

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
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017, and ending 09-30-2018

- 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 EMHSF
EMHS Foundation EMHSF

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
22-2514163

E Telephone number
(207) 973-9081

G Gross receipts \$ 14,806,638

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

J Website: ▶ www.emhsfoundation.org

F Name and address of principal officer
John Doyle

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶ 5247

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1983

M State of legal domicile ME

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Raise & manage funds for exempt organizations

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	9
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	895
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	7,409,180	6,706,950
9 Program service revenue (Part VIII, line 2g)	3,716,988	3,284,782
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,987,892	1,190,674
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	660	406
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,114,720	11,182,812
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,567,440	7,529,175
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	452,496	358,573
16a Professional fundraising fees (Part IX, column (A), line 11e)	132,228	147,781
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,027,280		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,050,242	3,983,297
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,202,406	12,018,826
19 Revenue less expenses Subtract line 18 from line 12	4,912,314	-836,014

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	81,773,802	87,901,252
21 Total liabilities (Part X, line 26)	1,348,555	1,334,870
22 Net assets or fund balances Subtract line 21 from line 20	80,425,247	86,566,382

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 2019-08-07
John 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 <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no	
Firm's address ▶				

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

Raise & manage funds for exempt organizations

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 \$ 10,805,113 including grants of \$ 7,529,175) (Revenue \$ 4,099,392)
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 ▶ 10,805,113

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		No
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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>	Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a, 20b, 21, 22, 23, 24a, 24b, 24c, 24d, 25a, 25b, 26, 27, 28a, 28b, 28c, 29, 30, 31, 32, 33, 34, 35a, 35b, 36, 37, 38.

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 columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational information.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (12), 1b (9), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (ME), 18 (Own website, Another's website, Upon request, Other), 19, 20 (John J Doyle, 43 Whiting Hill Rd Suite 500, Brewer, ME 044121005 (207) 973-9081).

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Sarah Carlisle Chairman	1 00 0 00	X		X				0	0	0
(2) Lizabeth Schley Director	1 00 0 00	X						0	0	0
(3) Karen Stanley Vice Chair	1 00 0 00	X		X				0	0	0
(4) Mary M Hood EMHS PresCEO Ex-Officio	1 00 50 00	X		X				0	958,052	284,585
(5) Suzanne Cyr Director	1 00 0 00	X						0	0	0
(6) Dr Alan Boone Director	1 00 0 00	X						0	0	0
(7) Dr David Carmack Director	1 00 50 00	X						0	675,278	50,187
(8) Lynne A Spooner Director	1 00 0 00	X						0	0	0
(9) Kevin Desmond Director	1 00 0 00	X						0	0	0
(10) Richard Sawyer Director	1 00 0 00	X						0	0	0
(11) Larry Geaghan Director	1 00 0 00	X						0	0	0
(12) Aram Khavari Director	1 00 0 00	X						0	0	0
(13) Mike Smith EMHSF Pres President	50 00 0 00	X		X				14,135	0	0
(14) Glenn Martin EMHS Gen Counsel Secretary	1 00 50 00			X				0	445,839	94,023
(15) Susan Rouillard VP of Phil	50 00 0 00			X				145,767	0	23,223
(16) Wendy M Lux VP of Phil	50 00 0 00			X				143,717	0	31,731
(17) Anthony Filer VPCFO Treasurer	1 00 50 00			X				0	496,014	29,454

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			
(18) Michael R Crowley Former VP & President	50 00 0 00						X	130,057	0	23,352
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								433,676	2,575,183	536,555

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 ▶ **3**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶ **0**

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	12,195				
	b Membership dues	1b					
	c Fundraising events	1c	1,000,042				
	d Related organizations	1d	38,272				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,656,441				
	g Noncash contributions included in lines 1a-1f \$ _____		1,902,473				
	h Total. Add lines 1a-1f			6,706,950			
Program Service Revenue		Business Code					
	2a Exempt Affiliate Rental	532000	72,908	72,908			
	b Investment Income, net	523000	-506,622	-506,622			
	c Program Service Revenue	561000	3,718,496	3,718,496			
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			3,284,782				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		153,985			153,985	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)			0		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			1,036,689	814,204	222,485
	8a Gross income from fundraising events (not including \$ 1,000,042 of contributions reported on line 1c) See Part IV, line 18	a	646,834				
		b Less direct expenses	b	646,834			
		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 Miscellaneous Revenue	561000	406	406				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			406				
12 Total revenue. See Instructions			11,182,812	4,099,392		376,470	

