

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 Eastern Maine Healthcare Systems 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 \$ 15,168,157

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

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

J Website: ▶ www.northernlighthealth.org/Foundation

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)	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	8
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	1,985
7a Total unrelated business revenue from Part VIII, column (C), line 12	-1,205
7b Net unrelated business taxable income from Form 990-T, line 34	-1,205

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	6,706,950	6,587,677
9 Program service revenue (Part VIII, line 2g)	3,284,782	3,992,648
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,190,674	1,260,059
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	406	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,182,812	11,840,384
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,529,175	8,594,807
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)	358,573	627,636
16a Professional fundraising fees (Part IX, column (A), line 11e)	147,781	132,903
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 875,058		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,983,297	3,792,062
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,018,826	13,147,408
19 Revenue less expenses Subtract line 18 from line 12	-836,014	-1,307,024
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	87,901,252	88,240,668
21 Total liabilities (Part X, line 26)	1,334,870	1,345,009
22 Net assets or fund balances Subtract line 21 from line 20	86,566,382	86,895,659

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer: ***** Date: 2020-08-08

John 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 ▶				

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 \$ 12,088,449 including grants of \$ 8,594,807) (Revenue \$ 4,625,829)
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 ▶ 12,088,449

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	41
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		No	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		No	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		No	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No	
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	Yes		
d If "Yes," indicate the number of Forms 8282 filed during the year		7d	13		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		No	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		No	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		No	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a		No	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		No	
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		No	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a		No	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16		No	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included in line 1a, above, who are independent (8); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Row 17: List the States with which a copy of this Form 990 is required to be filed (ME). Row 18: Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [X] Another's website, [X] Upon request, [] Other (explain in Schedule O). Row 19: Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. Row 20: State the name, address, and telephone number of the person who possesses the organization's books and records (John J Doyle, 43 Whiting Hill Rd 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 NLH PresCEO Ex-Officio	1 00 50 00	X		X				0	3,977,600	296,423
(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	729,245	53,127
(8) Kevin Desmond Director	1 00 0 00	X						0	0	0
(9) Richard Sawyer Director	1 00 0 00	X						0	0	0
(10) Aram Khavari Director	1 00 0 00	X						0	0	0
(11) Mike Smith President	50 00 0 00	X		X				242,009	0	32,380
(12) Glenn Martin NLH Gen Counsel Secretary	1 00 50 00			X				0	493,200	109,084
(13) Susan Rouillard VP of Phil	50 00 0 00			X				142,990	0	24,339
(14) Wendy M Lux VP of Phil	50 00 0 00			X				142,788	0	43,130
(15) Anthony Filer VPCFO Treasurer	1 00 50 00			X				0	577,280	64,222

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 6,783			
	b Membership dues	1b			
	c Fundraising events	1c 1,034,659			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,546,235			
	g Noncash contributions included in lines 1a - 1f \$ <u>195,329</u>				
	h Total. Add lines 1a-1f		6,587,677		

Program Service Revenue			Business Code				
	2a Investment Income, net		523000	-75,259	-75,259		
b Program Service Revenue		561000	4,067,907	4,067,907			
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			3,992,648				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		188,828		-1,205	190,033	
	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		3,781,324			
		c Gain or (loss)		2,710,093			
		d Net gain or (loss)		1,071,231	633,181		438,050
	8a Gross income from fundraising events (not including \$ <u>1,034,659</u> of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b	617,680			
		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							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			0				
12 Total revenue. See Instructions			11,840,384	4,625,829	-1,205	628,083	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	8,550,380	8,550,380		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	44,427	44,427		
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.	627,636	627,636		
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.	0			
c Accounting.	7,029		7,029	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	132,903			132,903
f Investment management fees.	46,268	46,268		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,599,477	1,878,827	157,126	563,524
12 Advertising and promotion.	88,737	88,737		
13 Office expenses.	373,669	249,817	12,326	111,526
14 Information technology.	256,078	214,664	4,753	36,661
15 Royalties.	0			
16 Occupancy.	152,953	121,810	2,502	28,641
17 Travel.	66,834	66,834		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	15,323	15,323		
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	9,578	7,630	145	1,803
23 Insurance.	7,956	7,956		
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 Dues & Subscriptions.	98,296	98,276	20	
b Fundraising Expense.	56,223	56,223		
c Employee Events and Recog.	5,398	5,398		
d Gifts Expense.	5,060	5,060		
e All other expenses.	3,183	3,183		
25 Total functional expenses. Add lines 1 through 24e.	13,147,408	12,088,449	183,901	875,058
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	800
	2	Savings and temporary cash investments	9,915,041	2	12,965,131
	3	Pledges and grants receivable, net	3,008,610	3	4,020,447
	4	Accounts receivable, net	24,910	4	34,832
	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	82,265	9	41,353
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 320,315		
	b	Less accumulated depreciation	10b 262,404	67,490	10c 57,911
	11	Investments—publicly traded securities	74,708,936	11	71,021,534
	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	93,400	15	98,660
16	Total assets. Add lines 1 through 15 (must equal line 34)	87,901,252	16	88,240,668	
Liabilities	17	Accounts payable and accrued expenses	623,656	17	659,299
	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	711,214	25	685,710
	26	Total liabilities. Add lines 17 through 25	1,334,870	26	1,345,009
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	14,852,947	27	16,437,896
	28	Temporarily restricted net assets	49,983,151	28	
	29	Permanently restricted net assets	21,730,284	29	70,457,763
	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	86,566,382	33	86,895,659	
34	Total liabilities and net assets/fund balances	87,901,252	34	88,240,668	

