

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
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
43 WHITING HILL ROAD
City or town, state or province, country, and ZIP or foreign postal code
BREWER, ME 04412

D Employer identification number
01-0527066
E Telephone number
(207) 973-9081
G Gross receipts \$ 498,830,387

F Name and address of principal officer
John J Doyle
43 WHITING HILL ROAD
BREWER, ME 04412

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
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

K Form of organization
Corporation
Trust
Association
Other

L Year of formation 1999
M State of legal domicile ME

Part I Summary

1 Briefly describe the organization's mission or most significant activities
EMHS d/b/a Northern Light Health, a supporting organization for healthcare affiliates, maintains and improves the health and well-being of the people of Maine through a well-organized network of local health care providers who together offer high quality, cost-effective services to their communities

Table with 2 columns: Description, Amount. Rows include: 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 (3); 4 Number of independent voting members of the governing body (4); 5 Total number of individuals employed in calendar year 2018 (1,160); 6 Total number of volunteers (19); 7a Total unrelated business revenue from Part VIII, column (C), line 12 (4,548,506); 7b Net unrelated business taxable income from Form 990-T, line 34.

Table with 4 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (489,109 / 138,951); 9 Program service revenue (158,325,150 / 283,655,303); 10 Investment income (5,741,056 / 3,354,455); 11 Other revenue (347,295 / 326,143); 12 Total revenue (164,902,610 / 287,474,852); 13 Grants and similar amounts paid (0); 14 Benefits paid to or for members (0); 15 Salaries, other compensation, employee benefits (94,821,749 / 210,654,443); 16a Professional fundraising fees (0); 16b Total fundraising expenses (0); 17 Other expenses (86,875,542 / 118,316,518); 18 Total expenses (181,697,291 / 328,970,961); 19 Revenue less expenses (-16,794,681 / -41,496,109); 20 Total assets (741,405,150 / 774,661,637); 21 Total liabilities (431,650,595 / 491,577,901); 22 Net assets or fund balances (309,754,555 / 283,083,736).

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: *****
Date: 2020-08-08
John J Doyle NLH VP of Finance
Type or print name and title

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

May the IRS discuss this return with the preparer shown above? (see instructions) Yes 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

EMHS d/b/a Northern Light Health, a supporting organization for healthcare affiliates, maintains and improves the health and well-being of the people of Maine through a well-organized network of local health care providers who together offer high quality, cost-effective services to their communities

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 \$ 327,025,345 including grants of \$) (Revenue \$ 283,653,066)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

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

4e Total program service expenses ▶ 327,025,345

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, and organizational transactions.

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 []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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	1,160		
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	Yes		
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	Yes		
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 (19); 1b Enter the number of voting members included in line 1a, above, who are independent (16); 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? (Yes); 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? (Yes); 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? (Yes); 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? (Yes); 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 (Yes); 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

Table with 2 columns: Question, Answer. Rows include: 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 (checked), Another's website (checked), Upon request (checked), 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 Rd 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... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers... List all of the organization's former directors or trustees...

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

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)	21,068,983	1,310,721	3,016,184

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 ▶ 178

	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>	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>	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>		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
Deloitte Consulting LLP PO Box 844717 Dallas, TX 752844717	Consulting Services	20,787,523
Cerner Corporation PO Box 959156 St Louis, MO 631959156	Software Support	16,334,944
Infor Inc PO Box 1450 Minneapolis, MN 554857418	Software Support	4,443,265
Leidos Health LLC 127 W Worthington Ave Ste 100 Charlotte, NC 28203	Consulting	2,982,170
AGFA Healthcare Corporation PO Box 7247-6204 Philadelphia, PA 191706204	Software Support	2,316,224

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 ▶ 69

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			
	e Government grants (contributions)	1e	51,595		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	87,356		
	g Noncash contributions included in lines 1a - 1f \$ _____				
	h Total. Add lines 1a-1f		138,951		

