a					Brooks a		4	•	<del>29383</del>	1	11911
-1		000 T	Ex	empt Organ	ization E	3usir	ness Inc	ome Ta	x Return /	x 1	OMB No 1545-0687
Ţ	F	orm <b>990-T</b>		(and p	proxy tax u	naer	section ou	33(e))	190	1	2010
		1-	For calendar yea	ar 2018 or other tax ye	ear beginning 🛚	LO/01	, 2018, a	nd ending _	<u>9/30 ' ', 2</u>	<u>019</u>	2018
	D	t description of the Transport	► G	o to www.irs.gov/	Form990T fo	r instru	ıctions and t	he latest ir	formation.	L	Onen to Bubble Incorpolition (c.)
	Intern	rtment of the Treasury lal Revenue Service	► Do not	t enter SSN numbers				<del></del>	zation is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
	A	Check box if address changed	,		Check box	if name o	changed and see	instructions)	·	D En	nployer identification number mployees' trust, see
	BE	xempt under section					RE SYSTE	MS		ins	structions)
		₹501( c )£/3.)	or .	43 WHITING		AD				-	01-0527066
		<b>」</b> 408(e) ☐ 220(		BREWER, ME	04412					E (S	related business activity code ee instructions )
	-	_ 408A	(a)								_
	<u>_</u> _	529(a)		<u> </u>						5	61000 531190 <sub>+</sub>
	C B	ook value of all assets t end of year		p exemption numb				<u> </u>			/ i
		774,661,637	•	k organization typ			) corporation	· — — — — — — — — — — — — — — — — — — —	<u> </u>	01(a) 1	
		Enter the number of						D	escribe the only (		
	1	trade or business he If more than one, de	re <u>Manage</u>	ment of Cor	o at the end	of the r	revious sent	ence com			e, complete Parts I-V _
		for each additional tr				or the p	DIEVIOUS SCIIL	ence, com	piete i aits i aitu i	1, COII	piete a ochedule W
		During the tax year,				ed gro	up or a parer	nt-subsidiai	ry controlled group	7	► Yes X No
	-	f 'Yes,' enter the na	me and identify	ying number of the	e parent corp	oration	▶				
	J .	The books are in car	e of ▶ John	J. Doyle				Т	elephone number	<b>&gt;</b> (2	07) 973-9081
	Pa	rt I Unrelated	d Trade or E	Business Inco	me		(A) Inc	ome	(B) Expense	S	(C) Net
	1 8	Gross receipts or s	sales	4,550,743.							
		<b>b</b> Less returns and allowa			c Balance►	1c	4,55	50,743.			
		Cost of goods sold				2	•				
		Gross profit Subtra				3	4,55	<u>50,743.</u>			4,550,743.
		a Capital gain net in				4a				-	
		Net gain (loss) (Form 4		7) (attach Form 4797)		4b		1-4	mal Revenue	Sopie	Α
		c Capital loss deduct Income (loss) from		or an S cornorati	on	4c	-		eived US Ban		
	,	(attach statement)		or arro corporati	011	5	,	/ 100	739	`	-
	6	Rent income (Sche	edule C)			6					
	7	Unrelated debt-fina	anced income	(Schedule E)		7			AUG 2 1 ZUZ	20	
	8	Interest, annuities, roya	•	•		-	/				
	9	Investment income of a			ON (Schedule G)	9	/		Kansas City, I	<b>10</b>	<del></del> -
	10	Exploited exempt a	=	(Schedule I)		10					
	11	Advertising income	, ,			11/					_
	12	Other income (See	e instructions, a	attach schedule)		/_					
	12	Tatal Cambina line		2		12	4 55	. 742			4 550 742
1		rt II Deduction		en Elsewhere	(Sag instri		s for limit	0,743.	deductions )	0. Ævo	4,550,743.
	Га	contribution	ons. deduct	ions must be	directly coi	nnect	ed with the	e unrelat	ed business ir	ncom	e.)
•	14	Compensation of o						_		14	<del>-</del>
	15	Salaries and wage	s							15	2,394,818.
	16	Repairs and mainte	enance							16	159,587.
	17	Bad debts					_	a		17	
	18	Interest (attach sch	nedule) (see in	istructions)			See	e State	ment 1	18	86,066.
	19	Taxes and licenses								19	
	20	Charitable contribu		tructions for limita	tion rules)					20	
_	21	Depreciation (attac	/ /					21			
202	22	Less depreciation of	claimed on Sch	hedule A and else	where on retu	urn	L	22a		22b	<u>-</u>
7	23	Depletion	. /.							23	··· · · · · · ·
က	24	Contributions to de	<i>,</i>	isation plans						24	
<b>—</b>	25	Employee benefit	_	lulo D						25 26	571,739.
	26	Excess exempt exp Excess readership								26	
$\supset$	27	Everas regueranih						See S	Statement 2	28	806, 366.
JUL	27 28	Other defluctions (	анасн эспесни	e)							000,000.
•	27 28 29	Other deductions (a								29	4,018,576.
•	28	/	Add lines 14 th	rough 28	atıng loss de	duction	Subtract lin	ne 29 from	line 13	29 30	4,018,576. 532,167.
•	28 29	Total deductions. A Unrelated business Deduction for net operat	Add lines 14 th taxable incom ting loss arising in	nrough 28 ne before net oper tax years beginning or	n or after January	y 1, 2018			line 13		532,167.
SANNED	28 29 30 31 32	Total deductions. A Unrelated business	Add lines 14 th taxable income ting loss arising in taxable income	nrough 28 ne before net oper tax years beginning or ne Subtract line 3	n or after January 11 from line 3	y 1, 2018	(see instruction			30	

