2938312111910 1

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	OMB No 1545-0687
For calendar year 2018 or other tax year beginning 10/01 2018, and ending 9/30 , 2019	2018
► Go to www.irs.gov/Form990T for instructions and the latest information.	<b>Z0</b> : <b>0</b>
Department of the Treasury	Open to Public Inspection for
Cheat buildings	1501(c)(3) Organizations Only or opposer identification number
address changed Factors Maine Healthgape Systems (EMUCE)	mployees' trust, see
B Exempt under section Print Eastern (PMICE)	c:
Type 43 Whiting Hill Road	related business activity code
$\square^{408(e)} \square^{220(e)} \square^{77} \square^{8}$	ee instructions )
408A	523000 <del> </del>
	<u> </u>
at end of year	trust Other trust
88, 240, 668.	
H Enter the number of the organization's unrelated trades or businesses 1 Describe the only (or first)	
trade or business here > UBI reported on K-1 for investments If only one If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Parts I and III, complete Parts I and III and	e, complete Parts I-V
for each additional trade or business, then complete Parts III-V	prete a seriedate W
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	► X Yes No
If 'Yes,' enter the name and identifying number of the parent corporation  See Statement 1  FAS	イン マンコハハハ
J The books are in care of ► John J. Doyle  Telephone number ► 20	
Part Unrelated Trade or Business Income (A) Income (B) Expenses	(C) Net
1 a Gross receipts or sales	
b Less returns and allowances c Balance ► 1c	
2 Cost of goods sold (Schedule A, line 7)	
3 Gross profit Subtract line 2 from line 1c 3	Section and the section of the secti
A a Capital gain not income (attach Schedule D)	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)  c Capital loss deduction for trusts.  5 Income (loss) from a partnership or an S corporation (attach statement)	
c Capital loss deduction for trusts.	al Revenue Servine
5 Income (loss) from a partnership or an S corporation	ed US Bank - USB
(attach statement)	746
6 Rent income (Schedule C)	11C v 1 2020
` '	UG 2 1 2020
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) . 8	7000 000
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)  9 K8	nsas City, MO
10 Exploited exempt activity income (Schedule I)  11 Advertising income (Schedule J)	
THE CASE OF THE CONTROL OF THE CONTR	
12 Other income (See instructions, attach schedule)	
See Statement 2 12 -1,205.  13 Total. Combine lines 3 through 12 13 -1,205. 0.	1 205
	-1,205.
Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Exc contributions, deductions must be directly connected with the unrelated business incom	ie.)
14 Compensation of officers, directors, and trustees (Schedule K)  14	
15 Salaries and wages	
16 Repairs and maintenance	
17 Bad debts	
18 Interest (attach schedule) (see instructions)	
19 Taxes and licenses	
20 Charitable contributions (See instructions for limitation rules) 20	
21 Depreciation (attach Form 4562)	
22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b	
23 Depletion	
24 Contributions to deferred compensation plans	
25 Employee benefit programs 25	
26 Excess exempt expenses (Schedule I) 26	
27 Excess readership costs (Schedule J) 27	
28 Other deductions (attach schedule)	
29 Total deductions. Add lines 14 through 28	'
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	-1,205.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	
32 أيل firelated business taxable income Subtract line 31 from line 30	-1,205.