Program Service Revenue			Business Code				
	2a Exempt Affiliate Rental		532000	4,256,815	4,256,815		
	b Occupational Health Servi		621400	2,624,245	2,624,245		
	c Supply Chain Services		423000	131,250	131,250		
	d Supporting Org Revenue		561000	276,642,993	272,092,250	4,550,743	
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			283,655,303				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,667,472		-8,913	1,676,385	
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			0				
	6a Gross rents	(i) Real	(ii) Personal					
			574,024					
		b Less rental expenses		272,321				
		c Rental income or (loss)		301,703				
	d Net rental income or (loss)			301,703		6,676	295,027	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			212,770,197					
		b Less cost or other basis and sales expenses		210,808,214	275,000			
		c Gain or (loss)		1,961,983	-275,000			
	d Net gain or (loss)			1,686,983			1,686,983	
	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							
	b Less cost of goods sold	b						
	c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue		Business Code						
11a Fitness Center Fees		713940	24,440			24,440		
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d			24,440					
12 Total revenue. See Instructions			287,474,852	279,104,560	4,548,506	3,682,835		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
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.	21,557,118	21,557,118		
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.	68,573,019	68,573,019		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	5,817,591	5,817,591		
9 Other employee benefits.	108,772,710	108,772,710		
10 Payroll taxes.	5,934,005	5,934,005		
11 Fees for services (non-employees)				
a Management.	1,229,170	1,229,170		
b Legal.	1,651,839		1,651,839	
c Accounting.	270,197		270,197	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	133,125	133,125		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	34,796,661	34,773,081	23,580	
12 Advertising and promotion.	1,724,665	1,724,665		
13 Office expenses.	2,353,339	2,353,339		
14 Information technology.	35,896,522	35,896,522		
15 Royalties.	0			
16 Occupancy.	4,946,317	4,946,317		
17 Travel.	953,077	953,077		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	454,738	454,738		
20 Interest.	2,681,569	2,681,569		
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	9,467,840	9,467,840		
23 Insurance.	17,301,482	17,301,482		
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 Contractual Allowances.	2,500,000	2,500,000		
b Dues & Subscriptions.	909,812	909,812		
c Repairs & Maintenance.	552,091	552,091		
d Medical Supplies Expense.	274,248	274,248		
e All other expenses.	219,826	219,826		
25 Total functional expenses. Add lines 1 through 24e.	328,970,961	327,025,345	1,945,616	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		1	0
	2 Savings and temporary cash investments	57,749,648	2	32,029,576
	3 Pledges and grants receivable, net	72,820	3	11,167
	4 Accounts receivable, net	44,968,249	4	77,412,375
	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	211,746,541	7	210,880,382
	8 Inventories for sale or use		8	47,948
	9 Prepaid expenses and deferred charges	8,361,908	9	6,243,075
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 182,045,296		
	b Less accumulated depreciation	10b 80,460,424	91,114,888	10c 101,584,872
	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	327,391,096	15	346,452,242
16 Total assets. Add lines 1 through 15 (must equal line 34)	741,405,150	16	774,661,637	
Liabilities	17 Accounts payable and accrued expenses	91,264,585	17	152,678,019
	18 Grants payable		18	
	19 Deferred revenue	86,205	19	62,303
	20 Tax-exempt bond liabilities	186,398,350	20	185,759,253
	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	77,164,229	23	76,432,374
	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	76,737,226	25	76,645,952
	26 Total liabilities. Add lines 17 through 25	431,650,595	26	491,577,901
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	309,711,988	27	283,040,145
	28 Temporarily restricted net assets	19,167	28	
	29 Permanently restricted net assets	23,400	29	43,591
	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	309,754,555	33	283,083,736	
34 Total liabilities and net assets/fund balances	741,405,150	34	774,661,637	

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	287,474,852
2	Total expenses (must equal Part IX, column (A), line 25)	2	328,970,961
3	Revenue less expenses Subtract line 2 from line 1	3	-41,496,109
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	309,754,555
5	Net unrealized gains (losses) on investments	5	19,855,977
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	-5,030,687
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	283,083,736

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: 01-0527066

Name: EASTERN MAINE HEALTHCARE SYSTEMS

Form 990 (2018)

Form 990, Part III, Line 4a:

Carried on supporting functions essential to Eastern Maine Medical Center, A R Gould Hospital, Inland Hospital, Acadia Hospital, Sebasticook Valley Hospital, CA Dean Hospital, Mercy Hospital, Maine Coast Hospital, and Blue Hill Hospital EMHS d/b/a Northern Light Health (NLH) performed standardization of practices, strategic planning, and capital allocation functions NLH board established and oversees the charity care policy of the 9 hospitals which is applied uniformly to all of the hospitals NLH hospitals provided cumulative charity care of \$19,742,227 (at cost) and other uncompensated care of \$30,813,032 (at cost) for a total uncompensated care of \$50,555,259 The NLH hospitals had a Medicare shortfall of \$125,447,299 and a Medicaid shortfall of \$65,253,748

Form 990, Part III, Line 4b:

In Schedule O 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

Form 990, Part III, Line 4c:

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. We are making healthcare work for you. We are Changemakers. All around us in today's 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 hadn't invented the telephone? Or, Thomas Edison didn't find a way to harness electricity to make light? Or, Marie Curie didn't 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 year's 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, FACHE President and CEO, Northern Light Health

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			
Jay Reynolds MD Director	0 20	X						0	370,606	28,794
Mary M Hood President & CEO	50 00	X		X				3,977,600	0	296,423
Gavin Ducker Board Member	0 80	X						0	317,447	33,345
Michael L McInnis Board Member	40 00	X						0	0	0
Stephen B Rich AIA Brd Mbr/V-Chair	1 50	X		X				0	0	0
Kathy Corey Board Member	0 00	X						0	0	0
David L Small Board Member	2 40	X						0	0	0
Lynn M Lombard Board Member	0 00	X						0	0	0
Daniel P Thornton Board Member	1 30	X						0	0	0
David Ahola MD Board Member	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			
John D Lafayette III Board Member	1 30 0 00	X						0	0	0
Barry D McCrum Brd Mbr/Chair	2 00 0 00	X		X				0	0	0
Michael S Pancoe MD Board Member	0 90 0 00	X						0	0	0
Anne Perry Board Member	0 50 0 00	X						0	0	0
John L Simpson Board Member	1 40 0 00	X						0	0	0
Charles E Hewett PhD Board Member	0 60 0 00	X						0	0	0
Marianne Lynch Esq Board Member	1 00 0 00	X						0	0	0
Julie Dawson Williams Board Member	1 30 0 00	X						0	0	0
Peter StJohn Board Member	1 70 0 00	X						0	0	0
James Donnelly Board Member	0 90 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			
John Ryan Esq Director	0 40 0 00	X						0	0	0
Paula Theriault VP,NursingInfo	50 00 0 00			X				170,597	0	46,620
Joy Lothrop VP,IntegrCrMgmt	50 00 0 00			X				0	0	0
John D Dalton Sr V P ,Inland	50 00 0 00			X				353,287	0	44,754
Jason Tankel VP-Compliance &	50 00 0 00			X				217,833	0	49,442
Jennifer Fogel VP,Nursing Info	50 00 0 00			X				134,069	0	24,730
Ali Worster VP, HR-East	50 00 0 00			X				186,943	0	33,980
Teresa P Vieira Sr VP-SVH&CAD	50 00 0 00			X				346,353	0	84,256
Helen Thompson VP-CIO	50 00 0 00			X				261,083	0	0
Greg LaFrancois Sr VP-AR Gould	50 00 0 00			X				347,665	0	28,510

