•		- 000 T	1	Exe	empt Or	ganizat	ion B	Busin	ess Inco	me Ta	x Return	3 l	OMB No 1545-06	587
	Fõ	5rm 990-T			•				section 603		190	7	2018	
			For cale	-		-			, 2018, and			, <u>2019</u>	2010	
	Denad	ment of the Treasury				_			ctions and the			ļ	Open to Public Inspec	tion for
	Interna	tment of the Treasury al Revenue Service	<u> </u>	Do not	enter SSN nur				made public if y		zation is a 501(d		Open to Public Inspect 501(c)(3) Organization	
	A [	Check box if address changed		Print	Eastern				hanged and see in	•	<b>C)</b>		nployer identification in mployees' trust, see structions)	umber
		xempt under section $501(c)03$		or	Acadia	Hospita	1, Co	orp.		(	- /		1-0459837	
	<u> </u>	408(e) 220(	(e)	Type	43 Whit	ing Hil	l Roa	ad				FU	nrelated business activ	/ity code
	F	408A 5300	` '		Brewer,	ME 044	12					(3	see instructions )	
		529(a)		}										
	C Bo	ook value of all assets	F	Group	exemption	number (Se	e instru	uctions	) ► 5247					
	al	end of year 36, 247, 693	G	Check	organizatio	n type	<b>►</b> X	501(c)	) corporation	501	(c) trust	401(a)	trust Other	r trust
	H E	Inter the number of		anızatıo	n's unrelate	d trades or	busines	-	<b>→</b> 1		escribe the o	nly (or first	) unrelated	
		rade or business he	_						<del></del>	<del></del>		• •	e, complete Parts	i I-V
		f more than one, de						of the p	revious sente	nce, com	plete Parts I	and II, com	iplete a Schedule	М
		or each additional ti							<del> </del>				► WVaa	1 NI=
		During the tax year,		•		-		-	•		=	group/	Yes	No T
		f 'Yes,' enter the na					nt corpo	oration	See	State		<u> </u>	01-05	1/1
		he books are in car						-	(4) 1				7-973-9081	
	74M-0	t Unrelated		e or b	usiness	ncome		<del>,  </del>	(A) Inco	me	(B) Exp	enses	(C) Net	
		Gross receipts or s		-		— - D-1		1 ,						
		Less returns and allowated Cost of goods sold		tulo A I	no 7)	C Bais	ance 🏲	1 c			20-14 1943 2-1943 - 20 D	BY SECONDARY	Francisco Colonia Carlo	er Litter
		Gross profit Subtr			-			3			MARKET TO THE	#89 ( #87) \$80 (	<b>秦北南縣。 - 秦北南縣</b>	AS in all a social
		Gross profit Subti Capital gain net in						4a			3			
		Net gain (loss) (Form 4	•		•	4797)		4b	<del></del>		38. S.A. S.A.			
		• , , ,		(attach i orin	4/3/)		4c			200 M				
		c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement)							•					
									5					
	6	Rent income (Sche						6						
	7	Unrelated debt-fina		•				7				_		
	8	Interest, annuities, roya				•		$\rightarrow$						
	9	Investment income of a					dule G)	9						
	10	Exploited exempt	-		(Schedule I	)		10						
	11	Advertising income	-					11			C340000 1000 3	ravs. (sections)		
	12	Other income (See	einstruc	ctions, a	ttach sched	uie)		12						
	13	Total. Combine lin	es 3 thr	ough 12	! :			13		0.	* MEAN 462, 57.5%	0.		0.
	Par	tili Deductio	ns No	t Take	n Elsewh	ere (See	ınstru	uction	s for limita	tions or	n deductio	ns.) (Exc	ept for	
		contributi	ons, c	leducti	ons must	be direc	tly cor	nnect	ed with the	unrelat	ted busine	ss incom	ne.)	
2070	14	Compensation of o		director	s, and trust	ees (Sched	ule K)	+	INTERNAL REV	/ENUE SE	RVICE	14		
		Salaries and wage							REC	EIVED		15		
1	16	Repairs and maint	enance									16		
NOV 1	17	Bad debts							AUG 1	7 2020	)	17		
2	18	Interest (attach sci		(see ins	structions)							18		
2021	19							CAMPUS SUPPORT						
	_ 20				ructions for	limitation ru	ues)		MAIL U	ENCE, KY INIT <sub> </sub> # 110	1	20		
es es	ğ21 Oʻza	Depreciation (attac			ممم ۸ ماریام	م ماممینامیم	on roti		ļ			22b		
€.83	522	Less depreciation	ciaimed	on Sch	edule A and	i eisewhere	on rett	וווג		22a		23		
JAN S	2574	Depletion  Contributions to de	forrad	compon	cation plane							24		
75	.∞∠⊶ ∑>5	Employee benefit			sation plans	•						25		
	<del>2</del> 5				را مار						ř	26		
		Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)										27		
=		Other deductions (										28		
SCANNED,		Total deductions.			-							29		
SC	30	Unrelated business									line 13	30	CONT. CO.	OK & A S. Lines
J.	31	Deduction for net opera				-	-		(see instructions	)		31		
		Unrelated business					n line 3	<u> </u>	TEE	A0201L 1/31	/19	32	Form <b>990-T</b>	<u>(2018)</u>
	PAA	For Paperwork Re	auction	1 ACT NO	tice, see in	structions.			IEE/	70201L 1/31	117		romi <b>990-i</b> i	(ZU18)