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	11,840,384
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,147,408
3	Revenue less expenses Subtract line 2 from line 1	3	-1,307,024
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	86,566,382
5	Net unrealized gains (losses) on investments	5	887,759
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	748,542
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	86,895,659

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 22-2514163

Name: Eastern Maine Healthcare Systems EMHSF
EMHS Foundation EMHSF

Form 990 (2018)

Form 990, Part III, Line 4a:

EMHS Foundation d/b/a Northern Light Health Foundation raised and managed funds for the benefit of Northern Light Eastern Maine Medical Center and other affiliated exempt entities in northern, eastern and southern Maine Please see in Schedule O an excerpt from the Northern Light Health Annual Report 2019 to the Community for details of community benefit projects by NLH members

Form 990, Part III, Line 4b:

Were making healthcare work for you We are ChangemakersAll around us in todays world are people who challenge the status quo and aim to do more History remembers those who have created changes that make our world a better place Where would we be today if Alexander Graham Bell hadnt invented the telephone? Or, Thomas Edison didnt find a way to harness electricity to make light? Or, Marie Curie didnt discover the radioactive compounds that would lead to the use of radiation therapy to treat cancer? Of course, not all change is so grand, and not all changemakers are so iconic, but even small changes over time make a big difference Here at Northern Light Health, among our thousands of dedicated employees, valued patients, generous donors, and committed community partners, we are grateful to have changemakers who work every day to improve the lives of people across our great state In our 2019 Annual Report, we will introduce you to some of these changemakers They are improving their communities, their workplaces, and themselves They are finding better ways to treat people with Alzheimers disease They are taking on extraordinary physical challenges to further cancer research And, they are looking to make meaningful changes to how patients are cared for during their stays in our hospitals and healthcare facilities At Northern Light Health, our purpose is to make healthcare work for you, and one way that we are doing that is by raising quality through innovation, teamwork, and efficiency You will see examples of this throughout the pages of this years report I am truly inspired by the great work that is happening here, and I know you will be inspired too Sincerely, M Michelle Hood, FACHE President and CEO, Northern Light HealthOrdinarly, Michelle and I co-author the introductory letter to our annual report, but this year, I felt it was important to add a few additional thoughts of my own This will be the final annual report of Michelles 14-year tenure with Northern Light Health as she is moving on to an exciting new opportunity with the American Hospital Association to serve as executive vice president and chief operating officer I think it is fitting that the theme of this years report is changemakers because Michelle has been a positive agent of change for our healthcare system During her time as CEO, Northern Light Health has grown from a loosely organized confederation of hospitals to an integrated healthcare system that is poised to serve people across Maine for generations to come I speak on behalf of our Board of Directors when I congratulate Michelle on her exciting new opportunity She can feel proud of all that she has accomplished for Northern Light Health and the people of Maine Sincerely,Barry McCrum Northern Light Health, Board ChairWe are HopefulWhen Memory Fades Northern Light Alzheimers Research Program As Bill Doak runs a wooden board under a scroll saw in the woodworking shop behind his home, he pushes too hard, the board jumps, and the saw blade breaks Bills wife, Nina, is standing nearby with a nervous look Theres sawdust on the floor and projects in various stages of production and repair, including a chest of drawers Bill has made thousands of dovetail joints but when he started this project for his grandson, he couldnt remember how to make a dovetail joint, explains Nina Instead, Bill is fastening the drawers together with screws For Nina, its a good sign that Bill is still problem-solving, but this scenario is just one of the many new realities they are learning to deal with since Bill has been living with Alzheimers disease I built several boats over the years, and Ive built many pieces of furniture The work gave me a sense of comfort, explains Bill, And, now, not so much It takes a lot of time Bill takes long walks on the roads near his coastal home in Surry, reads books, and solves crossword puzzles He does these things to keep both his mind and body fit As shes done for 40 years Nina is at his side supporting him As the disease progresses, so does her worry She and Bill cared for Bills parents, who both had Alzheimers disease Bill is a very bright man who has held important administrative positions at the National Institutes of Health He was great with numbers, and thats not there anymore, says Nina, Bill says that Im angry Yes, I am angry, but not at him This disease is slowly taking away my best friend Bill is doing all he can to slow the diseases progression He is part of a clinical research trial offered through Northern Light Acadia Hospitals Mood and Memory Clinic, in which he is a patient of Clifford Singer, MD, chief of Geriatrics and principal investigator for Northern Lights Alzheimers Disease Research Program Acadia Hospital, together with the University of California San Diego and the National Institute on Aging is testing a drug currently used to treat ALS to see if it slows Alzheimers disease Bill is part of that trial There is a critical public health need Because of our aging society, there is a doubling of the numbers of people with Alzheimers disease nationally and in Maine The best hope we have of coping is to either prevent or at least slow the disease down, Dr Singer explains Northern Light Acadia Hospital is also partnering with Jackson Laboratory, a world-class genetics research institute The hospital has clinicians and access to potential research study participants while Jackson Laboratory has state-of-the-art genetics laboratories, grant writing expertise, and researchers Gareth Howell, PhD, associate professor at Jackson Laboratory, and his team of researchers are studying the effects of Alzheimers disease on mice at the genetic level Dr Howell says collaborating with a clinician with a national reputation such as Dr Singer allows them to not only enhance research but also attract grants Our partnership with Dr Singer allows us to go backward and forward between human patients and mouse models You can understand more about the disease in the mouse if you have mouse models that look like the human condition And so, there are benefits of having a close partnership with somebody studying the disease in humans, Dr Howell explains Northern Light Acadia Hospital also collaborates with the University of Maine and Activas Diagnostics, an Orono-based company, co-founded by Marie Hayes, PhD Dr Hayes is the principal investigator and project director for an NIH grant-funded research project She was instrumental in securing a \$1 million grant to develop and test technology that allows researchers to study sleeping patterns on a group of 120 study participants at their homes What if disruption of sleep is the earliest signs of neurodegenerationnot just Alzheimers disease, but Parkinsons disease and other kinds of diseases associated with sleep disorders? asks Dr Hayes, Early detection is the secret to treatment thats successful Ali Abedi, PhD, UMaine professor of Electrical and Computer Engineering, and his team are collaborating with Activas, of which he is also co-founder, to help develop and test the home-based sleep diagnostics technology that Dr Hayes and he patented They created a prototype sleep monitoring device that looks like a mattress pad, but it has 32 sensors that can measure respiration and movement during sleep And its much easier to operate because its in peoples homes Its not invasive, its in your own comfortable home The idea is we create sets of signals that indirectly measure whats going on inside your brain in terms of cognitive impairment, explains Dr Abedi Whether its studying sleep patterns, conducting genetic research on mice, or attracting human clinical trials to Maine, the best and brightest research, engineering, and clinical minds in Maine are coming together to find a cure for a brain disease that is affecting Bill Doak and many thousands of other people in Maine I hope there can be a pill that would stop the progression and, if possible, help me gain back some of the things that Ive lost, thats what I hope, explains Bill, I also hope the clinical trials Im involved in can help find a cure for future generations *Northern Light Acadia is also exploring opportunities to collaborate with Massachusetts General Hospital on Alzheimers Research Want to learn more about what we do? MAINAH (Maine Initiative for Neurologic Aging and Health) offers healthy brain aging tips You can sign up for our newsletter or join a study Visit <https://northernlighthealth.org/Acadia/HealthyBrainAging>

