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Form 990  
2008Open to Public  
InspectionDepartment 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 black lung  
benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

## A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable

Address change

Name change

Initial return

Termination

Amended return

Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization NORDX	D Employer identification number 01-0511356
Doing Business As	
E Number and street (or P O box if mail is not delivered to street address) 102 CAMPUS DRIVE 118	F Room/suite
G City or town, state or country, and ZIP + 4 SCARBOROUGH, ME 04074	

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

J Web site: ► WWW NORDX.ORG

H(a) Is this a group return for affiliates?  Yes  No

H(b) Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

H(c) Group Exemption Number ►

K Type of organization  Corporation  trust  association  other ►

L Year of Formation 1997

M State of legal domicile ME

## Part I Summary

1 Briefly describe the organization's mission or most significant activities TO MAXIMIZE THE EFFICIENCIES AND QUALITY OF CLINICAL DIAGNOSTIC, BLOOD BANKING AND ANATOMIC PATHOLOGY LABORATORY SERVICES THROUGHOUT THE MAINEHEALTH NETWORK
2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets
3 Number of voting members of the governing body (Part VI, line 1a) . . . . .
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .
5 Total number of employees (Part V, line 2a) . . . . .
6 Total number of volunteers (estimate if necessary) . . . . .
7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . . .
7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .

Activities & Governance	Revenue	Prior Year		Current Year	
8 Contributions and grants (Part VIII, line 1h) . . . . .					0
9 Program service revenue (Part VIII, line 2g) . . . . .		42,513,637		45,219,056	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .		428,280		103,074	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		84,305		60,978	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		43,026,222		45,383,108	

Expenses	Revenue	Prior Year		Current Year	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)					0
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)		22,483,111		25,373,672	
16a Professional fundraising fees (Part IX, column (A), line 11e)					0
b (Total fundraising expenses, Part IX, column (D), line 25) 0					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		18,517,353		17,832,278	
18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))		41,000,464		43,205,950	
19 Revenue less expenses Subtract line 18 from line 12		2,025,758		2,177,158	

Net Assets or Fund Balances	Revenue	Beginning of Year		End of Year	
		19,287,117		14,715,657	
20 Total assets (Part X, line 16)		7,150,293		6,428,567	
21 Total liabilities (Part X, line 26)		12,136,824		8,287,090	
22 Net assets or fund balances Subtract line 21 from line 20					

## Part II Signature Block

Please Sign Here	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			
	Signature of officer	Date	2010-08-03	
	STAN SCHOFIELD PRESIDENT Type or print name and title			

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's PTIN (See Gen Inst )
		2010-08-05	<input type="checkbox"/>	
	Firm's name (or yours if self-employed), address, and ZIP + 4 MAINEHEALTH 901 WASHINGTON AVE PORTLAND, ME 04103			
	EIN <input type="checkbox"/>			
	Phone no <input type="checkbox"/>			

May the IRS discuss this return with the preparer shown above? (See instructions) . . . . .  Yes  No

**Statement of Program Service Accomplishments** (See the instructions.)

**1** Briefly describe the organization's mission.

TO MAXIMIZE THE EFFICIENCIES AND QUALITY OF CLINICAL DIAGNOSTIC, BLOOD BANKING AND ANATOMIC PATHOLOGY LABORATORY SERVICES THROUGHOUT THE MAINEHEALTH NETWORK

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 exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

(Code ) (Expenses \$ 34,457,916 including grants of \$ ) (Revenue \$ 45,219,056 )  
NORDX IS COMMITTED TO SUPPORTING THEIR PARTNERS IN HEALTHCARE BY PROVIDING SUPERIOR QUALITY AND COST-EFFECTIVE LABORATORY SERVICES WHICH EMPHASIZE CUSTOMER SATISFACTION, VALUE, INNOVATION, TECHNOLOGY, AND EXCEPTIONAL SERVICE NORDX PROVIDES COMPREHENSIVE, DEPENDABLE LABORATORY SERVICES TO HOSPITALS, NETWORKS, PHYSICIAN OFFICES, POST-ACUTE AND LONG-TERM CARE PROVIDERS, MANAGED CARE ORGANIZATIONS, AND EMPLOYER GROUPS THROUGHOUT THE REGION. SEE ATTACHED COMMUNITY BENEFIT STATEMENT.

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

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

**4e** Total program service expenses \$ 34,457,916 Must equal Part IX, Line 25, column (B)

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII

13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the U.S.?
 

- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25
 

- b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- 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?
- d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

25b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

	<b>Yes</b>	<b>No</b>
<b>1</b>	Yes	
<b>2</b>		No
<b>3</b>		No
<b>4</b>		No
<b>5</b>		
<b>6</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		No
<b>10</b>		No
<b>11</b>	Yes	
<b>12</b>		No
<b>13</b>		No
<b>14a</b>		No
<b>14b</b>		No
<b>15</b>		No
<b>16</b>		No
<b>17</b>		No
<b>18</b>		No
<b>19</b>		No
<b>20</b>		No
<b>21</b>		No
<b>22</b>		No
<b>23</b>	Yes	
<b>24a</b>		No
<b>24b</b>		
<b>24c</b>		
<b>24d</b>		
<b>25a</b>		No
<b>25b</b>		No
<b>26</b>		No
<b>27</b>		No

**Part IV Checklist of Required Schedules (Continued)**

**28** During the tax year, did any person who is a current or former officer, director, trustee, or key employee

- a** Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
- b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

**29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

**30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

**31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

**32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

**33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

**34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

**35** Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

**36** 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

**37** Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

	Yes	No
<b>28a</b>		No
<b>28b</b>		No
<b>28c</b>		No
<b>29</b>		No
<b>30</b>		No
<b>31</b>		No
<b>32</b>	Yes	
<b>33</b>		No
<b>34</b>	Yes	
<b>35</b>		No
<b>36</b>		No
<b>37</b>		No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	14
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	603
<b>2b</b>	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes
<b>4a</b>	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>4b</b>	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	4b	No
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>5c</b>	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c	No
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?	6a	No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	No
<b>7</b>	<i>Organizations that may receive deductible contributions under section 170(c).</i>	7a	No
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	No
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	No
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	No
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	No
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	No
<b>8</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	No
<b>9</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>	9a	No
<b>9a</b>	Did the organization make any taxable distributions under section 4966?	9a	No
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	No
<b>10</b>	<i>Section 501(c)(7) organizations.</i> Enter	10a	No
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	No
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	No
<b>11</b>	<i>Section 501(c)(12) organizations</i> Enter	11a	No
<b>11a</b>	Gross income from members or shareholders	11a	No
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	No
<b>12a</b>	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	12a	No
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	No

**Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**
**Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
<b>1a</b> Enter the number of voting members of the governing body . . .	<b>1a</b>	10
<b>b</b> Enter the number of voting members that are independent . . .	<b>1b</b>	1
<b>2</b> 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? . . . . .	<b>2</b>	No
<b>3</b> 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? . . . . .	<b>3</b>	No
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	No
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	No
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	Yes
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	Yes
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	Yes
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> the governing body? . . . . .	<b>8a</b>	Yes
<b>b</b> each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes
<b>9a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	No
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>9b</b>	
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	<b>10</b>	Yes
<b>11</b> Is there any officer, director or 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 . . . . .	<b>11</b>	No

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No", go to line 13 . . . . .	<b>12a</b>	Yes
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes
<b>15</b> 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		
<b>a</b> The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization? . . . . .	<b>15b</b>	No
Describe the process in Schedule O		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	No
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed \_\_\_\_\_

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 own website  another's website  upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 DIRECTOR OF FINANCE  
 102 CAMPUS DRIVE 118  
 SCARBOROUGH, ME 04074  
 (207) 885-7800

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

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

\* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid

\* 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 the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			

**Part VII** **Continued**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(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	Official	Key employee	Highest compensated employee			
<b>1b Total</b> . . . . .							1,167,602	3,472,461	383,140

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **11**

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
MAYO COLLABORATIVE SERVICES INC NW8856 PO BOX 1450 MINNEAPOLIS, MN 554858856	LAB TESTING	2,335,977
SOFT COMPUTER CONSULTANTS INC 5400 TECH DATA DRIVE CLEARWATER, FL 33760	COMPUTER PROGRA	543,285
UNUM LIFE INSURANCE CO OF AMERICA 2211 CONGRESS STREET PORTLAND, ME 04122	BENEFITS	234,007
SIGNATURE GENOMIC LABORATORIES 2820 NORTH ASTOR STREET SPOKANE, WA 99207	LAB TESTING	206,420
LABORATORY CORPORATION OF AMERICA PO BOX 25249 RICHMOND, VA 23260	LAB TESTING	178,675
<b>2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization</b> . . . . .		9