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	7,493,401	7,493,401		
2 Grants and other assistance to domestic individuals See Part IV, line 22	35,774	35,774		
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	358,573	358,573		
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	0			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	275		275	
c Accounting	7,028		7,028	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	147,781			147,781
f Investment management fees	56,295	56,295		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,635,463	1,882,708	155,148	597,607
12 Advertising and promotion	51,619	51,619		
13 Office expenses	547,114	338,000	16,385	192,729
14 Information technology	304,236	257,701	4,131	42,404
15 Royalties	0			
16 Occupancy	196,539	149,384	3,261	43,894
17 Travel	61,480	61,480		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	4,868	4,868		
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	12,747	9,677	205	2,865
23 Insurance	8,426	8,426		
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 Gifts Expense	49,330	49,330		
b Volunteer Recognition Expense	20,882	20,882		
c Dues & Subscriptions	19,404	19,404		
d Fundraising Expense	6,443	6,443		
e All other expenses	1,148	1,148		
25 Total functional expenses. Add lines 1 through 24e	12,018,826	10,805,113	186,433	1,027,280
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	600	1	600
	2 Savings and temporary cash investments	25,279,968	2	9,915,041
	3 Pledges and grants receivable, net	8,368,664	3	3,008,610
	4 Accounts receivable, net	58,638	4	24,910
	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		7	0
	8 Inventories for sale or use		8	0
	9 Prepaid expenses and deferred charges	96,022	9	82,265
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	320,315		
	b Less accumulated depreciation	252,825		
		80,237	10c	67,490
	11 Investments—publicly traded securities	47,807,673	11	74,708,936
	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	82,000	15	93,400	
16 Total assets. Add lines 1 through 15 (must equal line 34)	81,773,802	16	87,901,252	
Liabilities	17 Accounts payable and accrued expenses	623,730	17	623,656
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	724,825	25	711,214
	26 Total liabilities. Add lines 17 through 25	1,348,555	26	1,334,870
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	13,618,346	27	14,852,947
	28 Temporarily restricted net assets	49,131,866	28	49,983,151
	29 Permanently restricted net assets	17,675,035	29	21,730,284
	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	80,425,247	33	86,566,382	
34 Total liabilities and net assets/fund balances	81,773,802	34	87,901,252	

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	11,182,812
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,018,826
3	Revenue less expenses Subtract line 2 from line 1	3	-836,014
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	80,425,247
5	Net unrealized gains (losses) on investments	5	1,064,394
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	5,912,755
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	86,566,382

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>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?</p>		No
<p>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</p>		

Additional Data

Software ID: 17005038

Software Version: 2017v2.2

EIN: 22-2514163

Name: Eastern Maine Healthcare Systems EMHSF
EMHS Foundation EMHSF

Form 990 (2017)

Form 990, Part III, Line 4a:

EMHS Foundation raised and managed funds for the benefit of Eastern Maine Medical Center and other affiliated exempt entities in northern, eastern and southern Maine Please see in Schedule O an excerpt from the EMHS Annual Report to the Community for details of community benefit projects by EMHS Foundation

Form 990, Part III, Line 4b:

Please see the following excerpt from the EMHS Annual Report to the Community for details of community benefit projects at EMHS members A New DayIn Maine, we have a tradition of leading the way and using our common sense and Yankee ingenuity to make life better for ourselves, our families, and our communities. It appears in our state motto Dirigo from the Latin word for I lead. We were the first state to elect a woman, Margaret Chase Smith, to both houses of Congress. We are home to the countrys first veterans hospital, and we are the first state to greet a new day as the rays of the sun touch our easternmost peaks and shores before any other place across the continental United States. The light of a new day symbolizes a rebirth or an awakening. And this renewed purpose to make healthcare work for people across our great state is what we are experiencing as we embrace our new name-Northern Light Health. In the pages of this years annual report, you will see examples of how we are rolling up our sleeves to raise quality through innovation, teamwork, and efficiency. We have fostered new clinical relationships with Massachusetts General Hospital, a world-class medical research hospital. We are using population health data in new ways to be smarter about how we deliver care. And we have created new programs that bring healthier locally-sourced foods to our hospitals while supporting the hard-working farmers and fishermen who make up the very core of our identity here in Maine. We are working to make healthcare more accessible and straightforward while also making great strides to reduce our costs and improve our operating margins. We are finding new ways to guide our patients and deliver care based on the needs of each person. Its a New Day in Maine. We invite you to join us on this new journey. M. Michelle Hood, FACHENorthern Light Health President and CEOBarry McCrumNorthern Light Health Board ChairA New LightWelcome to Northern Light HealthOpen up, give me a big ahhh, Sheena Whittaker, MD, a pediatrician at Northern Light Pediatrics in Ellsworth asks of her 12-year old patient, Ellis, as she shines a light in his mouth. They are in a pediatrics exam room where Ellis is getting a check up. The windows allow in a generous amount of light, the walls are warm yellow and decorated with Dr. Seuss decals like the Cat in the Hat. Dr. Whittaker wears many hats too. Not only is she a pediatrician, but she is also the senior physician executive for Northern Light Maine Coast Hospital in Ellsworth. Medicine is very controlled, and its very scientific and careful, and it should be, but kids bring a fun aspect to it, Dr. Whittaker explains. If we can fortify children to be strong mentally, physically, emotionally, and psychologically, were going to produce stronger, kinder, healthier children, a better adult population, and a stronger community. Dr. Whittaker may be based at Maine Coast Hospital, but she is part of Northern Light Health, formerly Eastern Maine Healthcare Systems. In addition to changing its name, Northern Light Health has re-identified its priorities and is becoming more integrated across the entire system which spans from Portland to Presque Isle and Greenville to Blue Hill. Dr. Whittaker sees the move to Northern Light Health as a step in the right direction that helps improve patient care. Being united medically means we have resources from the whole Northern Light Health system. Whether were at Northern Light Maine Coast, Northern Light Blue Hill, or Northern Light Eastern Maine Medical Center, we have access to all of the specialty services easily, consecutively, consistently. So, it doesnt matter which hospital a patient walks into, they are receiving the best medical care they possibly can get, explains Dr. Whittaker. Michelle Hood, FACHE, president and CEO of Northern Light Health, and Matt Weed, senior vice president and chief strategy officer have not only worked to implement this new brand identity but to spread the message of what it means beyond the name change. They also called on leaders and front line employees throughout the system to help. At Northern Light Health, we want to make healthcare work for everyone, whether thats an individual or a community. Were going to roll up our sleeves and bring a lot of energy and enthusiasm to our continuing work, explains Michelle. Were raising the bar and that is a simple but substantive way of saying we cant rest. Were always looking for a better way to do things. Our system is very broad not just in geography but in the types of services that we offer, and we want to meet people where they are. Northern Light Health is accomplishing this by making investments in telemedicine, converting to one unified electronic health record system that links all member hospitals together, and creating new clinical relationships with world-class organizations like Massachusetts General Hospital and Dana Farber Cancer Institute. A rebrand to Northern Light Health spans timeit celebrates how far we as a system have come, but it also creates a single shared starting line for where we need to go next, Matt explains. As chief strategy officer, Matt was instrumental in the rebranding effort which was a necessary evolution as healthcare in America is moving toward integrated systems. This in part is driven by economics and financial sustainabilityin all states including Maine, the healthcare industry is being required to coordinate expertise in a way that avoids unnecessary costs. Businesses, governments, and individual consumers are looking to contract with systems for their healthcare needs because this is how they will get the highest quality at the lowest cost. More importantly still, Matt feels that what people want is to know that when the need arises, they or their loved one will receive competent, compassionate care. This is the brand promise, concludes Matt. Its what our neighbors and our family members and a person were meeting for the first time can expect when they come to our physicians and to our hospitals, and when they interact with any other person or service in the system. If were not doing it perfectly today, were motivated and driven by the brand promise to improve, and if we are doing it perfectly today, the brand promise says we wake up and do it again tomorrow.