Form 990, Part III, Line 4c:

We are MotivatedThe Heart of a Friar Northern Light Cardiovascular Care As the sun rises over the Franciscan Friars monastery on Orcutt Mountain on a warm summer morning, Brother Donald Paul is already heading into a small clapboard outbuilding that houses the friars microbrewery. Hes carrying a bag of barley malt on his shoulder and is dressed in a brown robe and sandals. Between his pastoral duties, his beer brewing operation, and the friars waterfront restaurant in Bucksport, this 61-year-old friar is always on the go. A typical day starts with morning prayers at 6 am, followed by hours baking breads, making soups, and preparing special items for the restaurant. Hes at the restaurant until 7 pm and wraps up with evening prayers at 9 pm. Then, about a year ago, he started slowing down, it was progressive. Id come home from work and have swelling in my ankles or my hands were sore, and Id write it off to the fact Id been on my feet all day, or that Ive been a baker for 40 years, explains Brother Don. Then, one weekend last winter, he developed flu-like symptoms. Fellow friar, Brother Kenneth Leo, took him to the emergency department at Northern Light Eastern Maine Medical Center. Much to his surprise, Brother Don learned hed had a heart attack. Following emergency room treatment, he met the Northern Light Cardiovascular Care team, including cardiologist, Matthew McKay, MD. Dr. McKay came in with a sketch of my heart covered with pencil marks, and he said, Do you see those pencil marks? They represent blockages in your arteries. And, all four were blocked, recalls Brother Don. He needed quadruple bypass surgery. Next, Brother Don met David Pantino, MD, a cardiothoracic surgeon. In walks this young man who looks like Tom Bradys younger brother, and I said, Youre not my surgeon! recalls Brother Don, I was taken aback by his youthful appearance, but that probably says more about my age than his. And he said, Well take good care of you, and he did take excellent care of me. As a cardiothoracic surgeon whos performed hundreds of surgeries, Dr. Pantino, is like the Tom Brady or quarterback of the surgery team, but he points out that many people play a role in caring for the patient. Its a multidisciplinary team that involves our cardiology colleagues and surgery team, as well as the emergency room and other physicians involved in his care, explains Dr. Pantino. Northern Light Cardiovascular Cares team approach naturally evolved as technology paved the way for newer, less invasive forms of cardiac surgery. Now instead of open-heart surgery, some patients could be candidates for minimally invasive surgeries involving catheter-based technology. The technology drove cooperation between cardiologists and heart surgeons to participate in shared decision making and have face-to-face time together with patients to help decide if they should be treated with open heart procedures or minimally invasive techniques, says Dr. McKay. The medical center acts as the hub of Northern Light Cardiovascular Care. Its physicians and surgeons have trained at the leading cardiac centers in the world and perform more than 220,000 cardiac procedures and tests each year. Northern Light Healths other acute care hospitals provide this same high standard of care for less intensive cardiology and support the smaller critical access hospitals in their region. Patients requiring heart surgery can seamlessly transition to Northern Light Eastern Maine Medical Center and then return to their local hospitals for follow-up care. Brother Don is grateful for his care. One week after open-heart surgery, he was starting to walk. After three weeks, he was exercising on his treadmill. And after eight weeks, he was back at the restaurant. He also hopes to start competing in sprint triathlons again, a hobby he started when he turned 55. When it comes to recovery, its all about attitude. I got up every morning, I showered, I got dressed. I wanted to move, I didnt want to lie around in my bathrobe. So, I think it really is an attitude. Dr. Pantino eventually made a trip down to the Friars Taphouse restaurant to visit Brother Don and have a meal. Dr. Pantino shares, Its gratifying. Its good to see Brother Don get back to doing what he loves doing. For more information visit <https://northernlighthealth.org/Services/Cardiovascular-Care>. We are HelpfulA Speedier Recovery. Rapid Access TreatmentLester Gilkey knows about the crippling effects of opioid use disorder. The first time he got high, he was just 12 years old. Now, hes 50 years old and has been in recovery for the past six years. Hes lived through some tough times. I fight hard for my recovery. Ive used lots of drugs. Ive been in and out of prison and jail, and I dont want to go back to that life. Ive done a lot of stuff, but Ive also forgiven myself for it, Lester says. Now, he spends his time helping others break the cycle of opioid misuse as they come through the emergency room doors at Northern Light Mercy Hospital. Lester is a recovery coach. When someone has overdosed on opioids, Mercy calls Lester to the emergency department to help patients begin their recovery. Mercys Rapid Access Treatment program allows doctors to give patients a medication called Suboxone, which eases withdrawal symptoms. Then Northern Light Mercy initiates ongoing support to increase a patients chance for recovery. This ongoing support begins with Lester. I usually tell them Im no different than you. You can do this, and Im just there to help, he says. As a patient leaves the emergency department, they are referred to Northern Light Internal Medicine in Portland to set up an appointment with Sadie Knott, a board-certified psychiatric mental health nurse practitioner. Often, Lester will go with a patient to that appointment. Sadie can prescribe medication to help with withdrawal symptoms as well as underlying mental health conditions. Most of the people were working with havent received basic medical care for several years due to past negative experiences theyve had. We work hard to reduce any stigma. When someone comes in here for an office visit, its no different than any other patient. This helps build that relationship with patients to get them back into medical care, explains Sadie. Patients are also referred to a social worker and a primary care provider at Northern Light Internal Medicine where they receive primary care that can include routine physical exams, immunizations, vaccinations, cancer screenings, or hepatitis C screenings. Patients receive primary care, behavioral health care, and peer support all under one roof. At Mercy, our pillars include working for the community and supporting the underserved population. Its gratifying and wonderful to see people who have been homeless for long periods, not having any regular support or primary care for years, coming to see you regularly, and managing their medical problems. You can see how their quality of life is improving over time. Thats rewarding for me, says Megan Black, Nurse Practitioner. The program is still in its early stages, but its reputation is growing. Lester says people he sees on the streets ask how they can enter the program. Theyre not waiting until they end up in the emergency department from an overdose. I wish they had a program like this when I was using drugs. I think its pretty cool, says Lester.