Part  
VIII

## Statement of Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	<b>1a</b> Federated campaigns . . . <b>1a</b>					
	<b>b</b> Membership dues . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . <b>1c</b>					
	<b>d</b> Related organizations . . . <b>1d</b>					
	<b>e</b> Government grants (contributions) <b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ <b>1f</b>					
	<b>h</b> <b>Total (Add lines 1a-1f)</b> . . . . . <b>1f</b>					
Program Service Revenue	<b>2a</b> LAB TEST REVENUE	Business Code				
		621,500	36,230,864	36,230,864		
	<b>b</b> LAB TEST REVENUE		8,988,192		8,988,192	
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> <b>Total. Add lines 2a-2f</b> . . . . . <b>2f</b> ► \$ 45,219,056					
Other Revenue	<b>3</b> Investment income (including dividends, interest other similar amounts) . . . . . <b>3</b>					
			59,002		59,002	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . <b>4</b>					
	<b>5</b> Royalties . . . . . <b>5</b>					
		(i) Real	(ii) Personal			
	<b>6a</b> Gross Rents					
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss) . . . . . <b>6d</b>						
Other Revenue	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			55,415			
	<b>b</b> Less cost or other basis and sales expenses		11,343			
	<b>c</b> Gain or (loss)		44,072			
	<b>d</b> Net gain or (loss) . . . . . <b>7d</b>			44,072	44,072	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . <b>8a</b>					
	<b>b</b> Less direct expenses . . . <b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . . <b>8c</b>					
<b>9a</b> Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000						
<b>a</b>						
<b>b</b> Less direct expenses . . . <b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . . <b>9c</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>10a</b>						
<b>a</b>						
<b>b</b> Less cost of goods sold . . . <b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . . <b>10c</b>						
Miscellaneous Revenue	Business Code					
<b>11a</b> MISCELLANEOUS	900,099	60,978	60,978			
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue _____						
<b>e</b> <b>Total. Add lines 11a-11d</b> . . . . . <b>11d</b>	\$ 60,978					
<b>12</b> <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . <b>12</b>		45,383,108	36,335,914	8,988,192	59,002	

**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) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	352,228		352,228	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	19,677,482	15,497,078		
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	482,100	383,846	98,254	
<b>9</b> Other employee benefits . . . . .	3,461,589	2,710,710	750,879	
<b>10</b> Payroll taxes . . . . .	1,400,273	1,085,927	314,346	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	3,043		3,043	
<b>c</b> Accounting . . . . .	132,328		132,328	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other . . . . .				
<b>12</b> Advertising and promotion . . . . .	20,346		20,346	
<b>13</b> Office expenses . . . . .	7,632,713	7,414,480	218,233	
<b>14</b> Information technology . . . . .	855,458	62,495	792,963	
<b>15</b> Royalties . . . . .	30,824	14,243	16,581	
<b>16</b> Occupancy . . . . .	1,534,049	702,343	831,706	
<b>17</b> Travel . . . . .	443,427	290,343	153,084	
<b>18</b> Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .				
<b>19</b> Conferences, conventions and meetings . . . . .				
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .	202,230		202,230	
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,297,401	1,006,134	291,267	
<b>23</b> Insurance . . . . .	53,257	21,408	31,849	
<b>24</b> Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b> REFERENCE LABS	3,249,109	3,249,109		
<b>b</b> BAD DEBT	1,075,043	1,075,043		
<b>c</b> PURCHASED SERVICES	936,739	780,680	156,059	
<b>d</b> DUES	146,508	43,578	102,930	
<b>e</b> RECRUITING	119,230	92,464	26,766	
<b>f</b> All other expenses	100,573	28,035	72,538	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	43,205,950	34,457,916	8,748,034	0
<b>26</b> <b>Joint Costs.</b> Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet****Assets****Net Assets or Fund Balances****Liabilities****Part XI Financial Statements and Reporting**

		<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
1	Cash—non-interest-bearing	237,453	<b>1</b>	19,809	
2	Savings and temporary cash investments	2,216,637	<b>2</b>	4,136,403	
3	Pledges and grants receivable, net	3			
4	Accounts receivable, net	1,062,004	<b>4</b>	1,039,340	
5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>	5			
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>	6			
7	Notes and loans receivable, net	7			
8	Inventories for sale or use	824,177	<b>8</b>	868,247	
9	Prepaid expenses and deferred charges	118,673	<b>9</b>	214,769	
10a	Land, buildings, and equipment cost basis	12,505,453			
b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10a	4,286,014	<b>10c</b>	3,804,192
10b		8,701,261			
11	Investments—publicly traded securities	8,786,409	<b>11</b>	2,845,548	
12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	12			
13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>	13			
14	Intangible assets	14			
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	1,755,750	<b>15</b>	1,787,349	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	19,287,117	<b>16</b>	14,715,657	
17	Accounts payable and accrued expenses	5,622,092	<b>17</b>	4,561,013	
18	Grants payable	18			
19	Deferred revenue	19			
20	Tax-exempt bond liabilities	20			
21	Escrow account liability <i>Complete Part IV of Schedule D</i>	21			
22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>	22			
23	Secured mortgages and notes payable to unrelated third parties	23			
24	Unsecured notes and loans payable	24			
25	Other liabilities <i>Complete Part X of Schedule D</i>	1,528,201	<b>25</b>	1,867,554	
26	<b>Total liabilities.</b> Add lines 17 through 25	7,150,293	<b>26</b>	6,428,567	
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
27	Unrestricted net assets	12,136,824	<b>27</b>	8,287,090	
28	Temporarily restricted net assets	28			
29	Permanently restricted net assets	29			
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
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	12,136,824	<b>33</b>	8,287,090	
34	Total liabilities and net assets/fund balances	19,287,117	<b>34</b>	14,715,657	

