, line 6, column (B)	
Schedule E - Unrelated De	ebt-Financed Inc	come (see	instructions)			
1 Description of debt	financed property		2 Gross income from or allocable to debt-	<b>3</b> D		nected with or allocable to ced property
i Description of debt	-illianced property		financed property		(a) Straight line reciation (attach sch)	(b) Other deductions (attach schedule)
(1)	_		-			•
(2)				<u> </u>		
(3)					·	
(4)						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjuste or allocable to det property (attach	ot-financed	6 Column 4 divided by column 5		7 Gross income portable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			9			
(2)				5		
(3)			9			
(4)			9			
				Ente Par	er here and on page 1 t I, line 7, column (A)	,Enter here and on page 1, Part I, line 7, column (B)
Totals				<b>-</b> [		
Total dividends-received deduction	ons included in colu	ımn 8			<b>&gt;</b>	•
BAA		TE	EA0203L 09/19/19		<del></del>	Form <b>990-T</b> (2019)

Page 4

Schedule F - Interest, A	nnuiti	es, Royalti						Jrga:	nizations (	see ins	tructions	) •
		,	Exem	npt Con	trolled Or	Ť	* **		1 .		<del>-                                    </del>	
1 Name of controlled organization	ıde	Employer ntification number -	3 Net unrelated income (loss) (see instructions)			ı	4 Total of speci payments ma	that is included in			eductions directly onnected with ome in column 5	
(1)		-				+-	·		_			
(2)						+-		•				-
(3)					-	+	-			,	,	-
						+	<u> </u>					<del></del>
(7)									L			
Nonexempt Controlled Organiz									1			
7 Taxable Income	ind	et unrelated come (loss) instructions)	s)   payr		otal of specified ayments made		10 Part of column included in the organization's grounds		ne controlling		11 Deductions directly connected with income in column 10	
(1)										1		-
(2)				•								
(3)		1										•
(4)						T						
							Add columns here and on p 8, co		, Part I, line		and on p	6 and 11 Enter age 1, Part I, line umn (B)
Totals.												
Schedule G - Investmen	t Inco	me of a Se	ction	1 501(·	c)(7), (9	), c	or (17) Orgai	nizati	i <b>on</b> (see ıns	truction	s)	
1 Description of income		2 Amount	2 Amount of income		directly o		ductions connected schedule)	4 Set-aside (attach sched		ule) set-as		deductions and sides (column 3 us column 4)
(1)							•				•	•
(2)			٠.									Ξ,
(3)		-										
(4)				•								
Totals Schedule I — Exploited E	×emp	Enter here ar Part I, line 9,	colun	nn (A)	er Tha	n A	Advertising	ncor	ne (see inst		Part I, III	re and on page 1, ne 9, column (B)
1 Description of exploited a	<u>.</u>	2 Gross unrelate busines income fr trade o busines	s ed ss om r	3 Expen	ises directly ected with duction nrelated ess income	4 fro	Net income (loss) m unrelated trade business (column ninus column 3). a gain, compute umns 5 through 7.	5 Gros activ	s income from ity that is not ated business income		enses able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)							·					
(2)							•					
(3)					7	T						
(4)			<del>-  </del>			<del> </del>						
		Enter here on page Part I, line column (	ge 1, on p ine 10, Part I		nter here and on page 1, Part I, line 10, column (B)							Enter here and on page 1, Part II, line 25
Totals							Full Control of Control	in de la			44 T. T. V.	<u> </u>
Schedule J - Advertising							1					
Part I Income From Pe	riodic	als Reporte	ed on	a Co	nsolida	tec	d Basis					
1 Name of periodical		2 Gross advertisi income	ng	adve	Direct ertising osts	(10	Advertising gain or oss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7		rculation ncome	6 Read co	dership sts	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)												
(2)												
(3)												
(4)			,									
2			$\neg$									
Totals (carry to Part II, line (5))	!	<b>-</b>									•	

Form 90	90-T (2019)	FACTERN	MATME	HEALTHCARE	CVCTEMC	(TAMC)
OIIII 22	/U-1 (ZU13/	CASIERN	LIMITINE	DEALIDEARE	OTOICHO	LIANG

01-0372148

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Partill Income From Period 7 on a line-by-line basis )	licals Reported on	a Separate E	Basis (For each p	eriodical listed in	Part II, fill in col	umns 2 through
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)						
(2)						
(3)						
(2) (3) (4)						
Totals from Part I	•					
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 26
Schedule K - Compensation	n of Officers, Direc	tors, and Tru	u <b>stees</b> (see instr	uctions)		
1 Name		2 Title	3 Percent of time devote to business	ed to unrela	4 Compensation attributable to unrelated business	
				%		
					%	
			-		ક	
					2	

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Total. Enter here and on page 1, Part II, line 14

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Form **990-T** (2019)

## 2019

## **Federal Statements**

Page 1

**Client TAMCAMEN** 

EASTERN MAINE HEALTHCARE SYSTEMS (TAMC)
THE AROOSTOOK MEDICAL CENTER (TAMC)

01-0372148

6/09/21

11 29AM

Statement 1 Form 990-T, Line I Name & I.D. Number of Parent Corporation

Eastern Maine Healthcare Systems 01-0527066