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.
▶ Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Eastern Maine Healthcare Systems 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 **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				12,222,329	0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		No
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
		11a	No
		11b	No
		11c	No

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
		1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
		2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
		1	No

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
		1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		3	

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
		2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
		2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
		3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Part IV, Section A, Line 1 Description Of How Supported Organizations Are Designated	The 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: 18007218

Software Version: 2018v3.1

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	6,447,997	0
(A) Acadia Hospital Corp	010459837	3		No	187,277	0
(B) Charles A Dean Memorial Hospital	043341666	3		No	108,726	0
(C) Inland Hospital	010217211	3		No	402,006	0
(D) The Aroostook Medical Center	010372148	3		No	1,051,431	0
(E) Sebasticook Valley Health	010263628	3		No	228,855	0
(F) Blue Hill Memorial Hospital	010227195	3		No	269,515	0
(G) Eastern Maine Medical Ctr Auxiliary	010377901	10		No	29,915	0
(H) Lakewood A Continuing Care Center	010421234	3		No	59,696	0
(I) Mercy Hospital	010211534	3		No	2,568,097	0
(J) VNA Home Health & Hospice	010246804	10		No	353,230	0
(K) Maine Coast Regional Health Facilit	010198331	3		No	515,584	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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
Eastern Maine Healthcare Systems 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)	14,564	
3 Aggregate value of grants from (during year)	18,000	
4 Aggregate value at end of year	24,938	

- 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 7/25/06, and not on a historic structure listed in the National Register	2d	

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____
- 4** Number of states where property subject to conservation easement is located ► _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i)** Revenue included on Form 990, Part VIII, line 1 ► \$ _____
- (ii)** Assets included in Form 990, Part X ► \$ _____
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ► \$ _____
- b** Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	53,052,373	45,990,865	41,373,271	33,311,926	34,073,093
b Contributions	52,572	7,613,624	2,923,758	6,491,436	1,088,872
c Net investment earnings, gains, and losses	1,425,441	1,525,501	3,591,986	3,106,006	-401,044
d Grants or scholarships					
e Other expenditures for facilities and programs	2,658,647	2,077,617	1,898,150	1,536,097	1,448,995
f Administrative expenses					
g End of year balance	51,871,739	53,052,373	45,990,865	41,373,271	33,311,926

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 20 000 %
 - b** Permanent endowment ▶ 80 000 %
 - 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	39,672	34,276
d Equipment		246,367	222,732	23,635
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				57,911

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	685,710
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	685,710

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	4,922,890
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	142,610
b	Donated services and use of facilities	2b	2,675
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	145,285
3	Subtract line 2e from line 1	3	4,777,605
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	7,062,779
c	Add lines 4a and 4b	4c	7,062,779
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	11,840,384

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	4,086,482
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	2,675
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	2,675
3	Subtract line 2e from line 1	3	4,083,807
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	9,063,601
c	Add lines 4a and 4b	4c	9,063,601
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	13,147,408

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 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 TaxesNorthern Light Health, its hospitals, and certain other affiliates have been determined by the Internal Revenue Service to be tax-exempt charitable organizations as described in Section 501(c)(3) or 501(c)(2) of the Internal Revenue Code (the Code) and, accordingly, are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Accordingly, no provision for federal income taxes has been recorded in the accompanying consolidated financial statements for these organizations. Tax-exempt charitable organizations could be required to record an obligation for income taxes as the result of a tax position they have historically taken on various tax exposure items including unrelated business income or tax status. Under guidance issued by the Financial Accounting Standards Board (FASB), assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the more-likely-than-not threshold, based upon the technical merits of the position. Estimated interest and penalties, if applicable, related to uncertain tax positions are included as a component of income tax expense. Northern Light Health has evaluated its tax position taken or expected to be taken on income tax returns and concluded the impact to be not material. Certain of Northern Light Health's affiliates are taxable entities. Deferred taxes related to these entities are based on the difference between the financial statement and tax basis of assets and liabilities using enacted tax rates in effect in the years the differences are expected to reverse. The deferred tax assets and liabilities for these entities are not material.</p>

Supplemental Information

Return Reference	Explanation
Part XI, Line 4b Other revenue amounts included on 990 but not included in F/S	Special Events Reclass to Line 8b \$-617680 Restricted Contrib Reported from Fnd Bal \$7680459

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 \$9681281 Special Events Reclass to Line 8b \$-617680

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2018

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.

Go to www.irs.gov/Form990 for instructions and the latest information

Department of the Treasury Internal Revenue Service

Name of the organization Eastern Maine Healthcare Systems 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)
		<u>EMMC CTCC 2019</u> (event type)	<u>Gary's House Golf Dinner & Auction</u> (event type)	<u>28</u> (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	441,360	294,589	912,785	1,648,734
	2 Less Contributions	310,262	197,753	527,246	1,035,261
	3 Gross income (line 1 minus line 2)	131,098	96,836	385,539	613,473
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	131,098	96,836	385,539	613,473
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				613,473
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	13a	%
b	An outside facility	13b	%

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

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

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...
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

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 11
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	40	44,427			
(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 Director of Finance and Operations before being disbursed