Form 990, Part III, Line 4c:

A New FocusOncology Pharmacy Management ProgramLori Boynton is at her happiest at home in her backyard, a spacious spread of land in Lamoine with barns, a paddock, and animals She finds a shady spot on a sunny summer day to feed afternoon snacks to her donkey, Clementine, and her mule, Mr Tibbs She cracks a smile and laughs as Clementine quickly scoffs down a fresh carrot Im the beast of burden They dont do any work at all, she laughs, I do all the work and thats my therapy which has been awesome To look at Lori, with her thick wavy brown hair and healthy complexion, its hard to imagine that just months ago she was battling cancer and undergoing chemotherapy and radiation treatments Its such a shocking thing when you hear you have cancer, and I just thought its going to be stage one, itll be no problem, it was actually stage three! It makes you think much differently about your time here, she says Lori was diagnosed with stage III colon cancer in October 2017 and would undergo treatments through May 2018 She had to go to Northern Light Cancer Care for radiation treatments but was able to take oral chemotherapy medication at home Having already started on chemotherapy treatments at the hospital, Lori knew how it made her feel Youre kind of in the cloud Its kind of foggy for lack of a better word Before, I could multi-task and I could just keep things going in my brain and then it was gone!What Lori was experiencing is not uncommon, explains Sheila Pascual, MD, who was Loris oncologist, A lot of literature has been written about what they call chemo brain or brain fog and its a neural-cognitive dysfunction where theres a decline or deficit in memory, learning new things, attention Lori might have been worried about trying to keep track of her medications, appointments, bills, and daily chores, except that she was an outpatient in Northern Light Pharmacs Oncology Pharmacy Management Program and she had help keeping track of it all A team of pharmacists, nurses, and financial patient advocates occupy a room on the first floor of the Lafayette Family Cancer Institute They spend their time on the phone with patients, helping them with everything from finding discount drugs to managing their medications, and coordinating care with their medical team Before this program was implemented, patients had no local source to obtain these medications and were forced to go through national mail order specialty pharmacies that were not integrated with the oncology practice so the physicians had a very difficult time coordinating their patients care, explains Matt Marston, manager of the Specialty Pharmacy Program Lori reaped the benefits of that level of care Every week on Fridays, she would receive a phone call from Renee Vachon, RN, staff nurse at the Oral Pharmacy Management program The two instantly hit it off Lori was the type of person that I connected with immediately Its funny when you speak with someone on the phone and you know that you get along Shes a really special person I followed her throughout her treatment of oral chemotherapy, explains Renee She was very warm and very receptive and no matter what question I had for her, even if to my own ears it sounded stupid, she was just so sweet to me I felt like I was talking to someone in my family or that I had known all my life because her response to my concerns and my needs was awesome, Lori says In addition to helping them get appointments and manage their medications they also help patients get discounts and financial aid for their medications Matt says many of their patients pay nothing out of pocket for drugs that can cost up to 20 thousand dollars a month And they can get their drugs, in many cases, on the same day that they go in for their treatment, unlike through mail order pharmacies which can sometimes take several weeks My hope would be that patients feel supported and feel very comfortable reaching out to us They are the reason why were here and I want them to feel very comfortable, explained Renee Its clear she achieved that goal with Lori It just makes me smile to think of her, Lori says about Renee The oral oncology pharmacy management program launched in January 2018 at Northern Light Health Eastern Maine Medical Center There are plans to expand it to other Northern Light hospitals soon A New SolutionUsing data to improve population health Her alarm sounds at 5 30 in the morning, signaling the all too sudden start to another busy day Like most single moms, Bre Erickson does a lot of juggling Her first order of the day is motivating her sleepy six-year-old son, Owen, to get out of bed Owen is an active boy with dirty blonde hair, deep brown eyes, and a heartwarming smile that his mom coaxes out of him as she stands behind him, squeezes him with a hug, and plants a kiss on his cheek He likes to sleep in, so hes a tough one to get going in the morning We get ready, kennel the dogs, and head off to daycare or rec or whatever is on the agenda for the day Then I go to work sometimes in Greenville, sometimes in Pittsfield, explains Bre She serves as communications manager for two Northern Light Health hospitalsCA Dean Hospital in Greenville and Sebasticook Valley Hospital in Pittsfield Its a hectic balance, managing her career and her time with her son Time with him is very important, and its limited because youre working 40 hours a week and traveling a minimum of 50 miles a day on top of that While Bre wants to take care of herself, she doesnt want to sacrifice any more time with Owen So, she is happy to have her medical needs met close to home In addition to a primary care provider, she also has an OB/GYN physician who sees her in GreenvilleKyrsten Sutton, MD When you live in rural Maine, you have to make some sacrifices, and its nice that these women dont need to make sacrifices in their healthcare and can get quality healthcare close to home, Dr Sutton explains Dr Sutton is an employee of Mayo Regional Hospital, but under a clinical affiliation agreement between Mayo and Northern Light Health, she travels to Northern Light Health Center in Greenville to see patients like Bre once a month She also sees patients at the Northern Light Health Center in Sangerville once a month If not for this partnership between Mayo and CA Dean, many women from the Greenville and Sangerville areas of Piscataquis County would have to travel to Bangor or Pittsfield for their OB/GYN care Megan Ryder, who is the practice director for the Northern Light Health Center, Greenville, says Mayo and Northern Light Health formed this partnership for the greater good of the people of Piscataquis County We have the patients that needed that gynecology service, and we have space in this brand-new expansion in Sangerville and in our clinic in Greenville Mayo had the gynecologist So, just combining our resources made a great service line for both of our hospitals, explains Megan Megan says CA Dean did need the proof that their alliance with Mayo would meet the need in a cost-effective way for both hospitals, so they turned to Beacon Health, the population health office of Northern Light Health The mission of Beacon Health is to analyze claims data and find ways to improve population health for the various regions of our state Patients in the Sangerville and Greenville areas sometimes travel up to 90 minutes each way to get this care and thats a real burden for patients, especially in winter when they might have to make several visits in a short period of time And if that means missing work, they might skip those appointments and not get the care they need, explains Will Seavery, PharmD, BCPS, associate vice president of Population Health for Beacon Health, adding that the data showed the need existed and the care could be provided if Northern Light Health could partner with Mayo Bre is grateful that the partnership is making healthcare work for not only her, but all her friends and neighbors in Greenville Following a recent visit with Dr Sutton, she was able to pick up Owen from daycare and head over to the playground at his school She watched him navigate the maze of obstacles, slide down the slide and climb back up, and then she pushed him on the swings As he laughed, Bre cracked a smile of her own from ear to earleaving no mystery as to where Owen gets his heartwarming smile Its so important to have healthcare close to home because its not only difficult for me to take time from my work schedule but time away from my son So, if you dont have healthcare here in this area, you can lose an entire day once you figure in a couple of hours of travel and the time of the appointment, Bre says, and I feel like Northern Light Health really gets that