	<b>Yes</b>	<b>No</b>
1 Accounting method used to prepare the Form 990	<input type="checkbox"/> cash	<input checked="" type="checkbox"/> accrual
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	<input type="checkbox"/>	No
b Were the organization's financial statements audited by an independent accountant?	<input type="checkbox"/>	No
c If "Yes" to lines 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?	<input type="checkbox"/>	No
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?	<input type="checkbox"/>	No
b If "Yes," did the organization undergo the required audit or audits?	<input type="checkbox"/>	No

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2008**Department of the Treasury  
Internal Revenue Service**To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.****Attach to Form 990 or Form 990-EZ. See separate instructions.****Open to Public  
Inspection****Name of the organization**

NORDX

**Employer identification number**

01-0511356

**Part I Reason for Public Charity Status** (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

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 )

3  A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H )

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 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 )

10  An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions )

11  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 that describes the type of supporting organization and complete lines 11e through 11h

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h  Provide the following information about the organizations the organization supports

	<b>Yes</b>	<b>No</b>
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

<b>(i) Name of Supported Organization</b>	<b>(ii) EIN</b>	<b>(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))</b>	<b>(iv) Is the organization in col (i) listed in your governing document?</b>		<b>(v) Did you notify the organization in col (i) of your support?</b>		<b>(vi) Is the organization in col (i) organized in the U S ?</b>		<b>(vii) Amount of support?</b>
			<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)
**Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
<b>4 Total.</b> Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
<b>6 Public Support</b> subtract line 5 from line 4						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV )						
<b>11 Total Support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					<b>12</b>	

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

**Computation of Public Support Percentage**

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	
<b>16a 33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>b 33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>17a 10% Facts and Circumstances Test - 2008.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
<b>b 10% Facts and Circumstances Test - 2007.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
<b>18 Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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	26,604,963	28,217,126	31,016,374	33,348,462	36,230,864	155,417,789
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						
<b>6 Total</b> Add lines 1-5	26,604,963	28,217,126	31,016,374	33,348,462	36,230,864	155,417,789
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						155,417,789

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	26,604,963	28,217,126	31,016,374	33,348,462	36,230,864	155,417,789
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	232,671	273,866	366,765	428,280	59,002	1,360,584
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975	8,525,169	8,016,251	8,918,595	9,165,175	8,988,192	43,613,382
<b>c</b> Add lines 10a and 10b	8,757,840	8,290,117	9,285,360	9,593,455	9,047,194	44,973,966
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	191,262	268,726	167,546	76,194	60,978	764,706
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						201,156,461
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						


**Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	77 262 %
<b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	75 310 %

**Computation of Investment Income Percentage**

<b>17</b> Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	<b>17</b>	22 357 %
<b>18</b> Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	24 148 %
<b>19a</b> <b>33 1/3% Tests - 2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>b</b> <b>33 1/3% Tests - 2007.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>20</b> <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

**Part IV** **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

**Facts and Circumstances Test**

**SCHEDULE D**

(Form 990)

OMB No 1545-0047

**Supplemental Financial Statements****2008****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Name of the organization**

NORDX

**Employer identification number**

01-0511356

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate Contributions to (during year)		
3 Aggregate Grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to 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 pleasure)  Preservation of an historically important land area

Protection of natural habitat  Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-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
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 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      d  Loan or exchange programs  
 b  Scholarly research      e  Other  
 c  Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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 Trust, Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to 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 why in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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 . . . . .					
b Contributions . . . . .					
c Investment earnings or losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

## 2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ►  
 b Permanent endowment ►  
 c Term endowment ►

## 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

## 4 Describe in Part XIV the intended uses of the organization's endowment funds

Yes	No
3a(i)	No
3a(ii)	No
3b	No

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		169,016	118,862	50,154
d Equipment . . . . .		7,902,876	5,557,781	2,345,095
e Other . . . . .		4,433,561	3,024,618	1,408,943
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ►				3,804,192

**Part VII Investments—Other Securities.** 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12.) ►		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
DUE FROM AFFILIATE	1,742,032
MISCELLANEOUS RECEIVABLES	45,317
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.) . . . . . ►	1,787,349

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATES	1,867,554
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	1,867,554

In Part XIV, 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

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
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 XIV)	4b
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 )	5