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
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)	61,337	0			General Support
Blue Hill Memorial Hospital 57 Water Street Blue Hill, ME 04614	01-0227195	501(C)(3)	41,495	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
Eastern Maine Medical Center PO Box 404 489 State Street Bangor, ME 04402	01-0211501	501(c)(3)	4,750,783	0			General support
EMMC Auxiliary 43 Whiting Hill Rd Brewer, ME 04412	01-0377901	501(C)(3)	29,915	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
Husson University One College Circle Bangor, ME 04401	01-0271210		24,892	0			Nursing and accounting scholarships
Inland Hospital 200 Kennedy Memorial Drive Waterville, ME 04901	01-0217211	501(C)(3)	145,366	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
Lakewood 220 Kennedy Memorial Drive Waterville, ME 04901	01-0421234	501(C)(3)	59,696	0			General support
Maine Coast Regional Health F 50 Union Street Ellsworth, ME 04605	01-0198331	501(C)(3)	298,006	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
Mercy Hospital 144 State Street Portland, ME 04101	01-0211534	501(C)(3)	2,003,067	0			General support
Sebasticook Valley Health 447 North Main Street Pittsfield, ME 04967	01-0263628	501(C)(3)	105,795	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)	911,181	0			General support
VNA Home Health & Hospice 50 Fonden Road Suite 3 South Portland, ME 04106	01-0246804	501(C)(3)	119,480	0			General Support

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

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

Employer identification number
22-2514163

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<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			
<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				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9		No		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Anthony Filer VPCFO Treasurer	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	497,426	71,027	8,827	31,517	32,705	641,502	
2 Dr David Carmack Director	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	635,685	91,193	2,367	22,000	31,127	782,372	
3 Glenn Martin NLH Gen Counsel Secretary	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	415,555	72,710	4,935	86,309	22,775	602,284	
4 Mary M Hood NLH PresCEO Ex-Officio	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	3,773,999	196,017	7,584	273,147	23,276	4,274,023	2,839,409
5 Mike Smith President	(i)	228,462	-----	13,547	-----	32,380	274,389	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
6 Susan Rouillard VP of Phil	(i)	136,886	-----	6,104	11,586	12,753	167,329	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
7 Wendy M Lux VP of Phil	(i)	136,366	-----	6,422	10,011	33,119	185,918	-----
	(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
Part I, Line 1a Relevant information in regards to selections on 1a	The following received a wellness program incentive Wendy Lux, officer \$ 32 Michael Smith, director/officer 157The benefit is available for all employees



SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

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		3,900	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	13	128,576	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	6	1,237	FMV
27 Other ▶ (Gift Cards)	X	16	1,616	FMV
28 Other ▶ (_____)				

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)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