SCHEDULE A
(Form 990 or 990EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Eastern Maine Healthcare Systems EMHSF
EMHS Foundation EMHSF

Employer identification number

22-2514163

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 **section 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

12

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	12				10,863,438	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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		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? If "Yes," provide detail in Part VI .		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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		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))? If "Yes," provide detail in Part VI .		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? If "Yes," provide detail in Part VI .		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? If "Yes," provide detail in Part VI .		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)? If "Yes," answer line 10b below.		No
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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.		
		Yes	No
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>		
		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

- 1** 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, 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 2017 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 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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 supported organizations are organizations for which we raise and manage funds

990 Schedule A, Supplemental Information

Return Reference	Explanation
Part IV, Section C, Line 1 Control Or Management Of Supported Orgs	<p>The EMHS Foundation and the supported organizations each have Eastern Maine Healthcare Systems as their corporate parent. Restated Articles of Incorporation and Bylaws of Eastern Maine Healthcare Systems, the supported organizations, and EMHS Foundation have tightly integrated the supported organization and EMHS board governance structure into a unified and cohesive governance system in which the EMHS board has ultimate authority over EMHS Foundation and the supported organizations with respect to nearly all governance domains. Thus, Eastern Maine Healthcare Systems 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 Eastern Maine Healthcare Systems board to initiate and direct action on the part of EMHS Foundation and 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 Eastern Maine Healthcare Systems 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: 17005038

Software Version: 2017v2.2

EIN: 22-2514163

Name: Eastern Maine Healthcare Systems EMHSF
EMHS Foundation EMHSF

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	7,353,948	0
(A) Acadia Hospital Corp	010459837	3		No	191,514	0
(B) Charles A Dean Memorial Hospital	043341666	3		No	353,012	0
(C) Inland Hospital	010217211	3		No	187,938	0
(D) The Aroostook Medical Center	010372148	3		No	259,036	0
(E) Sebasticook Valley Health	010263628	3		No	239,198	0
(F) Blue Hill Memorial Hospital	010227195	3		No	303,909	0
(G) Eastern Maine Medical Ctr Auxiliary	010377901	10		No	13,160	0
(H) Lakewood A Continuing Care Center	010421234	3		No	53,600	0
(I) Mercy Hospital	010211534	3		No	848,349	0
(J) VNA Home Health & Hospice	010246804	10		No	376,514	0
(K) Maine Coast Regional Health Facilit	010198331	3		No	683,260	0