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Losses reported on Form 990, Part IX, line 25	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
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 XIV)	4b
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 )	5

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation

2008

Open to Public  
Inspection**Schedule J**  
(Form 990)**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

Department of the Treasury  
Internal Revenue Service**Name of the organization**

NORDX

**Employer identification number**

01-0511356

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

**a** Receive a severance payment or change of control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
WILLIAM L CARON JR	(i) 657,027 (ii)	306,000	225,062		33,707	1,221,796	
FRANCIS MCGINTY	(i) 392,530 (ii)	124,000	109,046		33,749	659,325	
WILLIAM S SCHOFIELD	(i) 172,815 (ii) 80,969	82,125 60,000	663		20,982 14,701	275,922 156,333	
DONALD E QUIGLEY	(i) 246,874 (ii)	63,000	33,526		33,746	377,146	
DOUG SALVADOR MD	(i) 231,063 (ii)	61,062	2,161		35,861	330,147	
JIM DONOVAN	(i) 222,245 (ii)	47,884	10,189	2,467	6,823	289,608	
MICHAEL J RYAN	(i) 168,532 (ii)	57,385	3,342		34,019	263,278	
ALBERT G SWALLOW	(i) 180,576 (ii)	37,436	3,598		34,047	255,657	
NORM BELAIR	(i) 148,291 (ii)			3,364	5,599	157,254	
J JOSEPH FIORE	(i) 167,503 (ii)	16,200			24,380	208,083	
JAMES MCAVOY	(i) 119,847 (ii)	12,200			21,718	153,765	
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

**Part III**      **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SEVERANCE, NONQUALIFIED, AND EQUITY- BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	WILLIAM L CARON, JR 0 222,781 0 FRANCIS MCGINTY 0 106,724 0 DONALD E QUIGLEY 0 26,603 0 DOUG SALVADOR, MD 0 350 0
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	PART I, LINE 4 THE NONQUALIFIED PAYMENTS ARE FROM RELATED ORGANIZATIONS WHERE THE INDIVIDUAL IS EMPLOYED

**Software ID:**  
**Software Version:**  
**EIN:** 01-0511356  
**Name:** NORDX

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
WILLIAM L CARON JR	(i) 657,027 (ii)	306,000	225,062		33,707	1,221,796	
FRANCIS MCGINTY	(i) 392,530 (ii)	124,000	109,046		33,749	659,325	
WILLIAM S SCHOFIELD	(i) 172,815 (ii) 80,969	82,125 60,000	663		20,982 14,701	275,922 156,333	
DONALD E QUIGLEY	(i) 246,874 (ii)	63,000	33,526		33,746	377,146	
DOUG SALVADOR MD	(i) 231,063 (ii)	61,062	2,161		35,861	330,147	
JIM DONOVAN	(i) 222,245 (ii)	47,884	10,189	2,467	6,823	289,608	
MICHAEL J RYAN	(i) 168,532 (ii)	57,385	3,342		34,019	263,278	
ALBERT G SWALLOW	(i) 180,576 (ii)	37,436	3,598		34,047	255,657	
NORM BELAIR	(i) 148,291 (ii)			3,364	5,599	157,254	
J JOSEPH FIORE	(i) 167,503 (ii)	16,200			24,380	208,083	
JAMES MCAVOY	(i) 119,847 (ii)	12,200			21,718	153,765	

SCHEDULE N  
(Form 990 or 990-EZ)

## Liquidation, Termination, Dissolution or Significant Disposition of Assets

OMB No 1545-0047

2008

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Name of the organization

NORDX

Employer identification number

01-0511356

To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36.

► Attach certified copies of any articles of dissolution, resolutions or plans.

► Attach to Form 990 or 990-EZ.

**Part I Liquidation, Termination or Dissolution.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. (Use Schedule N-1 if additional space is needed.)

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC Code section recipient(s) (if tax-exempt) or type of entity
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2	Did or will any officer, director, trustee, or key employee of the organization	Yes	No
a	Become a director or trustee of a successor or transferee organization?	2a	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	
c	Become a direct or indirect owner of a successor or transferee organization?	2c	
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d	
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No 50087Z

Schedule N (Form 990 or 990-EZ) 2008

**Part I Liquidation, Termination or Dissolution (continued)**

**Note.** If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-

	Yes	No
3	3	
4a	4a	
b		
5a	5a	
b	5b	
6	6	
7a	7a	
b	7b	

3 Did the organization distribute its assets in accordance with its governing instruments? If "No," describe in Part III

4a Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was terminated?

b (If "Yes," provide the date of the letter \_\_\_\_\_)

5a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

b If "Yes," did the organization provide such notice?