Eastern Maine Healthcare Systems EMHSF

EMHS Foundation EMHSF

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 We are MotivatedThe Heart of a Friar Northern Light Cardiovascul ar Care As the sun rises over the Franciscan Friars monastery on Orcutt Mountain on a warm summer morning, Brother Donald Paul is already heading into a small clapboard outbuilding that houses the friars microbrewery Hes carrying a bag of barley malt on his shoulder an d is dressed in a brown robe and sandals Between his pastoral duties, his beer brewing op eration, and the friars waterfront restaurant in Bucksport, this 61-year-old friar is alwa ys on the go A typical day starts with morning prayers at 6 am, followed by hours baking breads, making soups, and preparing special items for the restaurant Hes at the restauran t until 7 pm and wraps up with evening prayers at 9 pm Then, about a year ago, he started slowing down, It was progressive Id come home from work and have swelling in my ankles o r my hands were sore, and Id write it off to the fact Id been on my feet all day, or that Ive been a baker for 40 years, explains Brother Don Then, one weekend last winter, he dev eloped flu-like symptoms Fellow friar, Brother Kenneth Leo, took him to the emergency dep artment at Northern Light Eastern Maine Medical Center Much to his surprise, Brother Don learned hed had a heart attack Following emergency room treatment, he met the Northern Li ght Cardiovascular Care team, including cardiologist, Matthew McKay, MD Dr McKay came in with a sketch of my heart covered with pencil marks, and he said, Do you see those pencil marks? They represent blockages in your arteries And, all four were blocked, recalls Bro ther Don He needed quadruple bypass surgery Next, Brother Don met David Pantino, MD, a ca rdiothoracic surgeon In walks this young man who looks like Tom Brady younger brother, a nd I said, Youre not my surgeon! recalls Brother Don, I was taken aback by his youthful ap pearance, but that probably says more about my age than his And he said, Well take good c are of you, and he did take excellent care of me As a cardiothoracic surgeon whos perform ed hundreds of surgeries, Dr Pantino, is like the Tom Brady or quarterback of the surgery team, but he points out that many people play a role in caring for the patient Its a mul tidisciplinary team that involves our cardiology colleagues and surgery team, as well as t he emergency room and other physicians involved in his care, explains Dr Pantino Norther n Light Cardiovascular Cares team approach naturally evolved as technology paved the way f or newer, less invasive forms of cardiac surgery Now instead of open-heart surgery, some patients could be candidates for minimally invasive surgeries involving catheter-based tec hnology The technology drove cooperation between cardiologists and heart surgeons to part icipate in shared decision making and have face-to-face time together with patients to hel p decide if they should be treated with open heart procedures or minimally invasive techni ques, says Dr McKay The medi</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4d Other Program Services Description</p>	<p>cal center acts as the hub of Northern Light Cardiovascular Care Its physicians and surge ons have trained at the leading cardiac centers in the world and perform more than 220,000 cardiac procedures and tests each year Northern Light Healths other acute care hospitals provide this same high standard of care for less intensive cardiology and support the sma ller critical access hospitals in their region Patients requiring heart surgery can seaml essly transition to Northern Light Eastern Maine Medical Center and then return to their l ocal hospitals for follow-up care Brother Don is grateful for his care One week after op en-heart surgery, he was starting to walk After three weeks, he was exercising on his tre admil And after eight weeks, he was back at the restaurant He also hopes to start compe ting in sprint triathlons again, a hobby he started when he turned 55 When it comes to re covery, its all about attitude I got up every morning, I showered, I got dressed I wante d to move, I didnt want to lie around in my bathrobe So, I think it really is an attitude Dr Pantino eventually made a trip down to the Friars Taphouse restaurant to visit Broth er Don and have a meal Dr Pantino shares, Its gratifying Its good to see Brother Don ge t back to doing what he loves doing For more information visit https //northernlighthealth.org/Services/Cardiovascular-Care We are HelpfuA Speedier Recovery Rapid Access Treatme ntLester Gilkey knows about the crippling effects of opioid use disorder The first time h e got high, he was just 12 years old Now, hes 50 years old and has been in recovery for t he past six years Hes lived through some tough times I fight hard for my recovery Ive u sed lots of drugs Ive been in and