	990-T (2018) EASTERN MAINE HEALTHCARE SYSTEMS  LIII Total Unrelated Business Taxable Income	01-0527066	Page 2
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see ,	33	538,843.
	Amounts paid for disallowed fringes  Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	34	520.042
36	Instructions)  See Statement 3  Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	35 36	538,843. 0.
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	37	
	enter the smaller of zero or line 36  t IV Tax Computation	38	0.
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶   39	0.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	<del></del>	
70	on line 38 from Tax rate schedule or Schedule D (Form 1041)	► <del>40</del>	
41	Proxy tax. See instructions	► 41	
	Alternative minimum tax (trusts only)	42	
	Tax on Noncompliant Facility Income. See Instructions	43	
	•	<del></del>	0.
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	<u> </u>
Par			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)  45a		
	Other credits (see instructions)  45 b		
	General business credit Attach Form 3800 (see instructions)  45c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)  45 d		
е	Total credits. Add lines 45a through 45d	45 e	0.
	Subtract line 45e from line 44	46	0.
47	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866		
	Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a	Payments A 2017 overpayment credited to 2018 50 a		
	2018 estimated tax payments.	$\dashv$	
	Tax deposited with Form 8868 50 c		
	· · · · · · · · · · · · · · · · · · ·		
	,		
	Backup withholding (see instructions).  50 e		
	Credit for small employer health insurance premiums (attach Form 8941)  Other and the advantage and assessment [75 and 2420]	<b></b>	
g	Other credits, adjustments, and payments Form 2439		
	Form 4136   Other   Total ►   <b>50 g</b>		
51	Total payments. Add lines 50a through 50g	51	0.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	<u> </u>	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ 54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax ► Refunde	ed ► 55	
	t VI Statements Regarding Certain Activities and Other Information (see instructions)		
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other a	uthority over a	Yes No
30	financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCE	-	163 110
		_141 01111 114,	
	Report of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country here		X
57	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		
_58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	<u></u>	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the belief, it is true, copiecy, aparticipated by paration of preparer (other than tax payer) is based on all information of which preparer has	est of my knowledge an any knowledge	d
Sigr	h / // // // // All UD of Finance	May the IRS discu	ss this return with
Here	Signature of officer Date Title	the preparer show instructions)?	
			Yes X No
Paid	Print/Type preparer's name Preparer's signature Date Check	If PTIN	
Pre-	Cole Doors and		
pare		, <b>&gt;</b>	
Use	Firm's address		
Only			1
		<u> </u>	n <b>990-T</b> (2018)
BAA	TEEA0202L 01/24/19	For	ıı <b>⊅⊅υ-1</b> (∠∪18)