Form	990-1			lthcare Systems (	AHC)		01	<u>-045</u> 98	37	Page 2
Par	t III	Total Unrela	ated Business Tax	kable_Income						
33		of unrelated bus	iness taxable income	computed from all unrelated	trades or	businesses (	see	33		0.
34	Amoi.	ints paid for disa	allowed fringes					34		
		•	_	ax years beginning before Ja	nuary 1, 2	2018 (see				
		ictions)		,	, ,			35		
36	Total	of unrelated bus	iness taxable income l	before specific deduction. Si	ubtract line	e 35 from the	sum	_		_
	of line	es 33 and 34						36		0.
				e line 37 instructions for ex				37		
38				ct line 37 from line 36 If line	e 37 is gre	ater than line	: 36,	38		0.
-		the smaller of ze		·			· ·	30	<del></del> =	
		Tax Comput						1 20 1		
39	_			Itiply line 38 by 21% (0 21)		- 45	_	39		0.
40		_	_	ons for tax computation Inc		n the amount	_	40		
		e 38 from	☐ Tax rate schedule or	Schedule D (Form	1041)			40		
	•	y tax. See instru					_	41		<del> </del>
		native minimum t	tax (trusts only) t <b>Facility Income.</b> See i	netruetions				42		
		•	•					$\vdash$		
				40, whichever applies			<del>,</del>	44		0.
Par		Tax and Pay	<u> </u>					<del>, ,</del>		
	-	-	· ·	1118, trusts attach Form 11	116)	45 a				
		credits (see inst	•	/		45 b		-		
			dit Attach Form 3800 (	•		45 c		-		
			nınımum tax (attach Fo es 45a through 45d	rm 8801 or 8827)		45 d		45 e		0
		act line 45e from						46		<u>0.</u>
				Form 8611Form 8697	7 DForm	8866		46		
٦,		ther (attach sche				0000		47		
48			6 and 47 (see instructi	ons)				48		0.
49			•	5-A or Form 965-B, Part II, o	column (k)	), line 2		49		
50 a			erpayment credited to		1/0	50 a	7,910.			
	-	estimated tax pa		2010	W. 78	50 b	8,000.	1		
		eposited with Fo	=		6	50 c	0,000.	1		
		•		at source (see instructions)		50 d		1		
		up withholding (s		,		50 e		1 1		
f	Credit	t for small emplo	yer health insurance p	remiums (attach Form 8941	)	50 f		1		
g	Other	credits, adjustm	ents, and payments	Form 2439			-			
	F	orm 4136	□ Oth	ner T	otal <b></b>	50 g				
51	Total	payments. Add I	ines 50a through 50g					51	15	,910.
52	Estim	ated tax penalty	(see instructions) Ch	eck if Form 2220 is attached	t		▶ 🗍	52		
53	Tax d	ue. If line 51 is le	ess than the total of lin	es 48, 49, and 52, enter am	ount owe	d	•	53		
54				al of lines 48, 49, and 52, e			•	54 (5	15	,910.
55	_	-	<del>-</del>	ted to 2019 estimated tax			Refunded ►	55 / \1		,910.
Par	t VI	Statements	Regarding Certai	n Activities and Other	r Inform	ation (see	nstructions)	1 1/4		,
				fid the organization have an				ority over	a Ye	s No
	financ	cial account (bank	, securities, or other) in a f	oreign country? If 'Yes,' the	organizat	ion may have	to file FinCEN F	orm 114,		
				nts If 'Yes,' enter the name				<b></b> .		Х
57	Durino	g the tax year, di	id the organization rec	eive a distribution from, or v	vas it the	grantor of, or	transferor to, a	foreign tru	st?	Х
		-	-	organization may have to file						
58				eived or accrued during the		<b>\$</b>	0.			
				amined this return, including accomp n of preparer (other than taxpayer) is			ents, and to the best o	f my knowled	ige and	<u> </u>
Sigr	ו			1 8/6/26			Finance	May the IRS	discuss this re	turn with
Here	•	Signature of office	cer Sup	Date Date	— <b>▼</b> Tr	tle	. r mance	the prepared instructions)	r shown below Yes	(see X No
		De at/C		Orangesta grandina	1.~		1. =	PTIN	Lies	VIAO
Paid		Print/Type preparer's	s name	Preparer's signature	ا	ate	Check 🔟 if	- 1114		
Pre-				Self-Prepared			self-employed			
pare Use	er	Firm's name					Firm's EIN			
Use Only	,	Firm's address								
	<i>'</i>						Phone no			
BAA				TEEA0202L 01/2	24/19				Form 990-	I (2018)