6 Did the organization discharge or pay all liabilities in accordance with state laws?

7a Did the organization have any tax-exempt bonds outstanding during the year?

b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?

c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III

**Part II Sale, Exchange, Disposition or Other Transfer of More Than 25% of the Organization's Assets.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC Code section of recipient(s) (if tax-exempt) or type of entity
	FUND BALANCE TRANSFER	11-20-2008	6,026,892	CASH	01-0431680	MAINEHEALTH 465 CONGRESS STREET SUITE 600 PORTLAND, ME 04101	501(C)(3)
	See Additional Data Table						

2	Did or will any officer, director, trustee, or key employee of the organization	Yes	No
a	Become a director or trustee of a successor or transferee organization?	2a	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	
c	Become a direct or indirect owner of a successor or transferee organization?	2c	
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d	
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III		

**Part III Supplemental Information.** Complete this part to provide the information required by Part I, lines 2e, 7c; or Part II, line 2e; and any additional information.**Explanation**

WILLIAM SCHOFIELD BECAME AN EMPLOYEE OF MAINEHEALTH IN AUGUST 2008 AND IS PAID BY MAINEHEALTH

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2008

Open to Public  
Inspection**SCHEDULE O**  
(Form 990)**Supplemental Information to Form 990**

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

Department of the Treasury  
Internal Revenue Service  
NORDX

**Employer identification number**  
01-0511356

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	MAINEHEALTH IS THE SOLE MEMBER OF NORDX

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	MAINEHEALTH SHALL ELECT THE ELECTED MEMBERS OF THE BOARD OF TRUSTEES AND OFFICERS OF NORDX

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	MAINEHEALTH AS THE SOLE MEMBER HAS THE POWER TO APPROVE THE FOLLOWING OPERATING BUDGET AND THE CAPITAL BUDGET, CAPITAL EXPENDITURES IN EXCESS OF 1,000,000, BORROWINGS IN EXCESS OF 1,000,000, THE SALE OF ANY ASSETS OTHER THAN DISPOSITIONS OF LESS THAN 50,000, ADOPTION OF BUSINESS, MARKETING AND STRATEGIC PLAN, ANY MERGER OR CONSOLIDATION OR CREATION OR ACQUISITION OF SUBSIDIARY ORGANIZATION, THE FILING OF A VOLUNTARY PETITION SEEKING RELIEF OF DEBTORS, THE COMMENCEMENT OF LITIGATION OTHER THAN ROUTINE COLLECTION ACTIONS, DEVELOPING, IMPLEMENTING, OR TERMINATING PROGRAMS OR SERVICES, ENTERING INTO AGREEMENTS FOR MANAGEMENT SERVICES, AND THE ANNUAL SELECTION OF THE PRESIDENT

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	UPON COMPLETION OF DRAFT 990 AND 990-T, THE RETURNS WILL BE CIRCULATED TO BOARD MEMBERS AND REVIEWED IN DETAIL AT A BOARD MEETING. THE DIRECTOR OF FINANCE WILL ALSO REVIEW THE FORM 990 IN DETAIL BEFORE IT IS SIGNED BY THE CEO

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE REQUIRED FROM BOARD MEMBERS AND MANAGEMENT. THE ORGANIZATION REVIEWS THE RESPONSES TO THESE DOCUMENTS AND ADDRESSES ANY ISSUES IMMEDIATELY

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE PROCESS FOLLOWED FOR DETERMINING COMPENSATION OF THE CEO IS A FORMAL PROCESS PERFORMED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. MAINEHEALTH USES AN OUTSIDE FIRM, TOWERS PERRIN, TO PERFORM AN INDEPENDENT BENCHMARK ANALYSIS FOR THE CEO OF NORDX ALONG WITH OTHER EXECUTIVES IN THE MAINEHEALTH SYSTEM. THE FIRM MEETS WITH THE EXECUTIVE COMPENSATION COMMITTEE TO REVIEW EACH EXECUTIVE'S BENCHMARK REPORT. THE COMMITTEE THEN DELIBERATES ON MAINEHEALTH'S WRITTEN SALARY AND INCENTIVE PLAN PHILOSOPHY AND DOCUMENTS BEFORE MAKING A FINAL DECISION. ALL DECISIONS AND MEETINGS ARE CAPTURED IN MINUTES AND THERE ARE APPROPRIATE APPROVALS AT ALL LEVELS

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	DOCUMENTS THAT ARE REQUIRED TO BE OPEN FOR PUBLIC INSPECTION ARE MADE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	FORM 990, PART XI, LINE 2. THE ORGANIZATION WAS AUDITED AS PART OF A CONSOLIDATED AUDIT OF IT'S SOLE MEMBER, MAINEHEALTH

## **SCHEDULE R (Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

**Open to Public  
Inspection**

► **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**  
► See separate instructions.