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			
Lisa Harvey-McPhersonRN VP Government Rel	50 00 0 00			X				278,050	0	70,446
Glenn Martin Esq SVP GenCnsl/Sec	50 00 0 00			X				493,200	0	109,083
Donna Russell-Cook FACHE SrVP-Pres EMMC	50 00 0 00			X				580,670	0	112,946
Matthew Weed SVP,Chief Strat	50 00 0 00			X				497,209	0	104,572
Anthony J Filer SVP & Treasurer	50 00 0 00			X				577,280	0	64,222
Scott Oxley SrVP-Pres AHC	50 00 0 00			X				363,163	0	81,624
Carrie Lee Arsenault VP-OperBHL	50 00 0 00			X				250,448	0	40,479
Lori Dunivan VP, NursingInfo	50 00 0 00			X				52,593	0	17,739
Bonnie Smith VP,Nursing Info	50 00 0 00			X				128,122	0	9,572
Claire DeSelle VP,Inno&Perf Im	50 00 0 00			X				271,742	0	29,660

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			
Michael F Whelan VP, Facilities	50 00 0 00			X				332,204	0	53,863
Christine Worthen VP, ContrNegotia	50 00 0 00			X				193,638	0	2,334
Richard Cowan VP, IS Infrastru	50 00 0 00			X				153,523	0	19,903
Mike Smith VP/CPO, Found	50 00 0 00			X				242,009	0	32,380
Miles Theeman VP, Special Proj	50 00 0 00			X				57,270	0	2,291
Steve Howell VP & Asst Treas	50 00 0 00			X				317,732	0	15,029
Yoosuf Joe Siddiqui VP-HR, NW	50 00 0 00			X				170,905	0	40,686
Michael P Donahue Sr VP, BHL	50 00 0 00			X				377,747	0	40,940
Paul Bolin VP & Chief HRO	50 00 0 00			X				388,352	0	93,018
Peter Close VP-HR Oper&Rewd	50 00 0 00			X				238,108	0	23,949

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			
Michele Lauria MD VP-CMIO	50 00 0 00			X				466,576	0	38,105
Steve Berkowitz MD Sr VP & CPE	50 00 0 00			X				473,938	0	13,097
Colleen Hilton VP&Pres Home Cr	50 00 0 00			X				291,094	0	81,062
Edward Gilkey VP,SrPhysExec	50 00 0 00			X				328,582	0	24,617
Benjamin R Isenhour VP, IS	50 00 0 00			X				225,363	0	21,126
Catherine MacLaren VP-HR, Talent	50 00 0 00			X				234,465	0	25,959
Margaret Stavitz VP-RevenueCycle	50 00 0 00			X				258,103	0	31,834
John Ronan Sr VP-BHH&MCH	50 00 0 00			X				398,760	0	77,431
George Eaton VP-Depty GenCou	50 00 0 00			X				283,019	0	40,718
Jeffrey Doran VP-Clinical Srv	50 00 0 00			X				372,920	0	44,755

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			
John J Doyle VP, Finance	50 00 0 00			X				408,950	0	103,558
Eric R Hafener VP-Compl/Privac	50 00 0 00			X				178,160	0	2,047
April Giard VP-CNIO	50 00 0 00			X				276,354	0	55,041
Timothy J Dentry Sr VP & COO	50 00 0 00			X				637,318	0	127,199
Jaime Audet VP-HR Oper&Rewd	50 00 0 00			X				124,326	0	38,698
Jeffrey A Sanford VP-Finance,BHL	50 00 0 00			X				304,169	0	32,357
Jeffrey Parsons VP,Risk&PatSafe	50 00 0 00			X				184,826	0	45,040
Iyad Sabbagh MD VP-CQO	50 00 0 00			X				412,590	0	50,300
Tori Gaetani VP Nursing&PCS	50 00 0 00			X				190,843	0	43,745
Everard D Dixon VP, IS	50 00 0 00			X				207,843	0	27,803

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			
Charles Therrien SrVP, Mercy	50 00 0 00			X				453,213	0	86,337
David A Valcik VP, IS	50 00 0 00			X				267,041	0	34,990
Thad Zmistowski VP, Sr Litigator	50 00 0 00			X				0	0	0
Howard Jones Med Dir, Occ Hlth	50 00 0 00					X		421,096	0	54,319
Mark J Cale Controller	50 00 0 00					X		191,549	0	31,867
Richard W Freeman SrVP, CTO	50 00 0 00					X		186,294	0	0
Suzanne R Spruce AVP, Comm&Mktg	50 00 0 00					X		187,117	0	28,701
Karen Tarutis Consultant, IS App	50 00 0 00					X		173,644	0	13,912
Kyle L Johnson Former VP&Chief Information Officer	50 00 0 00						X	214,695	0	67,367
Ten Hohentanner Former VP, IS Application Specialist	50 00 0 00						X	252,709	0	20,344

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			
Claus Hamann Former VP, Population Hlth	50 00 0 00						X	142,724	0	6,994
Amy E Cotton Former VP, Patient Engagement&Offi	50 00 0 00						X	110,085	0	12,804
Karen Rossbach Former Int VP&Controller	50 00 0 00						X	57,374	0	1,469
Jean Mellett Former VP-Capital Planning	50 00 0 00						X	193,848	0	49,900
Deborah M Sanford Former VP-Org Effectiveness	0 00 50 00						X	0	318,567	33,653
Glenda E Dwyer Former VP, Operations	0 00 50 00						X	0	304,101	13,445

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.