Page 2

Schedule A — Cost of Good	ds Sold. Ent	er method of inve	entory valuation	n ►			-		=	
1 Inventory at beginning of year		1	<del> </del>		ry at e	nd of year	6			
2 Purchases		2				s sold. Subtract				
3 Cost of labor		3				e 5 Enter here		-		
4 a Additional section 263A costs (attach	schedule)			and in f	Part I,	ime 2	7		V	Na
	-	4 a							Yes	No
b Other costs (attach sch)	Ī	4 b				of section 263A (with uced or acquired fo				
5 Total. Add lines 1 through 4b		5		to the d				.0, 444.)		
Schedule C - Rent Income (Fi	rom Real Pro	perty and Pers	onal Propert	y Leased	With	Real Property) (	see ins	structions)		
1 Description of property										
(1)										
(2)		-				•				
(3)										
(4)										
	2 Rent receive	d or accrued				3/a) Deduction	ne dire	etly connec	ted wit	h
(a) From personal prope (if the percentage of rent for property is more than 10% more than 50%)	(if the perce property ex	eal and person entage of rent f ceeds 50% or i l on profit or in	al I							
(1)										
(2)										
(3)										
(4)										
Total		Total				(h) Total deductions	Entor			
(c) Total income. Add totals of coluhere and on page 1, Part I, line 6,		?(b) Enter ►				(b) Total deductions here and on page 1, Pa I, line 6, column (B)				
Schedule E — Unrelated De	ebt-Finance	d Income (see	instructions)							
1 Description of debt-	2 Gross income from or allocable to debt-financed property		<b>3</b> De	3 Deductions directly connected with or allocable to debt-financed property						
i Description of dest-			(a) Straight line depreciation (attach sch)			(b) Other deductions (attach schedule)				
(1)							_ _			
(2)										
(3)				-		·				
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	justed basis of debt-financed ach schedule)	6 Colum divided columi			7 Gross income reportable (column 2 x column 6)		8 Allocable d (column 6 x columns 3(a)		of	
(1)				%						
(2)				%						
(3)				%						
(4)				ે	1	<del></del>				
						here and on page I, line 7, column (A	1, En ) Pa	ter here and art I, line 7,	l on pa columr	ige 1, i (B)
Totals.				<b>&gt;</b>	-					
Total dividends-received deductio	nsincluded in o	olumn 8					<b>-</b>	······		
BAA		TE	EA0203L 01/30/19	<del></del>			1	Form	990-T (	2018)