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Form	9 <b>9</b> 0-7	(2018) Eastern Maine Hea	lthcare Systems (EMHSF)	)	22	-2514163	Page 2
Par	t IJI	Total Unrelated Business Tax			_		
33		of unrelated business taxable income cictions)	computed from all unrelated trades o	r businesses (see		33	-1,205.
34	Amou	unts paid for disallowed fringes				34	
35		ction for net operating loss arising in ta		2018 (see e Statement	_	1	
		ictions)	35				
36		of unrelated business taxable income bes 33 and 34	36	-1,205.			
~7			37	1,203.			
37 38		ific deduction (Generally \$1,000, but ser lated business taxable income.Subtrac			: 1	3/	<del></del>
30		the smaller of zero or line 36	time 37 from time 30 fr fille 37 is give	cater than line 50,	II	38	-1,205.
Par	t IV	Tax Computation				J <del></del>	
		nizations Taxable as Corporations. Mul	tiply line 38 by 21% (0 21)	<del></del>	<b>•</b>	39	0.
	_	s Taxable at Trust Rates. See instruction		on the amount			
		ne 38 from Tax rate schedule or			<b>•</b>	40	
41		y tax. See instructions	. ,		<b>•</b>	41	
	-	native minimum tax (trusts only)				42	
43	Tax o	on Noncompliant Facility Income. See in	nstructions.			43	
44	Total	. Add lines 41, 42, and 43 to line 39 or	40, whichever applies			44	0.
Par	t V	Tax and Payments				L	
		on tax credit (corporations attach Form	1118: trusts attach Form 1116)	45 a			
		credits (see instructions)		45 b	_		
		ral business credit Attach Form 3800 (s	see instructions)	45 c	·		
d	l Credi	t for prior year minimum tax (attach Foi	rm 8801 or 8827)	45 d		1 :	
е	Total	credits. Add lines 45a through 45d		1		45 e	0.
		act line 45e from line 44_				46	0.
47	Other	taxes Check if from: TForm 4255	Form 8611	n 8866			_
		Other (attach schedule)				47	
48	Total	tax. Add lines 46 and 47 (see instruction	ons).			48	0.
49	2018	net 965 tax liability paid from Form 965	i-A or Form 965-B, Part II, column (F	<), line 2		49	
<b>50</b> a	Paym	nents A 2017 overpayment credited to 2	2018	50 a			
b	2018	estimated tax payments.	•	50 b			
C	: Tax d	leposited with Form 8868		50 c			
d	l Foreig	gn organizations. Tax paid or withheld a	at source (see instructions)	50 d			
		up withholding (see instructions).		50 e			
		t for small employer health insurance p		50 f			
g		credits, adjustments, and payments	Form 2439				
		orm 4136 Oth	er Total •	50 g			
51		payments. Add lines 50a through 50g				51	0.
52		nated tax penalty (see instructions) Che			►□	52	
53	Tax d	lue. If line 51 is less than the total of line	es 48, 49, and 52, enter amount owe	ed	<b>•</b>	53	
54	Over	payment. If line 51 is larger than the tot	al of lines 48, 49, and 52, enter amo	unt overpaid	<b>•</b>	54	
55	Enter	the amount of line 54 you want Credit			Refunded ►	55	
Par	t VI	Statements Regarding Certain	n Activities and Other Inforn	nation (see instr	uctions)		
56		y time during the 2018 calendar year, d					Yes No
	fınand	cial account (bank, securities, or other) in a f	oreign country? If 'Yes,' the organiza	ation may have to	file FinCEN F	orm 114,	
	Repo	rt of Foreign Bank and Financial Accour	nts. If 'Yes,' enter the name of the fo	reign country here	·		X
57	Durin	g the tax year, did the organization rece	eive a distribution from, or was it the	grantor of, or tran	isferor to, a f	oreign trust?	Х
	If 'Yes	s,' see instructions for other forms the o	organization may have to file				
58	Enter	the amount of tax-exempt interest rece			0.		
		Under penalties of perjury, I declare that Have ex- belief, it is true_correct, and compare Declaration	amined this return, including accompanying school of preparer (other than tax payer) is based on a	edules and statements,	and to the best of	f my knowledge and knowledge	
Sign	1			NLH VP of F		May the IRS discus	s this return with
Here	е	Signature of officer	Date 7	Title	Indiree	the preparer shown instructions)?	. —
					· · · · · · · · · · · · · · · · · · ·		Yes X No
Paid	- -	Print/Type preparer's name	[,	Date	Check II If	PTIN	
Pre-			Self-Prepared		self-employed		
pare	er	Firm s name			Firm's EIN		
Use		Firm's address					
Only	<b>y</b>				Phone no		
BAA			TEEA0202L 01/24/19	<u></u>		Form	990-T (2018)