Schedule A - Cost of Goo	ds Sold. Enter r	nethod of inv	entory valuation	n 🟲		<u>-</u>					
1 Inventory at beginning of year	1 Inventory at beginning of year 1					ory at e	end of year	6			
2 Purchases	2						s sold. Subtract				
3 Cost of labor	3						m line 5 Enter here irt I, line 2				
4 a Additional section 263A costs (attack	n schedule)			•	ווי טווג	raiti,	iiie z	7	<u> </u>	Yes	No
	4	a			)a iba	rulaa a	of cootion 263A Aust	h	act to	res	NO
<b>b</b> Other costs (attach sch)	4	b					of section 263A (wit luced or acquired fo				
5 Total. Add lines 1 through 4b	5						zation?		, , , ,		X
Schedule C - Rent Income (F	rom Real Prope	ty and Per	sonal Proper	ty L	easec	d With	Real Property) (	see ins	structions)		
1 Description of property											
(1)											
(2)											
(3)											
(4)											
	2 Rent received or						3(a) Deduction	ne dire	ectly connec	tad wit	h
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	personal	(if the perc	eal and persor entage of rent cceeds 50% or d on profit or ir	for p	ersona e rent i	al	the income i	n colu			
(1)											
(2)											
(3)	-										
(4)										•	
Total	Tota	al						_			
(c) Total income. Add totals of columere and on page 1, Part I, line 6,		Enter ▶					(b) Total deductions. here and on page 1, Pa I, line 6, column (B)	Enter rt ►			
Schedule E - Unrelated De	ebt-Financed li	ncome (see	e instructions)								
1 Description of debt	-financed property		2 Gross inco			<b>3</b> De	eductions directly co debt-fina			llocabl	e to
1 Description of desc	inidificed property		financed p				(a) Straight line eciation (attach sch		(b) Other de (attach sc		
(1)											
(2)											
.(3)											
(4)											
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjust or allocable to de property (attach	bt-financed	6 Colur divided colum	l by			<b>7</b> Gross income ortable (column 2 x column 6)	- 1	Allocable d (column 6 : olumns 3(a)	k total	of
(1)					%						
(2)		_			%						
(3)					%						
(4)	<u> </u>				%						
						Enter Part	here and on page I, line 7, column (A	1, Ent ) Pa	ter here and rt I, line 7,	l on pa column	ge 1, ı (B)
Totals.					•						
Total dividends-received deduction	nsıncluded ın colu	mn 8						<b>&gt;</b>			
BAA		TE	EA0203L 01/30/1	9					Form 9	990 <del>-</del> T (	2018)

Schedule F — Interest, A	innuiti	<del></del> _			trolled Or			Orga	inizations	(see	instruction	15)	
1 Name of controlled organization	ıdeı	Imployer ntification number	ınc	ome	related (loss) uctions)	Ī	4 Total of speci payments ma		5 Part of of that is indicated the con- organiz	cluded trolling ation's	in c	eductions directly onnected with ome in column 5	
(1)			-			†						<del></del>	
(2)			-							-			
(3)					-	T							
(4)						T							
Nonexempt Controlled Organiza	ations	·				•			<del>'</del>	•	· · ·		
7 Taxable Income	inc	et unrelated ome (loss) instructions)			f specified nts made	d	10 Part of included in organization	n the c	ontrolling		connected	tions directly d with income blumn 10	
(1)										-		iii ig	
(2)												_	
(3)													
(4)													
Totals			•		-		Add columns here and on p 8, co		, Part I, line		and on p	6 and 11. Enter age 1, Part I, line lumn (B)	
Schedule G — Investmer	nt Inco	me of a Se	ction	501	(c)(7), (9	9).	or (17) Orga	niza	tion (see in:	struction	ons)		
			t of income		3 De directly		ductions connected schedule)	4 Set-asides (attach schedul		<b>5</b> Tota le) set-a		tal deductions and asides (column 3 olus column 4)	
(1)													
(2)			•						<del></del>				
(3)													
(4)						_							
Totals Schedule I — Exploited E	•	Enter here and Part I, line 9,	column	(A)	her Tha	n	Advertising	Inco	me (see ins	tructio	Part I, Ii	re and on page 1, ne 9, column (B)	
Schedule I - Exploited E	-xemp	2 Gross		•		T					penses	35	
1 Description of exploited a	ctivity	unrelated business income fro trade or business	d s om	conne pro of u	ises directly ected with duction inrelated ess income	fro or 2 n	Net income (loss) m unrelated trade business-(column i ninus column 3) a gain, compute umns 5 through 7	activi	s income from ty that is not ated business income	attribi	utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		<b>-</b>	-										
(2)		<del> -</del>			,	i							
(3)											-		
(4)													
Totals.		Enter here on page Part I, line column (/	1, 10, F	on p Part l	here and page 1, , line 10, mn (B)	*	<u>,                                    </u>			-	-	Enter here and on page 1, Part II, line 26	
Schedule J – Advertisin	a Inco	me (con inch	ructions				<del></del>					I	
					ncolida	*	d Pacie						
Part I Income From Pe	riodica	2 Gross	u on a		Direct			<b>5</b> 0		<u> </u>			
1 Name of periodical		advertisin income	g	adve	ertising osts	(10	Advertising gain or oss) (col 2 minus col 3) If a gain, compute cols 5 through 7		rculation ncome		idership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)	
(1)						ļ _							
(2)						-				_			
(3)			_			-	1						
(4)													
Totals (carry to Part II, line (5))		1										orm <b>990 T</b> (2019)	
D A A				7	E ACCOUNT	10/2	1/10					Arm MULT /2010\	