Schedule F — Interest, A		,			trolled Or			5		(===		
1 Name of controlled organization	ıde	Employer ntification number	fication income (		unrelated me (loss) nstructions)		<b>4</b> Total of specified payments made		d 5 Part of co that is incli- the contr organiza gross inc		ın / c	eductions directly onnected with ome in column 5
(1)						+	<del></del>					<del></del>
(2)											-	
(3)												
(4)												
Nonexempt Controlled Organiz	ations						-					
<b>7</b> Taxable Income	ind	et unrelated come (loss) instructions)			f specified nts made	d	10 Part of included in organizatio	n the c	ontrolling		connected	tions directly I with income Iumn 10
(1)	-		<b>-</b>									
(2)			$\top$					-	<u> </u>			
(3)						-					•	
(4)	1						_		<del></del> :			
Totals							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)
Schedule G - Investme	nt Inco	ome of a Se	ectio	n 501	(c)(7), (9	9), (	or (17) Orga	niza	tion (see ir	structio	ns)	
1 Description of income		2 Amount of Income			3 direc	Ded ctly	eductions y connected (a h schedule)		4 Set-asides attach schedule)		5 Tota set-as	deductions and sides (column 3 us column 4)
(1)					<del> </del>							
(2)												
(3)												
(4)												
Totals	<b>.</b>	Enter here ar Part I, line 9	nd on p colur	page 1, nn (A)								re and on page 1 ne 9, column (B)
Schedule I - Exploited	Fyemr	t Δctivity I	ncor	ne Ot	her Tha	an Z	Advertising	Inco	me (see in	structio	ns)	
1 Description of exploited				3 Expenses directly connected with production of unrelated		4 N from or b 2 m	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute columns 5 through 7		5 Gross income from activity that is not unrelated business income		penses stable to sumn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		<del></del>		-		<del>                                     </del>						<del></del>
(2)						_		-	*			
(3)												
(4)												
Totals.	on page Part I, line	on page 1, on part I, line 10, Part		r here and page 1, t I, line 10, umn (B)							Enter here and on page 1, Part II, line 26	
Schedule J - Advertisi	na Inco	ome (see ins	tructio	ns)		LOSSAN	Engalation (12) Engalation (11) No.	362/492 0~3.	THE PROPERTY OF THE PROPERTY O	(300,030,030,030,040,030		1
Pärt I Income From Po					onsolida	ateo	d Basis				··	
11.32.181.32.3		2 Gross			Direct		dvertising gain or	5.C	irculation	6 Rea	dership	7 Excess readership
1 Name of periodica	I	advertisi	ng	adve	ertising osts	(lo	iss) (col 2 minus col 3) if a gain, compute cols 5 through 7		ncome		osts	costs (col 6 minus col 5, but not more than col 4)
(1)					··							
(2)						-		<u> </u>	-	<del>.</del> .	<del></del> -	
(3)					_	13		-			<del></del>	
(4)						147	ysse. Aviillys is					SOME STATE
Totals (carry to Part II, line (5)	)	<b>-</b>										<u> </u>
BAA	-			TE	EA0204 L	12/31	/18				F	orm <b>990-T</b> (2018)

BAA

Form 990-T (2018)

Form 990-T (2018) Eastern Maine Healthcare Systems (AHC) 01-0459837 Page Page II. Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through

7 on a line-by-line basis )		·				
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readershill costs (col 6 minus col 5, but not more than col 4)
(1)				1		
(2)						
(3)						
(4)						
Totals from Part I	<b>•</b>					
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 27
Schedule K — Compensation	of Officers Dire	ostors and Ti	uctooc (		1887 1987 1987 1987 1987 1987 1987 1987	·
Schedule K - Compensation	or Officers, Dire	ectors, and Ti	usiees (see inst	ructions)		
1 Name			2 Title	3 Percent of time devoted to business	d to unrela	ation attributable ated business
-				9	8	
					8	
			=	9	8	
				9	g	· .

TEEA0204 L 12/31/18

2018

## **Federal Statements**

Page 1

**Client ACADIA** 

Eastern Maine Healthcare Systems (AHC)
Acadia Hospital, Corp. (AHC)

01-0459837

6/08/20

01 10PM

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

Eastern Maine Healthcare Systems 01-0527066