OMB No 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS

Employer identification number
01-0527066

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 13

(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		
See Additional Data Table						
Total	13				128,817,937	0

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? <i>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.</i>		No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		No
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		No
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
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))? <i>If "Yes," provide detail in Part VI.</i>		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
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)? <i>If "Yes," answer line 10b below.</i>		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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>		
		11a	No
		11b	No
		11c	No

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>		
		1	
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>		
		2	

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>		
		1	No

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?		
		1	
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>		
		2	
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>		
		3	

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
		2a	
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>		
		2b	
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>		
		3a	
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>		
		3b	

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.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Part IV, Section A, Line 1 Description Of How Supported Organizations Are Designated	The supporting organizations of NLH consist of the related organizations which are Section 509(a)(1) and 509(a)(2) organizations and their controlled subsidiaries that are also Section 509(a)(1) and 509(a)(2) organization. NLH is the parent organization of these related organizations. See Schedule A, Part 1, Line 12 for listing of organizations.

990 Schedule A, Supplemental Information

Return Reference	Explanation
Part IV, Section C, Line 1 Control Or Management Of Supported Orgs	<p>The Eastern Maine Healthcare Systems d/b/a Northern Light Health (NLH) Restated Articles of Incorporation and Bylaws have tightly integrated the supported organization and NLH board governance structure into a unified and cohesive governance system in which the NLH board has ultimate authority over the supported organizations with respect to nearly all governance domains. Thus, Northern Light Health board authority goes far beyond traditional powers of appointment and reserved powers of approval typical of many healthcare system governance models and actually vests authority in the Northern Light Health board to initiate and direct action on the part of any one or more supported organizations, in essence acting itself as the supported organization board, thus establishing the presence of common supervision or control among the governing bodies of all organizations involved. Type II supporting organization status for Northern Light Health was confirmed by the IRS on March 8, 2016, in response to a request filed on form 8940 on September 28, 2015.</p>

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 01-0527066

Name: EASTERN MAINE HEALTHCARE SYSTEMS

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 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		
(A) Eastern Maine Medical Center	010211501	3		No	81,716,113	0
(A) Acadia Hospital Corp	010459837	3		No	5,117,817	0
(B) Acadia Healthcare Inc	223183888	10		No	273,011	0
(C) CA Dean Memorial Hospital	043341666	3		No	1,203,015	0
(D) Inland Hospital	010217211	3		No	5,496,235	0
(E) Lakewood	010421234	3		No	570,621	0
(F) Sebasticook Valley Health	010263628	3		No	2,770,573	0
(G) Blue Hill Memorial Hospital	010227195	3		No	3,112,075	0
(H) Maine Coast Memorial Hospital	010198331	3		No	2,280,153	0
(I) The Aroostook Medical Center	010372148	3		No	6,138,164	0
(J) Mercy Hospital	010211534	3		No	17,692,363	0
(K) VNA Home Health & Hospice	010246804	10		No	1,909,573	0
(L) Northern Light Medical Transport	830911574	10		No	538,224	0

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

Open to Public Inspection

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	Employer identification number 01-0527066
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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)).

		(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)?	Yes		
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?	Yes		35,892
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		22,136
i	Other activities?	Yes		49,405
j	Total Add lines 1c through 1i			107,433
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).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
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?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