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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
Eastern Maine Healthcare Systems EMHSF
EMHS Foundation EMHSF

Employer identification number
22-2514163

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)	9,392	
3 Aggregate value of grants from (during year)	3,000	
4 Aggregate value at end of year	28,338	

- 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? Yes 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? Yes 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 8/17/06, 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	45,990,865	41,373,271	33,311,926	34,073,093	32,554,769
b Contributions	7,613,624	2,923,758	6,491,436	1,088,872	917,519
c Net investment earnings, gains, and losses	1,525,501	3,591,986	3,106,006	-401,044	2,003,441
d Grants or scholarships					
e Other expenditures for facilities and programs	2,077,617	1,898,150	1,536,097	1,448,995	1,402,636
f Administrative expenses					
g End of year balance	53,052,373	45,990,865	41,373,271	33,311,926	34,073,093

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 19 000 %
 - b** Permanent endowment ▶ 81 000 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | No |
- 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				
b Buildings				
c Leasehold improvements		73,948	35,611	38,337
d Equipment		246,367	217,214	29,153
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				67,490

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

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	
LT Portion of Charitable Gift Annuity	711,214
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	711,214

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	4,675,768
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	345,178
b	Donated services and use of facilities	2b	650
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	345,828
3	Subtract line 2e from line 1	3	4,329,940
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	6,852,872
c	Add lines 4a and 4b	4c	6,852,872
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	11,182,812

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	3,811,922
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	650
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	650
3	Subtract line 2e from line 1	3	3,811,272
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	8,207,554
c	Add lines 4a and 4b	4c	8,207,554
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	12,018,826

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: 17005038

Software Version: 2017v2.2

EIN: 22-2514163

Name: Eastern Maine Healthcare Systems EMHSF
EMHS Foundation EMHSF

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 Taxes EMHS, 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. The System 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 the System'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 XI, Line 4b Other revenue amounts included on 990 but not included in F/S	Special Events Reclass to Line 8b \$-646834 Restricted Contrib Reported from Fnd Bal \$7499706

Supplemental Information

Return Reference	Explanation
Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	Restricted Expenses from Fund Balance \$8854388 Special Events Reclass to Line 8b \$-646834

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2017

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization Eastern Maine Healthcare Systems EMHSF EMHS Foundation EMHSF

Employer identification number 22-2514163

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

ME

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		EMMC CTCC 2018 (event type)	Gary's House Golf Dinner & Auction (event type)	24 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	417,888	299,379	924,267	1,641,534
2	Less Contributions	226,594	192,310	579,324	998,228
3	Gross income (line 1 minus line 2)	191,294	107,069	344,943	643,306
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	191,294	107,069	344,943	643,306
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				643,306
11	Net income summary Subtract line 10 from line 3, column (d) ▶				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$
 Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization
Eastern Maine Healthcare Systems EMHSF
EMHS Foundation EMHSF

Employer identification number
22-2514163

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **13**

3 Enter total number of other organizations listed in the line 1 table **1**

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Healthcare expense assistance	35	35,774			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Grantmaker's Description of How Grants are Used	EMHS Foundation procedure for grant monitoring and review process includes the following Recipients are required to provide an accounting of expenditures These are reviewed by the Chief Operating Officer before being disbursed

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 22-2514163
Name: Eastern Maine Healthcare Systems EMHSF
EMHS Foundation EMHSF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Acadia Hospital Corp 43 Whiting Hill Rd Brewer, ME 04412	01-0459837	501(c)(3)	96,370	0			General Support
Blue Hill Memorial Hospital 57 Water Street Blue Hill, ME 04614	01-0227195	501(c)(3)	107,218	0			General support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Charles A Dean Memorial Hospital Pritham Ave PO Box 1129 Greenville, ME 04441	04-3341666	501(c)(3)	294,462	0			General support
Eastern Maine Medical Center PO Box 404 489 State Street Bangor, ME 04402	01-0211501	501(c)(3)	5,526,276	0			General support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMMC Auxiliary 43 Whiting Hill Rd Brewer, ME 04412	01-0377901	501(c)(3)	13,160	0			General support
Husson University One College Circle Bangor, ME 04401	01-0271210		24,521	0			Nursing and accounting scholarships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Inland Hospital 200 Kennedy Memorial Drive Waterville, ME 04901	01-0217211	501(c)(3)	5,884	0			General support
Lakewood 220 Kennedy Memorial Drive Waterville, ME 04901	01-0421234	501(c)(3)	53,600	0			General support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Maine Coast Regional Health F 50 Union Street Ellsworth, ME 04605	01-0198331	501(c)(3)	493,919	0			General Support
Mercy Hospital 144 State Street Portland, ME 04101	01-0211534	501(c)(3)	411,884	0			General support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rosscare 43 Whiting Hill Road Ste 400 Brewer, ME 04412	01-0391038	501(c)(3)	7,130	0			General support
Sebasticook Valley Health 447 North Main Street Pittsfield, ME 04967	01-0263628	501(c)(3)	146,799	0			General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Aroostook Medical Center PO Box 151 140 Academy St Presque Isle, ME 04769	01-0372148	501(c)(3)	139,192	0			General support
VNA Home Health & Hospice 50 Fonden Road Suite 3 South Portland, ME 04106	01-0246804	501(c)(3)	162,441	0			General Support

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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.**
▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Eastern Maine Healthcare Systems EMHSF
EMHS Foundation EMHSF