Form 990-T (2018) EASTERN MAINE HEALTHCARE SYSTEMS 01-0527066 Page
Part III 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.)

/ On a line-by-line basis )						
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)						
(2)						
(3)					•	
(4)						
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 27
Schedule K – Compensation of	f Officers, Dire	ctors, and Tr	ustees (see inst	ructions)	SERVICE AT LEGIS IN	<u> </u>
1 Name			2 Title	3 Percent o time devote to business	d to unrela	ation attributable ted business
•					%	
				!	%	
				:	%	·
·			•		%	
Total. Enter here and on page 1. Part II.	line 14			•	<b>•</b>	

BAA .

\* TEEA0204 L 12/31/18

Form **990-T** (2018)

## (Form 990-T)

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

OMB No 1545-0687

Department of the Treasury Internal Revenue Service Name of the organization For calendar year 2018 or other tax year beginning  $\frac{10/01}{}$ , 2018, and ending  $\frac{9}{30}$ , 20  $\frac{19}{}$ 

► Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

EASTERN MAINE HEALTHCARE SYSTEMS 01-0527066 Unrelated business activity code (see instructions) ► 531190

De	escribe the unrelated trade or business Ell	sworth MOB-	Unre		anced In		
Par	Unrelated Trade or Business Incom	ne		(A) Income	(B) Expenses	,	(C) Net
1a	Gross receipts or sales		Π				
b	Less returns and allowances	<b>c</b> Balance ►	1c				
2	Cost of goods sold (Schedule A, line 7)		2				
3	Gross profit. Subtract line 2 from line 1c		3		•		
4a	Capital gain net income (attach Schedule D	))	4a	ι	,		
b	Net gain (loss) (Form 4797, Part II, line 17) (attack	h Form 4797)	4b				
С	Capital loss deduction for trusts		4c		-		
5	Income (loss) from a partnership or an S co (attach statement)	orporation	5				
6	Rent income (Schedule C)		6				
7	Unrelated debt-financed income (Schedule	E)	7	15,533.	8,85	57.	6,676.
8	Interest, annuities, royalties, and rents from a organization (Schedule F)	a controlled	8		,		
9	Investment income of a section 501(c)(7), (9) organization (Schedule G)	), or (17)	9				
10	Exploited exempt activity income (Schedule	e I)	10			$\neg$	
11	Advertising income (Schedule J)		11				
12	Other income (See instructions; attach scho	edule)	12				
13	Total. Combine lines 3 through 12		13	15,533.	8,85	57.	6,676.
Part	deductions must be directly connected with	th the unrelated b	ousine		(Except for co	ntributi	ons,
14	Compensation of officers, directors, and tru	stees (Schedule	K)			14	
15	Salaries and wages					15	
16	Repairs and maintenance			•		16	
17	Bad debts					17	
18	Interest (attach schedule) (see instructions)	•		See Statemer	L	18	
19	Taxes and licenses			_	19		
20	Charitable contributions (See instructions for	or limitation rules	s)			20	
21	Depreciation (attach Form 4562)			21	Г		

22a 22b Less depreciation claimed on Schedule A and elsewhere on return 22 23 23 Depletion Contributions to deferred compensation plans 24 24 25 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 26 Excess readership costs (Schedule J) 27 27 28 Other deductions (attach schedule) 28 29 Total deductions. Add lines 14 through 28 29 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 6,676 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 31 instructions) 31 Unrelated business taxable income. Subtract line 31 from line 30 32 32 6,676.