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	Maine Legislative Bills (All Numbers are LD Numbers) 152 An Act To Prohibit the Possession and Use of Electronic Smoking Devices on School Grounds 177 Resolve, To Improve Access to Bariatric Care 231 An Act To Improve Public Health by Maximizing Federal Funding Opportunities 249 An Act To Ensure Protection of Patients in Medical Reviews by Health Insurance Carriers 267 An Act To Amend the Laws Governing the Practice of Pharmacy 297 An Act To Strengthen Brain Injury Resources for Underserved Populations, Including Opioid Overdose Brain Injury Survivors 303 An Act To Require Recovery Residences for Persons with Substance Use Disorder Be Equipped with Naloxone and To Exempt from Criminal Liability Persons Administering Naloxone 408 Resolve, To Improve Access to Neurobehavioral Services 429 An Act To Improve the Ability of Mental Health Professionals To Assess the Risk of Suicide 439 Resolve, Directing the Commissioner of Health and Human Services To Convene a Task Force To Study the Need for Long-term Acute Care Beds 440 An Act To Continue the Doctors for Maine's Future Scholarship Program 455 An Act To Authorize a General Fund Bond Issue To Expand Maine's Research, Development, Commercialization and Clinical Infrastructure Assets To Improve Outcomes for Maine Families with Members Suffering from Alzheimer's, Dementia and Other Diseases of Aging 472 An Act To Provide Meals to Homebound Individuals 474 Resolve, To Establish a Medically Tailored Food Pilot Project 500 An Act To Extend the Limitation on Prescribing Opioids for Certain Individuals with Chronic Pain 684 Resolve, Relating to the Prevention and Management of Neonatal Abstinence Syndrome 705 An Act Regarding the Process for Obtaining Prior Authorization for Health Insurance Purposes 717 An Act To Provide Comprehensive Mental Health Treatment Reform 798 An Act To Protect Maine Children and Students from Preventable Diseases by Repealing Certain Exemptions from the Laws Governing Immunization Requirements 799 An Act To Create the Maine Health Care Provider Loan Repayment Program 915 An Act To Provide Adequate Reimbursement under MaineCare for Ambulance and Neonatal Transport Services 942 An Act To Require Reimbursement for Medical Marijuana 943 An Act To Allow Laser Spine Surgery in the State 972 Resolve, To Increase Access to Brain Injury Waiver Services 993 An Act To Expand Recovery Support Services Offered in Penobscot and Piscataquis Counties and the Greater Bangor Region To Improve Access, Treatment and Recovery for Those Affected by Substance Use Disorder by Designating a Regional Peer-supported Recovery Center 1001 An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2019, June 30, 2020 and June 30, 2021 1025 An Act To Prohibit the Provision of Conversion Therapy to Minors by Certain Licensed Professionals 1028 An Act To Prevent and Reduce Tobacco Use with Adequate Funding and by Raising the Tax on Tobacco Products 1044 An Act To Advance Children's Cancer Research in Maine 1072 An Act To Promote Workforce Education on Alzheimer's Disease and Dementia 1082 An Act To Provide for Alternative Pain Treatment before Treatment with Opioids 1165 An Act To Support the Operation of Fixed-wing Air Medical Transport in Northern Maine 1229 Resolve, To Establish the Committee To Study and Develop Recommendations To Address Guardianship Challenges That Delay Patient Discharges from Hospitals 1263 An Act Regarding Telehealth 1295 An Act To Determine the Need To Increase the Number of Forensic Emergency and Crisis Beds 1350 An Act To Improve Rural Health Care 1353 An Act To Establish Transparency in Primary Health Care Spending 1356 Resolve, Regarding Legislative Review of Portions of Chapter 101 MaineCare Benefits Manual, Chapters II and III, Section 40 Home Health Services, a Late-filed Major Substantive Rule of the Department of Health and Human Services 1373 Resolve, To Reduce MaineCare Spending through Targeted Nutrition Interventions 1553 An Act Directing That the Towns Constituting Hospital Administrative District No. 4 Hold a Vote on the Proposed Merger with Northern Light Health 1582 An Act Relating to Surgical Technologists and the Practice of Surgical Technology 1602 Resolve, Establishing the Working Group on Mental Health 1630 Resolve, To Ensure Access to Opiate Addiction Treatment 1655 An Act To Improve and Modernize Home-based Care 1708 An Act To Provide for the Merger of Hospital Administrative District No. 4 into MRH Corp, a Maine Nonprofit, Nonstock Private Corporation 1811 An Act To Enhance Personal and Public Safety by Requiring Evaluations of and Judicial Hearings for Persons in Protective Custody Regarding Risk of Harm and Restricting Access to Dangerous Weapons 1836 An Act To Authorize a General Fund Bond Issue for Infrastructure, Economic Development, Workforce Development and Energy and Environment Investment Federal Advocacy 2019 Issues Hospitals, Affordable Care Act, Home Care & Hospice, 340B, Accountable Care Organizations, Medicare, Medicaid, Telemedicine 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

Employer identification number
01-0527066

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	48,973	49,761	48,022	45,804	47,810
b Contributions			200		400
c Net investment earnings, gains, and losses	1,170	1,550	3,801	4,164	-355
d Grants or scholarships					
e Other expenditures for facilities and programs	2,387	2,338	2,262	1,946	2,051
f Administrative expenses					
g End of year balance	47,756	48,973	49,761	48,022	45,804

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 40 360 %
 - b** Permanent endowment ▶ 59 640 %
 - 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		2,163,230		2,163,230
b Buildings		41,660,568	20,843,277	20,817,291
c Leasehold improvements		298,996	79,332	219,664
d Equipment		101,653,126	53,180,687	48,472,439
e Other		36,269,376	6,357,128	29,912,248
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				101,584,872

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) Board designated funded depreciation	213,516,345
(2) Board designated funds - other	76,106,008
(3) Funds Held by Bond Trustee	2,389,088
(4) Interest in assets held at Foundation	43,591
(5) Investment in subsidiaries	4,899,455
(6) Org costs & other long term investments	3,343,025
(7) Pension Funds	6,987,020
(8) Self-Insurance Funds Held by Trustee	39,167,710
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	346,452,242

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	
Accrued Post Retirement Benefits	24,712,657
Accrued Self Insurance Reserves	51,891,768
Liability Under Cap Lease Obligation	41,527
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	76,645,952

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	304,210,841
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	19,855,977	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	-3,392,310	
e	Add lines 2a through 2d		2e	16,463,667
3	Subtract line 2e from line 1		3	287,747,174
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	-272,322	
c	Add lines 4a and 4b		4c	-272,322
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	287,474,852

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	325,850,973
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	272,322	
e	Add lines 2a through 2d		2e	272,322
3	Subtract line 2e from line 1		3	325,578,651
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	3,392,310	
c	Add lines 4a and 4b		4c	3,392,310
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	328,970,961

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: 01-0527066
Name: EASTERN MAINE HEALTHCARE SYSTEMS

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) Board designated funded depreciation	213,516,345
(1) Board designated funds - other	76,106,008
(2) Funds Held by Bond Trustee	2,389,088
(3) Interest in assets held at Foundation	43,591
(4) Investment in subsidiaries	4,899,455
(5) Org costs & other long term investments	3,343,025
(6) Pension Funds	6,987,020
(7) Self-Insurance Funds Held by Trustee	39,167,710