Employer identification number
22-2514163

Part I Questions Regarding Compensation

	Yes	No
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		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input 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)		
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	1b	
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?	2	
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		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
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		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
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	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
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		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
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		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
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	7	No
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	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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				
1 Anthony Filer VPCFO Treasurer	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	491,229		4,785		29,454	525,468	
2 Dr David Carmack Director	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	631,189	41,672	2,417	21,300	28,887	725,465	
3 Glenn Martin EMHS Gen Counsel Secretary	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	420,922	18,282	6,635	72,657	21,366	539,862	
4 Mary M Hood EMHS PresCEO Ex-Officio	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	898,292	51,886	7,874	262,793	21,792	1,242,637	
5 Michael R Crowley Former VP & President	(i)	114,065	6,954	9,038	16,407	6,945	153,409	
	(ii)	-----	-----	-----	-----	-----	-----	-----
6 Susan Rouillard VP of Phil	(i)	138,812	326	6,629	11,341	11,882	168,990	
	(ii)	-----	-----	-----	-----	-----	-----	-----
7 Wendy M Lux VP of Phil	(i)	140,719	326	2,672	1,180	30,551	175,448	
	(ii)	-----	-----	-----	-----	-----	-----	-----

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
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Eastern Maine Healthcare Systems EMHSF
EMHS Foundation EMHSF

Employer identification number

22-2514163

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		37,141	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	20	1,800,656	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Gas Cards)	X	1	60,000	FMV
26 Other ▶ (Food)	X	3	1,036	FMV
27 Other ▶ (Gift Cards)	X	7	1,490	FMV
28 Other ▶ (Toys)	X	4	2,150	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
Eastern Maine Healthcare Systems EMHSF
EMHS Foundation EMHSF