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

		minera bi					0327000	, age (			
Schedule A - Cost of Goo		er method of inv	entory valuation	ı ►							
<ol> <li>Inventory at beginning of year</li> </ol>	ar [	1		6 Invento	ory at e	end of year	6				
2 Purchases		2		7 Cost o	f good	s sold. Subtract					
3 Cost of labor		3		line 6 from line 5 Enter here and in Part I, line 2							
4 a Additional section 263A costs (attack	h schedule)	4.0		anu in	ranı,	inte 2	[	Yes No			
<b>b</b> Other costs	-	4 a 4 b				of section 263A (with					
(attach sch)		5				luced or acquired for	resale) apply	X			
5 Total. Add lines 1 through 4b Schedule C — Rent Income (F			conal Branari	to the				1 1			
1 Description of property	TOIL Real Pro	perty and Per	Sullai Properi	y Leaset	AAICI	(S	see instructions)				
			•								
(1)											
(2)											
(3)											
(4)		<del> </del>				<del> </del>					
	2 Rent receive					3(a) Deduction	s directly conn	ected with			
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	personal	(if the perc property ex	eal and personatentage of rent for a contract of the contract	or persona f the rent	al	the income in	n columns 2(a) ach schedule)				
(1)											
(2)											
(3)											
(4)											
Total		Total									
(c) Total income. Add totals of columere and on page 1, Part I, line 6,		2(b) Enter				(b) Total deductions E here and on page 1, Part I, line 6, column (B)					
Schedule E — Unrelated D		d Income (see	a inetriletione)		_	i, line o, column (b)					
Schedule E Sinclated D	CDC-1 IIIaiicc	a meome (see			3 0	adustions directly co	anastad with a	r allegable to			
			2 Gross incor		306	eductions directly con debt-finar	nced property	See St 6			
1 Description of debt	-financed prope	rty	or allocable t financed pr		-	(a) Straight line		deductions			
			illiancea pr	operty		eciation (attach sch)		schedule)			
(1)Ellsworth MOB			-	7,655.	<u> </u>			44,278.			
(2)			<u>'</u>	7,000.				44,270.			
(3)											
(4)		<del></del>			<del>                                     </del>		1				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable to	justed basis of debt-financed ach schedule)	6 Colum divided column	by		<b>7</b> Gross income ortable (column 2 x column 6)	(column	e deductions 6 x total of (a) and 3(b))			
(1) 69,726.		348,574.	20.	0032 %		15,533		8,857.			
(2)				8		· · · · · · · · · · · · · · · · · · ·					
(3)				ક			1				
(4)				8							
	•				Enter Part	here and on page 1 I, line 7, column (A)	, Enter here a Part I, line	and on page 1, 7, column (B)			
Totals.				<b>•</b>	1	15,533		8,857.			
Total dividends-received deduction	nsincluded in a	column 8			L	10,000	<del>-</del>	0,007.			
BAA			EA0203L 01/30/19				Forr	n <b>990-T</b> (2018)			
		,-					•				

		<u> </u>	Exempt Controlled Organizations (see instructions)											
1 Name of controlled organization	ıde	Employer entification number	1	Net uni ncome se instri		4	Total of spec payments ma	ified de	<b>5</b> Part of that is in the cororganizers organizers	cluded trolling	in c	eductions directly connected with come in column 5		
(1)									-					
(2)														
(3)							-							
(4)					·-							·		
Nonexempt Controlled Organiza	itions													
7 Taxable Income	ind	let unrelated come (loss) e instructions)			f specified nts made	d	10 Part of included in organizatio	n the c	ontrolling		connecte	ctions directly d with income olumn 10		
(1)			<b>—</b>											
(2)			1			1								
(3)			$\top$			T			•					
(4)			$\top$											
Totals							Add columns here and on p 8, co		, Part I, line		and on p	s 6 and 11 Enter page 1, Part I, line lumn (B)		
Schedule G - Investmer	nt Inco	ome of a Se	ctio	n 501	(c)(7), (9	9), (	or (17) Orga	nizat	tion (see in	struction	ons)			
1 Description of income	1 Description of income 2 Ar		nt of income		3 De		luctions connected schedule)		4 Set-asides	ule) set-a		I deductions and sides (column 3 us column 4)		
1)					<u> </u>									
(2)												•		
(3)														
(4)														
Totals Schedule I — Exploited E	►	Enter here an Part I, line 9,	colun	nn (A)	her Tha	an A	Advertisina	Inco	<b>me</b> (see in	structio	Part I, I	ere and on page 1, ne 9, column (B)		
1 Description of exploited ac	· · ·	2 Gross unrelate busines income fro trade of busines	d s om	3 Expension connection of u	ses directly ected with duction nrelated ess income	4 N from or b 2 m	let income (loss) n unrelated trade pusiness (column inus column 3) a gain, compute mns 5 through 7	5 Gross activi unrela	s income from ty that is not ated business income	6 Exp	penses stable to sumn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)			•			<del> </del>	·····							
(2)														
(3)		<del>                                     </del>										<del> </del>		
(4)														
Totals		Enter here on page Part I, line column (	1, 10,	on p Part I	here and page 1, , line 10, mn (B)			-	1		•	Enter here and on page 1, Part II, line 26		
Schedule J – Advertisin	a lace					<u> </u>								
					مانا ممانا		l Pasis					<del></del> .		
Part I Income From Per	riodic	<del></del>										1		
1 Name of periodical		2 Gross advertisir income	ng	adve	ortising osts	(lo:	dvertising gain or ss) (col 2 minus ol 3) If a gain, compute cols 5 through 7		rculation icome		dership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)		
(1)		1				4						4		
(2)				··		4	ļ					-		
(3)						1						· ·		
(4)						<del> </del>			-			<u> </u>		
Totals (carry to Part II, line (5))		•												
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BAA