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

NORDX

**Employer identification number**

01-051135

## Part I Identification of Disregarded Entities

<b>(A)</b> Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b>

## **Part II Identification of Related Tax-Exempt Organizations**

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Exempt Code section	<b>(E)</b> Public charity status (if section 501(c)(3))	<b>(F)</b> Direct controlling entity
See Additional Data Table					

**Part III Identification of Related Organizations Taxable as a Partnership**

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

(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
MAINE PHYSICIAN HOSPITAL ORG 443 CONGRESS STREET 5TH FLOOR PORTLAND, ME04101 01-0527540	HEALTHCARE	ME	NA	C CORP			
SYNERNET INC 222 ST JOHN STREET PORTLAND, ME04102 01-0539789	HEALTHCARE	ME	NA	C CORP			

**Part V Transactions with Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III or IV

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 (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m	Yes	
1n		No
1o	Yes	
1p	Yes	
1q	Yes	
1r		No

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

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

## Part VI Unrelated Organizations Taxable as a Partnership

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.

**Software ID:**  
**Software Version:**  
**EIN:** 01-0511356  
**Name:** NORDX

**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 501(c)(3))	(F) Direct Controlling Entity
MAINEHEALTH  465 CONGRESS STREET SUITE 600 PORTLAND, ME04101 01-0431680	HEALTHCARE	ME	501	11C	NA
MAINE MEDICAL CENTER  22 BRAMHALL STREET PORTLAND, ME04102 01-0238552	HOSPITAL	ME	501	3	NA
MAINE MENTAL HEALTH PARTNERS  123 ANDOVER ROAD WESTBROOK, ME04092 26-3426990	HEALTHCARE	ME	501	11C	NA
LINCOLN COUNTY HEALTH CARE INC  6 ST ANDREWS LANE BOOTHBAY HARBOR, ME04538 26-1475629	HEALTHCARE	ME	501	11C	NA
WESTERN MAINE HEALTH CARE CORP  181 MAIN STREET NORWAY, ME04268 01-0411788	HEALTHCARE	ME	501	11C	NA
WALDO COUNTY HEALTHCARE INC  PO BOX 287 BELFAST, ME049150287 22-2864961	HEALTHCARE	ME	501	11C	NA
GERIATRIC RESOURCE NETWORK  465 CONGRESS STREET SUITE 600 PORTLAND, ME04101 01-0542842	HEALTHCARE	ME	501	7	NA
WEBBER HOSPITAL ASSOC DBA SMMC  PO BOX 626 BIDDEFORD, ME040050626 01-0179500	HOSPITAL	ME	501	3	NA
HOMEHEALTH VISITING NURSES OF SO ME  15 INDUSTRIAL PARK DRIVE SACO, ME04072 22-2571902	HEALTHCARE	ME	501	9	NA

## **NorDx Laboratories: Community Benefits Report – FY09**

### **1. Summary Statement of Community Benefits:**

NorDx Laboratories' purpose is to maximize the efficiencies and quality of clinical diagnostic, blood banking and anatomic pathology laboratory services throughout the MaineHealth network. By increasing efficiencies through standardizing tests, gaining economies of scale, and bringing together highly skilled laboratory employees, NorDx has enhanced the access to and the quality of healthcare in the communities served. Laboratory services are offered on a non-discriminatory basis regardless of payment source or ability to pay. NorDx provides laboratory testing services to Medicare, Medicaid, and charity care patients. In addition to serving the Hospitals and Physicians within the MaineHealth network, NorDx provides services to most long-term care facilities within the communities served.

NorDx is the largest clinical diagnostic laboratory in the State of Maine. NorDx offers an extensive menu of laboratory tests in often urgent situations unavailable except out-of-state. The size and scope of the laboratory operation permits NorDx to provide the community heretofore locally unavailable clinical lab expertise at desirable economies of scale. NorDx is demonstrably the lowest cost provider of laboratory services in the State of Maine based on 2005 data from the Maine Healthcare Information Center. NorDx operates the largest blood bank in the State within Maine Medical Center supporting routine and urgent patient care 24 hours a day, 7 days a week.

This report will summarize NorDx's community benefits efforts over the last year. The final section (VII) will also provide a financial summary of charity care, bad debt, and government-sponsored healthcare

In summary, NorDx provides an extensive array of essential laboratory services, rapid turn-around-time of results, centralized laboratory information systems, and minimal

administration. Through the economies of production and the expertise amalgamated by centralization NorDx does provide the communities served high quality and low cost laboratory testing services.