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

22-2514163

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	<p>OTHER PROGRAM SERVICES 4 A New ReachUsing telemedicine to treat sleep disordersArtemas Coffin and his wife, Rosemary, walk with a spring in their step as they navigate the wooded pathways behind their farmhouse in Ashland Leaping down the path ahead of them is their giant malamute, Bullet, a rescue dog that has found a new, loving home with the Coffins They are each dressed in jeans and matching green t-shirts, embroidered with an American Flag that Art sewed himself He keeps us busy, Rosemary explains as she pats the scruff of Bullet's neck Art and Rosemary are retired They worked at the Aroostook County Sheriff's Department and Art also worked at a sawmill They like to keep busy in retirement In addition to taking Bullet for walks, Rosemary enjoys working in her vegetable gardens and Art enjoys riding around on his four-wheeler They have the energy to enjoy their hobbies, in large part, due to Art's decision (at Rosemary's insistence) to seek treatment for a medical condition known as obstructive sleep apnea I wasn't resting I could be at work standing at the lathe and go to sleep standing up, Art recalls Art was tired during the day because he wasn't sleeping well at night He said that due to his condition, he would stop breathing as many as 60 times an hour and wake up gasping for breath In addition to that, he would snore so loudly it would keep Rosemary awake I could not rest because he was either snoring and keeping me awake, or I was laying there awake so I could poke him when he didn't breathe, Rosemary recalls Finally, Art made an appointment to see David Weed, DO, a physician who is board-certified in sleep medicine by the American Academy of Sleep Medicine, and heads the Sleep Medicine program at Northern Light AR Gould Hospital in Presque Isle Art Coffin came to me many years ago with symptoms of daytime tiredness and fatigue, Dr Weed recalls He was the first patient we saw here AR Gould's Sleep Medicine Program has evolved considerably since then It now includes a state-of-the-art four-bed sleep disorders center that is fully accredited by the American Academy of Sleep Medicine Dr Weed conducts sleep studies for patients like Art Coffin in the sleep center You go there, and you sleep for eight hours or thereabouts, and they have you hooked up and monitor your breathing and your pulse and respiration, Art said Dr Weed was able to diagnose Art with obstructive sleep apnea and get him set up with a CPAP (continuous positive airway pressure) machine, a device which increases air pressure in the throat so that the airway does not collapse when a person breathes in It took a little while to get used to it, the constant pressure, says Art Now when I go to bed, I put the mask on and the machine starts automatically, and I get a good night's sleep Art and Rosemary's situation is not uncommon In fact, according to the U S Centers for Disease Control, one out of every three Americans report not getting enough sleep We know th</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4d Other Program Services Description</p>	<p>at untreated sleep apnea is associated with diabetes, high-blood pressure, heart disease, stroke, memory change, anxiety, depression, and irritability, a lot of patients would describe themselves as being in a fog, says Dr Weed Because sleep disorders are such a widespread concern, Northern Light Health is using telemedicine to bring Dr Weeds expertise to even more patients in Maine Telemedicine affords us an opportunity to be more far-reaching in our effect When I dont have to rely on the patient coming to us, I can go to them using an iPad, he says Dr Weed uses that iPad to chat with patients weekly at Northern Light Inland Hospitals sleep lab in Waterville Darrel Conner comes in to Inland to speak with Dr Weed routinely via telemedicine technology Like Art Coffin, he too suffers from obstructive sleep apnea and must use a CPAP machine My wife kept nudging me at night time and said youre not breathing, you should be breathing She nudged me quite a few times and said maybe we should have you checked out to see whats going on, he says Darrel is glad hes ought help He too sleeps much better using his CPAP machine and says talking with Dr Weed via an electronic screen is just as good as in person I feel like I get very excellent care here When we talk on Skype, it is just like you and I talking right here, Darrel says Besides Inland, Dr Weed provides sleep medicine services to other Northern Light Health member hospitals Its made a difference in the lives of the Coffins and the Conners Darr el has the energy to tinker on old cars with his wife in their garage Art and Rosemary Coffin are also both getting a better nights sleep as a result He has made a difference in our lives by improving the quality of Arts life, Rosemary says If it hadnt been for him, I might not even be alive now, Art chimed in A New RelationshipOur affiliation with Massachusetts General HospitalAs a hospitalist at Northern Light Mercy Hospital, Daniel Goodman, DO, typically starts his day reviewing patient charts and determining which patients he should visit and in which priority But one day last fall Dr Goodman was interrupted on his daily rounds by his medical student He told me that one of my patients who had come into the hospital with a serious infection had a concerning facial droop and a level of lethargy that was worrisome, explains Dr Goodman Upon seeing the patient, he agreed with his medical students assessment and immediately ordered a CT scan to make sure there wasnt any bleeding in the brain If it had been a bleed it wouldve been an acute emergency and neurosurgery wouldve been notified immediately For this patient, once I learned he was not bleeding, I needed to get more information, says Dr Goodman Because this patient had several underlying medical conditions, Dr Goodman decided to consult with one of the neurologists at Massachusetts General Hospital (MGH), a resource at his disposal thanks to a full spectrum of TeleNeurology services</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	<p>available to Mercy through MGH Within a relatively short amount of time of reaching out to them I was on the phone with the neurologist from MGH, and she was brilliant, he said I had told her all my neurological findings, and she gave me some tremendous recommendations An MRI would reveal the patient indeed had an acute stroke but would end up with no lasting neurological deficits And for all intents and purposes, he received the treatment he required He received it in a timely fashion, and a lot of that is because I was able to get in touch with MGH as quickly as I could and I think that's the big takeaway, explains Dr Goodman The TeleNeurology program between Mercy and MGH has been in place for several years It allows providers from both institutions to communicate via phone or video conferencing, share images and clinical information, and provide seamless patient care on routine, urgent, and acute cases The success of this program is one reason for a newly-expanded relationship with MGH beyond Mercy Hospital to the entire Northern Light Health system We've enjoyed a strong affiliation with Mercy Hospital for a number of years, and have seen a very successful TeleNeurology program, says Peter Slavin, MD, president of MGH I think the program points to the potential for this broader agreement with Northern Light Health In April of 2018, Northern Light Health signed its expanded clinical affiliation agreement with MGH The agreement centers on advancing care models through technology and greater coordination of care for patients who use services offered through both health systems, with an overall goal of lowering costs While the areas of specialty included in the clinical affiliation may evolve over time, the current agreement establishes the foundation for collaboration in the following areas cardiovascular, pediatric subspecialties, neurosciences, transplant, telemedicine, orthopedics, behavioral health, and cancer This relationship is new for us and one we're excited about partly in terms of patient care but also in research and academics We think it can improve the care that we deliver, explains James Clarke, MD, senior vice president, and senior physician executive at Northern Light Eastern Maine Medical Center Dr Clarke is part of the leadership team of clinicians that has been meeting with counterparts at Mass General to work out the details of the clinical affiliation Our collective focus remains on providing patients with exceptional access to the top experts, says Dr Slavin And now, with advances in technology and telemedicine, we can overcome any physical distance between places like Boston and Bangor In most circumstances, patients of Northern Light Health can receive convenient, close-to-home care via traditional appointments with providers in Maine or through telemedicine with providers at Mass General For any procedure or subspecialty care that can't be delivered in Maine, care would be transferred to MGH Whether they</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	SUMMARY OF AMENDMENTS TO EMHS MEMBER ORGANIZATION BYLAWS Amended Article VIII (General Provisions), Section 3 (Fiscal Year) to change the end of the fiscal year of the Corporation from the last Saturday in September to September 30 Amended Article VIII (General Provisions), Section 4 (Bonding) to remove the Bonding section in its entirety and replace it with Fidelity Coverage The Corporation shall maintain appropriate fidelity coverage protecting the Corporation from losses caused by the fraudulent or dishonest acts of individuals handling or directing the use of corporate funds

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 Foundation (the "Corporation") is a Maine nonprofit corporation Eastern Maine Healthcare Systems (EMHS), also a Maine nonprofit corporation, is the sole corporate member of the Corporation

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	The organization requests updates of potential conflicts and relationships from the officers and Board members on an annual basis. The request requires disclosure of all business relationships, board memberships, and family relationships. A database is maintained that is compared to payroll records and the accounts payable vendor list to identify any potential conflicts of interest. Transactions are reviewed for reasonableness as an arms 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 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 arms 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 VP & President of EMHS Foundation and the system President/CEO (President) who serves on the board ex-officio are employed by the system parent, Eastern Maine Healthcare Systems (EMHS) The EMHS Executive Performance Management Committee (the Committee) is responsible to monitor and evaluate the performance of the EMHS President, to set compensation of the EMHS President, and to review recommendations of the EMHS President with respect to compensation of the VP & President of the direct subsidiaries, and other direct reports to the President The Committee is comprised entirely of independent Directors per EMHS 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 EMHS 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 EMHS executive compensation philosophy -Reviews and updates the EMHS 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 EMHS does not exceed the value of services provided by the executive -Reviews annual incentive compensation criteria for eligible executives, as defined by the EMHS 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 EMHS deemed appropriate -Maintains minutes of the meetings and communicates actions to the EMHS 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 EMHS President reviews all direct report compensation actions with the committee In addition, the EMHS 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	EMHS Foundation does not pay employees directly All staff and officers are employed by EMHS, the Systems parent organization and are purchased service by EMHS Foundation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	EMHS Foundation 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 Increases	Transfer from exempt parent-Eastern Maine Healthcare Systems = \$42464