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>Income TaxesNorthern 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. 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>

Supplemental Information

Return Reference	Explanation
Part XII, Line 2d Other expenses and losses per audited F/S	Rental Expenses reclassified to Line 6b \$272322

Supplemental Information

Return Reference	Explanation
Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	Reimbursement of expense reclass to exp \$3392310

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

Employer identification number
01-0527066

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 checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" 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	Yes			
<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 II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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				

See Additional Data Table

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: Carrie Lee Arsenault, officer \$ 70; Jaime Audit, officer 450; Paul Bolin, officer 500; Claire Deselle, officer 500; Michael Donahue, officer 500; George Eaton, officer 365; Michele Renee Lauria, officer 195; Jean Mellett, former officer 500; Scott Oxley, officer 500; John Ronan, officer 300; Jeffrey Sanford, officer 532; Michael Jay Smith, officer 157; Suzanne Spruce, highest compensated employee 500; Jason Tankel, officer 500; Alison Worster, officer 372. The NLH Total Health VP is a comprehensive on-line wellness program available for all full- and part-time benefit eligible employees and their spouses/domestic partners. The following received a giftcard for \$150: Scott Oxley, officer



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

**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **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

Employer identification number
01-0527066

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Me Hlth&Higher Educ Facil	01-0314384	56042RFJ6	07-01-2016	189,730,059	Finance & Refinance Project		X		X		X

Part II Proceeds

		A	B	C	D				
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	196,003,998							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	8,599,384							
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,915,040							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	181,976,253							
11	Other spent proceeds								
12	Other unspent proceeds	3,513,321							
13	Year of substantial completion	2019							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?								
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?								
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?								
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider	NA							
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider	NA							
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Part VI	Part II, Line 3, column A, does not equal Part I, Line A, column E as a result of other sources of funds from contributions from EMHS Philanthropy totaling \$6,273,939

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

Employer identification number
01-0527066

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) Tracy Ronan	fam mem of officer	133,738	compensation		No
(2) Kristin Martin	fam mem of officer	102,080	compensation		No
(3) Mary Hood	officer=brd member	217,493	AHA membership dues		No
(4) Christine Worthen	fam mem of offic	215,147	Eaton Peabody legal serv		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	Tracy Ronan is the spouse of an officer and is an employee of Eastern Maine Healthcare Systems d/b/a Northern Light Health (NLH) Kristin Martin is the spouse of an officer and is an employee of NLH Mary M Hood, officer is trustee of American Hospital Association which NLH pays membership dues and participates with policy, legislative and regulatory advocacy Christine Worthen, officer family member is an employee of Eaton Peabody which provides Legal Services to NLH

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

Employer identification number

01-0527066

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	<p>OTHER PROGRAM SERVICES 4 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 We're making healthcare work for you We are Changemakers All around us in today's 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 hadn't invented the telephone? Or, Thomas Edison didn't find a way to harness electricity to make light? Or, Marie Curie didn't 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 year's report I am truly inspired by the great work that is happening here, and I know you will be inspired too Sincerely, Michelle Hood, FACHE President and CEO, Northern Light Health</p> <p>OTHER PROGRAM SERVICES 5 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 Michelle's 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 year's 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 of Maine Sincerely, Barry McCrum Northern Light H</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4d Other Program Services Description</p>	<p>health, Board Chair OTHER PROGRAM SERVICES 6 We are HopefulWhen 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 Theres 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 grandsons, he couldnt remember how to make a dovetail joint, explains Nina Instead, Bill is fastening the drawers together with screws For Nina, its 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 OTHER PROGRAM SERVICES 7 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4d Other Program Services Description</p>	<p>Dr 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 8 Ali Abedi, PhD, UMaine 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 OTHER PROGRAM SERVICES 9 We are MotivatedThe Heart of a Friar Northern Light Cardiovascular Care As the sun rises over the Francisca</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Charles E Hewitt, board member, Scott Oxley, officer, and George Eaton, officer are board members of Bangor Savings Bank James Donnelly is an employee of Bangor Savings Bank Mary M Hood, board member/officer, and James Donnelly, board member, are board members of University of Maine Systems board Mary M Hood, board member/officer, Scott Oxley, officer, John Ronan, officer, Theresa Vieira, officer and Charles Therrien, officer are board members of Maine Hospital Association (MHA) and John Dalton, officer is committee member of MHA Public Policy Council Charles Hewitt, board member is trustee of Jackson Laboratory and John Ryan, board member is employee and officer of Jackson Laboratory

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 3 Description of Delegated Duties to Management Company	<p>Explanation Eastern Maine Healthcare Systems d/b/a Northern Light Health(NLH) has entered into administrative and management service contracts with BE Smith under which an employee provided for the position of Interim VP, Chief Information Officer (part-year) NLH has also entered into administrative and management service contracts with Steven Berkowitz, MD for the position of Interim Sr VP/Chief Physician Executive Helen Thompson, Interim VP, Chief Information Officer, is employed by BE Smith She provides services as Interim VP to NLH for part of the year of FY2019 Her CY2018 compensation and benefits received from BE Smith for services provided to NLH is \$261,083 Her position as Interim VP, Chief Information Officer has leadership responsibility of information technology (IT) strategy and the computer systems required to support the System The position provides IT oversight, expertise and leadership to ensure the efficiency and accuracy of technology along with responsibility of IT department budget and contracts Steven Berkowitz, MD, Interim Sr VP, Chief Physician Executive provides services as Interim Sr VP to NLH for FY2019 His CY2018 compensation and benefits received for services provided to NLH is \$259,000 His position as Interim Sr VP, Chief Physician Executive has leadership responsibility for the Systems physicians and overall clinical vision The position provides medical oversight, expertise and leadership to ensure the delivery of affordable quality healthcare services</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 company's consolidated gross revenues if such company's 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	Eastern Maine Healthcare Systems, d/b/a Northern Light Health, is a Maine nonprofit corporation organized with at least 125 and not more than 250 individual members representing the geographic area served by its subsidiary corporations