Form **990-T** (2018)

Form 990-T (2018) EASTERN MAINE HEALTHCARE SYSTEMS 01-0527066 Page
Part III Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through

/ on a line-by-line basis )						
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)						
(2)						
(3)						
(4)						
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 27
Schedule K $-$ Compensation o	of Officers, Dire	ctors, and Tr	<b>ustees</b> (see insti	ructions) (		
1 Name	. '		2 Title	3 Percent of time devoted to business	to unrela	ation attributable ted business
				9	š	
				۶	š	
				9	š	
				7	\$	
Total Enter here and an acce 1 Part II	line 14	•		<del></del>	<b>D</b>	

TEEA0204 L 12/31/18

## SCHEDULE N (Form 990-T)

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

 $\mathbf{2}$ 

2018

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning 10/01, 2018, and ending 9/30, 20 19.

► Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

Name of the organization EASTERN MAINE HEALTHCARE SYSTEMS Employer identification number 01-0527066

	Bioliu initia inimitia biolini		10	11-032/000	,	
Ür	related business activity code (see instructions) ► 523000		· ·			
	escribe the unrelated trade or business UBI reported o	n K-1	for investme	nts		
						(O) N-1
Part	Unrelated Trade or Business Income		(A) Income	(B) Expenses	•	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ►	1c				
2	Cost of goods sold (Schedule A, line 7)	2		-		
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		:		
С	Capital loss deduction for trusts	4c				-
5	Income (loss) from a partnership or an S corporation					
	(attach statement)	5				
6	Rent Income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled				]	
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)				- 1	
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions; attach schedule)Stmt 7	12	-8,913.			-8,913.
_13	Total. Combine lines 3 through 12	13	-8,913.			-8,913.
Part	Deductions Not Taken Elsewhere (See instructions for lift deductions must be directly connected with the unrelated I			Except for co	ntributi	ons,
	·					
14	Compensation of officers, directors, and trustees (Schedule	: K)		L	14	
15	Salaries and wages			Ĺ	15	
16	Repairs and maintenance				16	<del></del>
17	Bad debts			_	17	
18	Interest (attach schedule) (see instructions)		See Statemen	t 8	18	
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rule:	s)	1 00 1		20	
21	Depreciation (attach Form 4562)		21		<del></del>	
22	Less depreciation claimed on Schedule A and elsewhere or	n return	22a		22b	
23	Depletion				23	
24	Contributions to deferred compensation plans			-	24	
25 26	Employee benefit programs			-	25	
26 27	Excess exempt expenses (Schedule I)			-	26 27	
27	Excess readership costs (Schedule J) Other deductions (attach schedule)			-	28	
28 29	Total deductions. Add lines 14 through 28				29	<del></del> _
30	Unrelated business taxable income before net operating loss deduction. Sub	tract line	20 from line 12	-	30	0.010
31	Deduction for net operating loss arising in tax years beginn			2018 (555	<del> </del>	<u>-8,913.</u>
31	instructions)	ing on t	or arter January I,	2010 (366	31	
32	Unrelated business taxable income. Subtract line 31 from li	ne 30		-	32	-8,913.