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Transfer From Exempt Subsidiary - BHMH = \$100000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Transfer from exempt subsidiary-AHC = \$2750

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Transfer from Exempt Subsidiary-SVH = \$885666

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Transfer from Exempt Subsidiary-TAMC = \$5075075

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Transfer to exempt subsidiary -SVH = -\$193200

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**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.**
▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Eastern Maine Healthcare Systems EMHSF
EMHS Foundation EMHSF

Employer identification number

22-2514163

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Meridan 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				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) Maine Coast Physician Affiliates 50 Union Street Ellsworth, ME 04605 01-0479952	Patient Care	ME	MCMH	C				Yes	
(6) Beacon Direct 43 Whiting Hill Road Brewer, ME 04412 37-1864965	Healthcare Self-funded TPA	ME	EMHS	C				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	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

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

Part VII **Supplemental Information**

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

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 22-2514163
Name: Eastern Maine Healthcare Systems EMHSF
EMHS Foundation EMHSF

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
43 Whiting Hill Rd Brewer, ME 04412 01-0527066	Supporting organization for healthcare affiliates	ME	501(c)(3)	12 Type II	N/A	Yes	
PO Box 404 489 State Street Bangor, ME 044020404 01-0211501	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
43 Whiting Hill Rd Brewer, ME 04412 01-0391036	Leases real estate	ME	501(c)(2)		EMHS	Yes	
43 Whiting Hill Road Ste 400 Brewer, ME 04412 01-0391038	Provide services to elderly	ME	501(c)(3)	PF	EMHS	Yes	
43 Whiting Hill Road Ste 400 Brewer, ME 04412 01-0430751	Operation of nursing homes	ME	501(c)(3)	10	Rosscare	Yes	
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	Fundraising for exempt Eastern Maine Medical Center	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 Ste 400 Brewer, ME 04412 01-0465231	Provide patient care and 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 and long-term nursing care	ME	501(c)(3)	3	Inland Hospital	Yes	
Pritham Ave 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	Critical care hospital	ME	501(c)(3)	3	EMHS	Yes	
PO Box 151 140 Academy Street Presque Isle, ME 047690151 01-0372148	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
PO Box 151 140 Academy Street 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	
447 North Main Street Pittsfield, ME 04967 01-0357854	Provide patient care	ME	501(c)(3)	10	SVH	Yes	
43 Whiting Hill Road Brewer, ME 04412 35-2449986	Provide mental & behavioral hlth svcs	ME	501(c)(3)	10	AHI	Yes	
144 State Street Portland, ME 04101 01-0211534	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
50 Foden Road South Portland, ME 04106 01-0246804	Provide home health and hospice services	ME	501(c)(3)	10	EMHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
43 Whiting Hill Road Brewer, ME 04412 47-4315094	Provide healthcare services	ME	501(c)(3)	12 Type II	EMHS	Yes	
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	
50 Foden Road South Portland, ME 04106 82-1043752	Provide home health and hospice services	ME	501(c)(3)	10	VNA	Yes	
43 Whiting Hill Road Brewer, ME 04412 45-2967056	Accountable care organization	ME	501(c)(3)	12 Type II	EMHS	Yes	
43 Whiting Hill Road Brewer, ME 04412 47-4483187	Accountable Care Organization	ME	501(c)(3)	12 Type II	EMHS	Yes	
43 Whiting Hill Road Brewer, ME 04412 36-4903784	Accountable Care Organization	ME	501(c)(3)	12 Type II	EMHS	Yes	
43 Whiting Hill Road Brewer, ME 04412 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
Eastern Maine Healthcare Systems EMHS	m	294,971	FMV
Eastern Maine Medical Center EMMC	a	72,908	FMV
Eastern Maine Medical Center EMMC	l	1,827,672	FMV
Eastern Maine Medical Center EMMC	r	5,526,276	FMV
Acadia Hospital Corp AHC	l	95,144	FMV
Acadia Hospital Corp AHC	r	96,370	FMV
Inland Hospital	l	182,054	FMV
Lakewood	r	53,600	FMV
CA Dean Memorial Hospital	l	58,550	FMV
CA Dean Memorial Hospital	r	294,462	FMV
Sebasticook Valley Health SVH	l	92,399	FMV
Sebasticook Valley Health SVH	r	339,999	FMV
Sebasticook Valley Health SVH	s	885,667	FMV
The Aroostook Medical Center TAMC	l	119,844	FMV
The Aroostook Medical Center TAMC	r	139,192	FMV
The Aroostook Medical Center TAMC	s	5,075,075	FMV
Blue Hill Memorial Hospital	l	196,691	FMV
Blue Hill Memorial Hospital	r	107,218	FMV
Blue Hill Memorial Hospital	s	100,000	FMV
Mercy Hospital	l	436,465	FMV
Mercy Hospital	r	411,884	FMV
VNA Home Health & Hospice	l	214,073	FMV
VNA Home Health & Hospice	r	162,441	FMV
Maine Coast Regional Health Facilities	l	189,341	FMV
Maine Coast Regional Health Facilities	r	493,919	FMV