out of prison and jail, and I dont want to go back to t hat life Ive done a lot of stuff, but Ive also forgiven myself for it, Lester says Now, h e spends his time helping others break the cycle of opioid misuse as they come through the emergency room doors at Northern Light Mercy Hospital Lester is a recovery coach When s omeone has overdosed on opioids, Mercy calls Lester to the emergency department to help pa tients begin their recovery Mercys Rapid Access Treatment program allows doctors to give patients a medication called Suboxone, which eases withdrawal symptoms Then Northern Ligh t Mercy initiates ongoing support to increase a patients chance for recovery This ongoing support begins with Lester I usually tell them Im no different than you You can do this , and Im just there to help, he says As a patient leaves the emergency department, they ar e referred to Northern Light Internal Medicine in Portland to set up an appointment with Sadie Knott, a board-certified psychiatric mental health nurse practitioner Often, Lester will go with a patient to that appointment Sadie can prescribe medication to help with wi thdrawal symptoms as well as underlying mental health conditions Most of the people were working with havent received b</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4d Other Program Services Description</p>	<p>asic medical care for several years due to past negative experiences theyve had We work h ard to reduce any stigma When someone comes in here for an office visit, its no different than any other patient This helps build that relationship with patients to get them back into medical care, explains Sadie Patients are also referred to a social worker and a pr imary care provider at Northern Light Internal Medicine where they receive primary care th at can include routine physical exams, immunizations, vaccinations, cancer screenings, or hepatitis C screenings Patients receive primary care, behavioral health care, and peer su pport all under one roof At Mercy, our pillars include working for the community and supp orting the underserved population Its gratifying and wonderful to see people who have bee n homeless for long periods, not having any regular support or primary care for years, com ing to see you regularly, and managing their medical problems You can see how their quali ty of life is improving over time Thats rewarding for me, says Megan Black, Nurse Practit ioner The program is still in its early stages, but its reputation is growing Lester says people he sees on the streets ask how they can enter the program Theyre not waiting unti l they end up in the emergency department from an overdose I wish they had a program like this when I was using drugs I think its pretty cool, says Lester OTHER PROGRAM SERVICES 5 We are SupportiveHealing Babies, Empowering Moms Treating Neonatal Abstinence Syndrome Since arriving in Bangor 13 years ago, neonatologist Mark Brown, MD, MSPH, has headed the Neonatal Intensive Care Unit (NICU) and helped develop a comprehensive program for babies born exposed to opioids Babies born to mothers with substance use disorder develop Neonat al Abstinence Syndrome or NAS We see tremors, we see irritability and discomfort, explain s Dr Brown when describing the symptoms of babies with NAS Dr Brown says they saw about 200 babies born with NAS at the peak of the opioid crisis in 2015 That number dropped to 135 in 2018 Recent advancements in assessment and treatment of babies with NAS involve u sing fewer medications and adopting a new assessment tool called Eat, Sleep, Console, or E SC, which was developed by researchers at Yale and Dartmouth Hitchcock It is similar to a philosophy Dr Brown and the NICU team began practicing about four years ago If the baby cant eat, cant sleep, and cant be consoled, this becomes the threshold to use medication treatment, Dr Brown explains The goal is to use less medication so the baby can be disch arged sooner and cared for at home The other part of this treatment philosophy is to allo w the birth mother to take a more proactive role in the treatment of her child To facilit ate this approach, Dr Brown has worked in a partnership with Penobscot Community Health C are to create an outpatient clinic where mothers bring their babies for checkups every two weeks and get prescription re</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	Amended Article VIII (Fiduciary Duty, Prohibited Transactions, Divided Loyalty, Independence), Section 5 (Independent Trustee) Subsection (e) to change the amount from aggregated more than \$10,000 to equaled or exceeded (i) \$80,000, or (ii) 2% of such companys consolidated gross revenues if such companys consolidated gross revenues were less than \$4,000,000, in any of such three fiscal years To add payments made by the company to the Corporation for healthcare services shall not be deemed to constitute payments