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

· oiiii sise · (ac ic)	THITING HERET THE CAME		J I III I I			U 1	002	-,000		ugu u
Schedule A — Cost of Goo	ds Sold. Enter method	of inve	ntory valuation	<b>&gt;</b>						
1 Inventory at beginning of year	r 1		6	Invento	ry at e	end of year	6			
2 Purchases	2		7	Cost of	good	s sold. Subtract				
3 Cost of labor	3			line 6 fi and in		ne 5 Enter here	7			
4 a Additional section 263A costs (attach	schedule)			and iii	art i,	mic Z	<u> </u>		Yes	No
F. a.v.	4 a		8	Do the	rules d	of section 263A (with	n resp	ect to		
<b>b</b> Other costs (attach sch)	4 b			propert	y prod	uced or acquired for	resal	e) apply		
5 Total. Add lines 1 through 4b				to the c		<u> </u>			<u></u>	X
Schedule C — Rent Income (F	rom Real Property and	d Pers	onal Property	y Leased	With	Real Property) (	see ins	tructions)		
1 Description of property										
(1)										
(2)										
(3)										
(4)	·									
	2 Rent received or accru					<b>3(a)</b> Deduction	e dira	ctly connec	tad wit	h
(a) From personal prope (if the percentage of rent for property is more than 10% more than 50%)	personal (if the	e perce erty exc	al and persona ntage of rent fo eeds 50% or if on profit or inc	r persona the rent i	al	the income in	n colui			
(1)								•		
(2)										
(3)										
(4)										
Total	Total									
(c) Total income. Add totals of colu here and on page 1, Part I, line 6,		<b>•</b>				(b) Total deductions. E here and on page 1, Par I, line 6, column (B)	inter t ►			
Schedule E — Unrelated De	ebt-Financed Incom	<b>e</b> (see	instructions)							
1 Description of debt-	financed property		2 Gross incomor allocable to		3 De	eductions directly co debt-finai	nnect nced p	ed with or a property Se	allocabl ee St	le to
			financed pro			<b>(a)</b> Straight line eciation (attach sch)		(b) Other de (attach so		
(1)										
(2)										
(3)										
(4)						<u> </u>				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted bas or allocable to debt-final property (attach schedi	nced	6 Columi divided I column	Э		7 Gross income ortable (column 2 x column 6)		Allocable of (column 6 olumns 3(a)	x total	of
(1)				8						
(2)				%						
(3)				%				<u>.</u>		
(4)				- % 						
						here and on page 1 I, line 7, column (A)		er here and rt I, line 7,		
Totals				<b>•</b>						•
Totals Total dividends-received deductio	nsincluded in column 8					1	-			
BAA		TEF	A0203L 01/30/19					Form	990-T (	2018)
		,							•	,

Schedule F — Interest, A		. <u></u> ,			trolled Or			<u> </u>	- Inizations	(300)			
1 Name of controlled organization	ıde	Employer ntification number	1	Net una income ee instr			<b>4</b> Total of specipayments ma	fied de	5 Part of that is in the cor organiz gross i	cluded itrolling ation's	in c	eductions directly connected with come in column 5	
(1)						T							
(2)													
(3)		•				1					-		
(4)						1		_					
Nonexempt Controlled Organiza	tions												
7 Taxable Income	8 N	et unrelated come (loss) instructions)			of specified ents made		10 Part of included in organizatio	n the c			connecte	ctions directly d with income olumn 10	
(1)						_							
(2)						_							
(3)						_		_					
(4)						$\dashv$			· · · · · ·				
Totals							Add columns here and on p 8, co		, Part I, line		and on p	s 6 and 11 Enter page 1, Part I, line lumn (B)	
Schedule G – Investmer	nt Inco	ome of a Se	ectio	n 501	(c)(7), (9	<del>)</del> ).	or (17) Orga	niza	tion (see in	struction	ons)		
1 Description of income	1 Description of income 2 A		int of income		3 De directly		ductions connected schedule)		4 Set-asides ttach schedu	ule) set-a		Total deductions and set-asides (column 3 plus column 4)	
(1)							i						
(2)													
(3)													
(4)													
Totals Schedule I — Exploited E	►	Enter here an Part I, line 9,	colur	nn (A)	her Tha	ın.	Advertisina	Inco	<b>me</b> (see in	structio	Part I, I	ere and on page 1, ne 9, column (B)	
1 Description of exploited a	<del>-</del>	2 Gross unrelate busines income fr trade o	2 Gross unrelated conn business ncome from of L		ected with front f		Net income (loss) im unrelated trade business (column ninus column 3) a gain, compute umns 5 through 7	5 Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		<del></del>											
(2)						$\vdash$							
(3)						_						<u>-</u>	
(4)						<u> </u>	<del></del>					<del></del>	
Totals		Enter here on page Part I, line column (	1, e 10,	on p Part I	here and page 1, , line 10, mn (B)				l			Enter here and on page 1, Part II, line 26	
Schedule J – Advertisin	a Inco	me (see inst	ructio	nc)		L						<u> </u>	
							d Danie		<del> </del>				
Part I Income From Pe	riodic					_						T=	
1 Name of periodical		2 Gross advertisii income	ng	adve	Orrect ertising osts	(10	Advertising gain or oss) (col 2 minus col 3) If a gain, compute cols 5 through 7		rculation ncome		osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)	
		<u> </u>				-						4	
(2)						-				<del></del>	<u>_</u>	-	
(3)		-				1						-	
(4)		1				$\vdash$						<del> </del>	
Totals (carry to Part II, line (5))	)	-											
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Form 990-T (2018) EASTERN MAINE HEALTHCARE SYSTEMS 01-0527066 Page
Part II. Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