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	Each year at the organizations annual meeting, the members elect replacements for those members and those directors whose terms are expiring, subject to the concurring action of the board of directors. If the board does not approve the slate of members or directors elected by the members themselves, the meeting is adjourned and the nominating committee of the board is charged with nominating a new slate.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	Approval of the members is required to ratify any amendment adopted by the Board of Directors to the Articles of Incorporation or the Bylaws changing the number, geographic distribution, qualifications, organization or election of members, or changing the election of Directors, or to ratify any merger, consolidation or 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 NLH VP of Finance and System Controller. It is 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
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	<p>The NLH Executive Performance Management Committee (the Committee) is responsible to monitor and evaluate the performance of the NLH President, to set compensation of the NLH President, and to review recommendations of the NLH President with respect to compensation of the Senior Vice President of the direct subsidiaries, and other direct reports to the President. The Committee is comprised entirely of independent Directors per NLH bylaws. Process: The Committee meets regularly throughout the fiscal year at the discretion of the Committee chair as well as on call of the Chair 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 consistent with the NLH executive compensation philosophy -Reviews and updates the NLH executive compensation 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 incentive compensation criteria for eligible executives, as defined by the NLH President -Reviews periodic compensation survey information and provides expert input to proposed changes to the executive compensation program -Assures that a formal and timely performance management system is in place for executives -Reviews incentive compensation criteria scoring and associated pay schedules for officers and key employees -Provides any public statements regarding executive compensation practices at NLH deemed appropriate -Maintains minutes of the 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 sources and include national as well as regional data points. The NLH President reviews all direct report compensation actions with the committee. In addition, the NLH President ensures that any subsidiary policies and practices governing executive compensation are consistent with the committee's philosophy and practices statement.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Compensation of other officers and key employees of the organization is established by the Human Resources department who utilize external market research to establish compensation ranges for specific positions. The compensation of officers and key employees are reviewed by the NLH President/CEO and NLH Executive Performance Management Committee. On an annual basis, the compensation ranges are compared to the updated survey information. The hiring manager will determine where the employee will fall within the ranges established by the Human Resources department based on experience and credentials.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Northern Light Health 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	= -\$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Adjustment to Apply Recognition Provisions of FASB Stmt = -\$11159469

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Acadia Hospital = \$245999

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from AR Gould Hospital = \$518466

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Blue Hill Hospital = \$161178

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from CA Dean Hospital = \$68009

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Eastern Maine Medical Center = \$3236129

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Home Care & Hospice = \$162149

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Inland Hospital = \$328559

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Maine Coast Hospital = \$343130

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Mercy Hospital = \$885672

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Seabrook Valley Hospital = \$176524

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Interest in Beacon Direct reported on Form 1120 = \$1299

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Interest in Net Assets Held at Foundation = \$1668

**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

Employer identification number

01-0527066

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
(1) WorkHealth LLC 43 Whiting Hill Road Brewer, ME 04412 47-4315094	Provide Healthcare Services	ME	-1,647,844	-5,671,648	EMHS
(2) Beacon Health LLC 43 Whiting Hill Road Brewer, ME 04412 45-2967056	Accountable care organization	ME	212,644	165,283	EMHS
(3) Beacon Rural Health LLC 43 Whiting Hill Road Brewer, ME 04412 47-4483187	Accountable care organization	ME			EMHS
(4) Beacon Health ACO Holdings LLC 43 Whiting Hill Road Brewer, ME 04412 36-4903784	Accountable care organization	ME			EMHS

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	-393,548	9,371,027	100 000 %	Yes	
(2) Affiliated Healthcare Management 43 Whiting Hill Road Brewer, ME 04412 01-0349339	Hlthcr mgmt	ME	AHS	C				Yes	
(3) Affiliated Laboratory Inc 43 Whiting Hill Road Brewer, ME 04412 01-0381283	Clinical Lab	ME	AHS	C				Yes	
(4) Affiliated Materiel Services 43 Whiting Hill Road Brewer, ME 04412 01-0381189	Purchasing	ME	AHS	C				Yes	
(5) Beacon Direct 43 Whiting Hill Road Brewer, ME 04412 37-1864965	Healthcare Self-Funded TPA	ME	EMHS	C			100 000 %	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 Yes	
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	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k Yes	
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 Yes	
r Other transfer of cash or property to related organization(s)	1r	No
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: 01-0527066
Name: EASTERN MAINE HEALTHCARE SYSTEMS