Form **990-T** (2018)

Form 990-T (2018) $$ Eastern $$ I	<u>Maine Hea</u>	althcare Sy	<u>stems (EMF</u>	ISF)		2	2-2514	1163	P	age
Schedule A — Cost of Good	ds Sold. En	ter method of inve	entory valuation	<b>•</b>						
. 1 Inventory at beginning of year	r	1	6	Inver	tory a	t end of year	6			
2 Purchases 2			7	Cost	of go	ods sold. Subtract			_	
3 Cost of labor	3				line 5 Enter here					
4 a Additional section 263A costs (attach	schedule)			and i	n Pari	t I, line 2	7		V	N.
		4 a							Yes	No
<b>b</b> Other costs		4 b	8			s of section 263A (wooduced or acquired to				
(attach sch)  5 Total. Add lines 1 through 4b		5				nization?	or resule,			
Schedule C — Rent Income (Fr	om Real Pro	operty and Pers	onal Property	Leas	ed W	ith Real Property)	(see ınstrı	uctions)	<del></del>	
1 Description of property		. ,	_ <del></del> _	<u> </u>			<u> </u>			
(1)			<b>A</b> 1.			-				
(2)							-			
(3)			3. == y				<del></del>			
(4)							-			
	2 Rent receive	ed or accrued								
(a) From personal prope		(b) From re	eal and persona	l prope	ty	3(a) Deduction the income				
(if the percentage of rent for percent is more than 10% to	personal	(if the perce	centage of rent for personal exceeds 50% or if the rent is			(attach schedule)			(-)	
more than 50%)	out not	based	on profit or inc	ome)	(13					
(1)										
(2)										
(3)										
(4)										
Total		Total				(L) T-1-1 dodt	F-4			
(c) Total income. Add totals of colur here and on page 1, Part I, line 6, o		2(b) Enter				(b) Total deductions here and on page 1, i I, line 6, column (B)				
Schedule E — Unrelated De		ed Income (see	e instructions)			1, e, (-)	<del></del>			
			2 Gross incom		3	Deductions directly debt-fir	connected		llocabl	e to
1 Description of debt-financed property			or allocable to debt- financed property			(a) Straight line	(h	) Other de	ductio	ns
			imaneca pro	porty	de	epreciation (attach so	ch) (	(attach schedule)		)
(1)			· . <del></del>							
(2)					١.		-			
(3)			-							
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable	djusted basis of to debt-financed tach schedule)	6 Columr divided l column	рy	r	<b>7</b> Gross income eportable (column 2 column 6)	x (c	llocable d column 6 a umns 3(a)	x total o	of
(1)					8					
(2)					8					
(3)					8					
(4)					8					
			<del></del>			ter here and on page art I, line 7, column (	e 1, Enter	here and	on pa	ge 1
					٦٦٤	arti, iirie 7, column (	r)   Part	i, iiile /, (	วงเนเทก	(0)
Totals.					▶		l l			