/ Off a lifte-by-lifte basis /						
• 1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	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
Totals, Part II (lines 1 – 5)			<b>的数。多为</b> 为	English Sagar		
Schedule $K-$ Compensation of	f Officers, Dire	ctors, and Tr	<b>ustees</b> (see insti	ructions)		
1 Name		2 Title		3 Percent of time devoted to business	d to unrela	ition attributable ted business
				9	9	
				9	8	
		1			8	
					8	
Total. Enter here and on page 1, Part II,	line 14	<del></del>			<b>&gt;</b>	
BAA	~ - 1	TEEA0204 L 1	2/31/18	,	<del>1</del>	orm <b>990-T</b> (2018)

2018	Federal S	tatements	Page 1
Client EMHSAMEN	EASTERN MAINE HE	ALTHCARE SYSTEMS	01-0527066
7/04/20  Statement 1 Form 990-T, Part II, Line 18 Interest Expense			08 50PM  \$ 86,066. \$ 86,066.
Statement 2 Form 990-T, Part II, Line 28 Other Deductions  Conference & Education Depreciation Expense Insurance Office Rental Exp Other Expenses Purchase Services Supplies Travel & Transportation Utilities			\$ 13,637. 271,482. 7,850. 23,575. 82,867. 285,786. 39,829. 16,929. 64,411. Total \$ 806,366.
Statement 3 Form 990-T, Part III, Line 35 Net Operating Loss Deduction  Loss Year  Ending	n Original Loss	Loss Previously Used	Loss Available
9/30/01 \$ 9/30/03 9/30/04 9/30/05 9/30/06 9/30/07 9/30/08 9/30/09 9/30/10 9/30/13 9/30/15 9/30/15 9/30/18 Net Operating Loss Avail Taxable Income Net Operating Loss Deduct		0. 0. 0. 0. 0. 0. 0. 0.	\$ 133,674. 30,247. 280,299. 213,796. 978,889. 117,204. 80,478. 69,750. 30,136. 139,212. 41,459. 870,534. \$ 2,985,678. \$ 538,843. \$ 538,843.
Statement 4 Schedule M, Part II, Line 18 Interest Expense		,	
			Total \$ 0.

2018	Federal Statements		Page 2
Client EMHSAMEN	EASTERN MAINE HEALTHCARE SYSTEMS		01-0527066
7/04/20			08 50PM
Statement 6 Schedule M, Schedule E, Lir Other Deductions Allocable	ne 3b to Debt-Financed Property		
Ellsworth MOB Cleaning and Mainte Interest Taxes Utilities	enance	\$	10,196. 2,289. 10,819. 8,161. 11,794.
Depreciation Insurance		Total 🕏	11,794. 1,019. 44,278.
Statement 7 Schedule M, Part I, Line 12 Other Income			
UBI reported on K-1 for	r investments	Total \$	-8,913. -8,913.
Statement 8 Schedule M, Part II, Line 18 Interest Expense			
	,	Total \$	0.
	•		

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