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	Eastern Maine Healthcare Systems Foundation d/b/a Northern Light Health Foundation (the "Corporation") is a Maine nonprofit corporation Eastern Maine Healthcare Systems d/b/a Northern Light Health (NLH), 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 NLH 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 NLH President has authority to appoint and remove the SVP, President of the Corporation NLH 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 NLH Strategic Plan,X action concerning the Corporations participation in key strategic affiliations with third parties not affiliated with NLH, 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 NLH 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 NLH Foundation and the system President/CEO (President) who serves on the board ex-officio are employed by the system parent, Eastern Maine Healthcare Systems d/b/a Northern Light Health (NLH) The NLH Executive Performance Management Committee (the Committee) is responsible to monitor and evaluate the performance of the NLH President, to set compensation of the NLH President, and to review recommendations of the NLH President with respect to compensation of the VP & President of the direct subsidiaries, and other direct reports to the NLH President The Committee is comprised entirely of independent Directors per NLH bylaws Process The Committee meets regularly throughout the fiscal year at the discretion of the Committee chair as well as on call of the Chair of the NLH board In carrying out its duties pursuant to the Bylaws, the Committee -Assures that the executive compensation program is administered in a manner consistent with the NLH executive compensation philosophy -Reviews and updates the NLH executive compensation philosophy which serves as the foundation on which all current and future executive compensation decisions are made -Assures that value of compensation provided by NLH does not exceed the value of services provided by the executive -Reviews annual incentive compensation criteria for eligible executives, as defined by the NLH President -Reviews periodic compensation survey information and provides expert input to proposed changes to the executive compensation program -Assures that a formal and timely performance management system is in place for executives -Reviews incentive compensation criteria scoring and associated pay schedules for officers and key employees -Provides any public statements regarding executive compensation practices at NLH deemed appropriate -Maintains minutes of the meetings and communicates actions to the NLH Board of Directors To accomplish this, the committee uses an external consultant with access to comparative data from independent sources and include national as well as regional data points The NLH President reviews all direct report compensation actions with the committee In addition, the NLH President ensures that any subsidiary policies and practices governing executive compensation are consistent with the committee's philosophy and practices statement</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	NLH Foundation does not pay employees directly All staff and officers are employed by NLH, the Systems parent organization and are purchased service by NLH Foundation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	NLH 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 subsidiary-AHC = \$1000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Transfer from Exempt Subsidiary-Mercy = \$1106758

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Transfer to exempt subsidiary -EMMC = -\$359216

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Eastern Maine Healthcare Systems 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) 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	No
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 VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 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	Provide healthcare services	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	
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	
43 Whiting Hill Road Brewer, ME 04412 47-4315094	Provide healthcare services	ME	501(c)(3)	12 Type II	EMHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
50 Union Street Ellsworth, ME 04605 01-0198331	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
50 Union Street Ellsworth, ME 04605 01-0390918	Lease medical facilities	ME	501(c)(3)	12 Type I	MCMH	Yes	
43 Whiting Hill Road Brewer, ME 04412 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	
43 Whiting Hill Rd Brewer, ME 04412 83-0911574	Ambulance	ME	501(c)(3)	10	EMHS	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Eastern Maine Healthcare Systems EMHS	m	288,279	FMV
(1)	Eastern Maine Medical Center EMMC	l	1,697,215	FMV
(2)	Eastern Maine Medical Center EMMC	r	5,109,999	FMV
(3)	Acadia Hospital Corp AHC	l	125,940	FMV
(4)	Acadia Hospital Corp AHC	r	61,337	FMV
(5)	Inland Hospital	l	256,640	FMV
(6)	Inland Hospital	r	145,366	FMV
(7)	Lakewood	r	59,696	FMV
(8)	CA Dean Memorial Hospital	l	115,905	FMV
(9)	Sebasticook Valley Health SVH	l	123,060	FMV
(10)	Sebasticook Valley Health SVH	r	105,795	FMV
(11)	The Aroostook Medical Center TAMC	l	140,250	FMV
(12)	The Aroostook Medical Center TAMC	r	911,181	FMV
(13)	Blue Hill Memorial Hospital	l	228,020	FMV
(14)	Mercy Hospital	l	565,030	FMV
(15)	Mercy Hospital	r	2,003,067	FMV
(16)	Mercy Hospital	s	1,106,758	FMV
(17)	VNA Home Health & Hospice	l	233,750	FMV
(18)	VNA Home Health & Hospice	r	119,480	FMV
(19)	Maine Coast Regional Health Facilities	l	217,578	FMV
(20)	Maine Coast Regional Health Facilities	r	298,006	FMV