TEEA0203L 01/30/19

Total dividends-received deductions included in column 8

BAA

BAA

_		Exempt Controlled Organizations							_		
organization iden		mployer stification umber	3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		5 Part of column that is included the controlling organization's gross income		connected with income in columnits		
(1)			-							·	
(2)											
(3)										-	
(4)											
Nonexempt Controlled Organiza	ations						<u> </u>				
7 Taxable Income	7 Taxable Income 8 Ne		et unrelated ome (loss) payme instructions)		ments made included		column 9 that is in the controlling on's gross income		11 Deductions directly connected with income in column 10		
(1)		-									
(2)											
(3)											
(4)											
Totals					Add column here and on 8, co		, Part I, line	here and	d on pa	6 and 11 Enter age 1, Part I, line umn (B)	
Schedule G - Investme	nt Inco	me of a Se	ction 50	1(c)(7), (9	), or (17) Org	aniza	tion (see in	structions)			
1 Description of income		2 Amount o	2 Amount of income		3 Deductions directly connected (attach schedule)		4 Set-asides (attach schedule		set-as	tal deductions and asides (column 3 plus column 4)	
(1)											
(2)											
(3)											
(4)				September and house	gant to except appropries	Congo com 2	pro specimen king of him to	ಟ್-ರಾಕತ್ವರ _			
Totals		Enter here and Part I, line 9,		1, )			in de la company En la company En la company	En Pa		re and on page 1, ne 9, column (B)	
Schedule I - Exploited I	Exempl	Activity Ir	come, (	Other Tha	n Advertising	Inco	me (see ins	structions)			
1 Description of exploited activity		2 Gross unrelated business income fro trade or business	3 Exp	penses directly nnected with production f unrelated iness income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute columns 5 through 7	5 Gros	is income from ity that is not ated business income	6 Expensattributab column	ses le to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		1	<u> </u>	-							
(2)	<u>-</u>										
(3)											
(4)										-	
Totals.	, ,	Enter here on page Part I, line column (/	1, or 10, Par	er here and n page 1, rt I, line 10, lumn (B)						Enter here and on page 1, Part II, line 26	
Schedule J – Advertisin	a Inco	me (see insti	uctions)		The same and the s				,		
Part I Income From Pe				Consolida	ted Basis						
de de de constituir		2 Gross		3 Direct	4 Advertising gain or	5 C	irculation	6 Reader	ship	7 Excess readership	
1 Name of periodical		advertisin income	g ac	lvertising costs	(loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		ncome	costs		costs (col 6 minus col 5, but not more than col 4)	
(1)			_								
(2)						<b> </b> -				1147	
(3)						<b> </b>		· · ·			
(4)						<b>8</b>	-	•			
Totals (carry to Part II, line (5))					<u> </u>	1				000 7 (0010)	
BAA ·				TEEA0204 L	12/31/18				F	orm <b>990-T</b> (2018)	

Page 5 Form 990-T (2018) Eastern Maine Healthcare Systems (EMHSF) 22-2514163 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on 'a line-by-line basis) 4 Advertising gain or (loss) (coi 2 minus col 3) if a gain, compute cols 5 through 7 2 Gross advertising 3 Direct 5 Circulation 6 Readership 7 Excess readership advertising costs (col 6 minus col 5, but not more than col 4) ıncome costs 1 Name of periodical costs ıncome (1) (2) (3) (4) Totals from Part I Enter here and Enter here and Enter here and on page 1, Part II, line 27 on page 1, Part I, line 11, on page 1, Part I, line 11, column (A) column (B) Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of time devoted 4 Compensation attributable 2 Title 1 Name to unrelated business to business %

TEEA0204 L 12/31/18

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

Form 990-T (2018)

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6/15/20

## **Federal Statements**

Page 1

Eastern Maine Healthcare Systems (EMHSF) EMHS Foundation (EMHSF)

22-2514163

Client EMHSF

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

Eastern Maine Healthcare Systems 01-0527066

Statement 2 Form 990-T, Part I, Line 12 Other Income

Dividends And Interest From Securities

Total  $\frac{\$}{\$}$   $\frac{-1,205}{-1,205}$ .

Statement 3 Form 990-T, Part III, Line 35 Net Operating Loss Deduction

Loss Year Ending	0	riginal Loss	Loss Previousl Used	у	Loss <u>Available</u>		
9/30/14 9/30/15 9/30/16	\$	2,815. 2,704. 2,885.	\$	0. 0. 0.	\$	2,815. 2,704. 2,885.	
Net Operating Loss Taxable Income Net Operating Loss		(Limited to T	axable Income)			\$ 8,404. \$ -1,205. \$ 0.	