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
PO Box 404 489 State Street Bangor, ME 044020404 01-0211501	Provide healthcare services	ME	501(c)(3)	3	Eastern Maine Healthcare Systems EMHS	Yes	
43 Whiting Hill Road Brewer, ME 04412 01-0391036	Leases real estate	ME	501(c)(2)		EMHS	Yes	
43 Whiting Hill Road Suite 400 Brewer, ME 04412 01-0391038	Provide services to elderly	ME	501(c)(3)	PF	EMHS	Yes	
43 Whiting Hill Road Suite 400 Brewer, ME 04412 01-0430751	Operation of nursing homes	ME	501(c)(3)	10	Rosscare	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 01-0377901	Fund raising for exempt EMMC	ME	501(c)(3)	10	EMMC	Yes	
43 Whiting Hill Road Brewer, ME 04412 22-3183888	Provide healthcare services	ME	501(c)(3)	10	AHC	Yes	
43 Whiting Hill Road Suite 400 Brewer, ME 04412 22-2514163	Raise & manage funds for exempt orgs	ME	501(c)(3)	12 Type II	EMHS	Yes	
43 Whiting Hill Road Suite 400 Brewer, ME 04412 01-0465231	Provide patient care & education	ME	501(c)(3)	10	EMMC	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 & 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	
447 North Main Street Pittsfield, ME 04967 01-0263628	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
PO Box 151 140 Academy St Presque Isle, ME 047690151 01-0372148	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
PO Box 151 140 Academy St Presque Isle, ME 047690151 01-0504393	Provide patient care	ME	501(c)(3)	3	TAMC	Yes	
57 Water Street Blue Hill, ME 046145231 01-0227195	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
43 Whiting Hill Road Brewer, ME 04412 83-0911574	Ambulance	ME	501(c)(3)	10	EMHS	Yes	
447 North Main Street Pittsfield, ME 04967 01-0357854	Provide patient care	ME	501(c)(3)	10	SVH	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 hlth and hospice srvs	ME	501(c)(3)	10	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 homes	ME	501(c)(3)	3	EMMC	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 Medical Center EMMC	a	4,167,995	FMV
(1) Eastern Maine Medical Center EMMC	l	82,133,801	FMV
(2) Eastern Maine Medical Center EMMC	p	2,440,448	FMV
(3) Eastern Maine Medical Center EMMC	q	65,162,918	FMV
(4) Eastern Maine Medical Center EMMC	s	9,050,305	FMV
(5) Rosscare	s	291,218	FMV
(6) Acadia Hospital Corp AHC	l	4,929,283	FMV
(7) Acadia Hospital Corp AHC	q	6,399,274	FMV
(8) Acadia Hospital Corp AHC	s	245,999	FMV
(9) Acadia Healthcare Inc AHI	l	229,166	FMV
(10) Acadia Healthcare Inc AHI	q	1,601,799	FMV
(11) EMHS Foundation	l	288,279	FMV
(12) Inland Hospital	l	5,669,626	FMV
(13) Inland Hospital	q	6,075,197	FMV
(14) Inland Hospital	s	654,079	FMV
(15) Lakewood	l	537,918	FMV
(16) Lakewood	q	832,072	FMV
(17) CA Dean Memorial Hospital	l	1,245,138	FMV
(18) CA Dean Memorial Hospital	q	2,319,361	FMV
(19) CA Dean Memorial Hospital	s	210,853	FMV
(20) Seabcooke Valley Health SVH	l	2,804,376	FMV
(21) Seabcooke Valley Health SVH	q	4,235,758	FMV
(22) Seabcooke Valley Health SVH	s	176,524	FMV
(23) The Aroostook Medical Center TAMC	k	54,177	FMV
(24) The Aroostook Medical Center TAMC	l	6,257,729	FMV

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
(26)	The Aroostook Medical Center TAMC	q	12,036,476	FMV
(1)	The Aroostook Medical Center TAMC	s	1,354,497	FMV
(2)	Blue Hill Memorial Hospital	l	3,223,316	FMV
(3)	Blue Hill Memorial Hospital	q	3,740,820	FMV
(4)	Blue Hill Memorial Hospital	s	235,850	FMV
(5)	Northern Light Medical Transport	l	545,168	FMV
(6)	Northern Light Medical Transport	q	63,432	FMV
(7)	Mercy Hospital	l	17,804,390	FMV
(8)	Mercy Hospital	q	16,052,704	FMV
(9)	Mercy Hospital	s	1,167,273	FMV
(10)	VNA Home Health & Hospice	a	88,820	FMV
(11)	VNA Home Health & Hospice	l	1,731,548	FMV
(12)	VNA Home Health & Hospice	q	5,205,167	FMV
(13)	VNA Home Health & Hospice	s	162,149	FMV
(14)	Me Coast Regional Hlth FacilitiesMCMH	l	4,930,706	FMV
(15)	Me Coast Regional Hlth FacilitiesMCMH	q	7,030,936	FMV
(16)	Me Coast Regional Hlth FacilitiesMCMH	s	796,979	FMV
(17)	Meridian Mobile Health LLC	q	744,630	FMV
(18)	M Drug LLC	l	2,582,724	FMV
(19)	M Drug LLC	m	152,178	FMV
(20)	M Drug LLC	p	206,831	FMV
(21)	M Drug LLC	q	943,680	FMV
(22)	Affiliated Healthcare Systems AHS	s	393,546	FMV
(23)	Affiliated Healthcare Management	k	150,793	FMV
(24)	Affiliated Healthcare Management	l	439,799	FMV

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
(51) Affiliated Healthcare Management	q	388,905	FMV
(1) Affiliated Laboratory Inc	a	32,255	FMV
(2) Affiliated Laboratory Inc	l	1,691,433	FMV
(3) Affiliated Laboratory Inc	m	199,372	FMV
(4) Affiliated Laboratory Inc	q	2,338,690	FMV