## **II. Organizational Description and Information**

NorDx is a fully functional affiliated entity within MaineHealth. MaineHealth is an integrated health system whose mission is to make the communities of Southern, Western and Central Maine the healthiest in America. NorDx is organized as a 501(c)(3) tax-exempt health care corporation further categorized as a 509 (a) (2). NorDx is a publicly supported organization with most of its support derived from the gross receipts for provision of laboratory services to patients of the MaineHealth system. Within MaineHealth, NorDx serves Maine Medical Center, Southern Maine Medical Center, Spring Harbor Hospital, Miles Memorial Hospital, Western Maine Healthcare, St. Andrews Hospital, HomeHealth-Visiting Nurses of Southern Maine, and the physicians comprising the Maine PHO.

NorDx operates a large network of patient blood drawing sites for the convenience of patients. NorDx phlebotomy staff work within the hospitals and throughout the service area performing patient venipuncture and specimen handling professionally and courteously. A network of couriers canvas the service area picking up patient specimens from physician offices, hospitals, long-term care facilities and drawing sites and deliver to our centralized laboratory.

A 33,000 square foot centralized laboratory operates in Scarborough, Maine around the clock to expeditiously process and test specimens in order to issue test results to patient and their caregivers. NorDx employs a complement of highly trained and experienced Medical Technologists and other laboratory specialists with a diverse range of expertise in areas such as blood banking, immunology, toxicology, histocompatibility, molecular diagnostics, microbiology, flow cytometry, and special coagulation to name just a few.

NorDx also operates immediate response labs at Maine Medical Center, St. Andrews Hospital, and Miles Memorial Hospital. Other NorDx labs operate in Bangor, Maine and at the Brighton Medical Center campus of Maine Medical Center in Portland, Maine. NorDx also operates stat labs at several Martins Point Health Care locations. As mentioned previously, NorDx expertise expands into blood bank services by operating the blood bank at Maine Medical Center.

In support of the lab operation NorDx maintains an extremely sophisticated laboratory information system and the talent pool of employees to manage and maintain the system. Client support representative are available to respond to physician inquiries. Administrative staffing provides the financial, compliance, regulatory, safety, personnel, and management support for the delivery of patient care.

### **III. Subsidized NorDx Community Programs and Other Support \***

NorDx provides a direct annual stipend of \$5,000 to Portland's Healthcare for Homeless

**NorDx's Aggregate "Net Community Benefit Investment" = \$5,000**

\* In addition to the aforementioned programs, NorDx provides its proportional share of support for the annual budget of the following programs, through both "member dues" and "fund balance transfers". While all member organizations may not participate directly in the following initiatives, all members provide some level of financial support to help sustain and grow these MaineHealth programs.

#### **Clinical Integration**

**AH! Asthma Health** – The AH! Program improves the care and outcomes for Maine people with asthma. The program not only develops and coordinates asthma treatment education for Physicians, but also sends asthma educators into schools and community organizations to provide further information. In addition, the Program lends support and expertise to the local asthma "HelpLine" for Somali and Latino community members in collaboration with the City of Portland, Health and Human Services.

**TARGET Diabetes** – The TARGET Diabetes Program improves care and outcomes for Maine people with diabetes. The program provides learning opportunities and support for primary care practices. helps Physicians utilize an electronic registry to track outcome measures for patients, and creates/distributes patient health education booklets for the community.

**Healing Hearts** – Healing Hearts improves heart failure care and outcomes for Maine people with the condition. The program coordinates the distribution of pamphlets, scales, and any other resources intended to help people manage heart failure. Hospitals engaged in this program track patient progress and consistently score above national averages on quality measures for patients with heart failure.

**Cardiovascular Health Program** – The Cardiovascular Health program improves the care and outcomes for Maine patients with cardiovascular disease (CVD). Along with an electronic registry for Physicians, the program produced an online blood pressure training module for providers to ensure accurate blood pressure measurement as well as patient educational material. The Cardiovascular Health program also supports the efforts of hospitals in offering preventative screenings to thousands of people with CVD through risk screening and reduction programs.

**Acute Myocardial Infarction (AMI)** – The AMI program improves outcomes of individuals that experience a certain type of heart attack (STEMI) by redesigning systems to ensure high quality, timely, and coordinated care. Through the AMI program’s “Rapid Response” packets, health systems met goals for decreasing the transport time to treat patients. Program staff also informs hospitals of cardiology literature and clinical practice guidelines.

**Mental Health Integration** – MaineHealth, in partnership with Spring Harbor and MMC Mental Health Network, developed a pilot program to improve primary care/mental health integration and helps people with depression and those who care for and about them. The program trains primary care providers on the diagnosis and treatment of patients, and many physicians use an electronic registry to track outcome measures. The program conducts a collaborative “Learning Community” exploring the effectiveness, efficiency and cost/benefit of integration with 6 pairs of primary care/mental health partners.

**Stroke Care** – The MaineHealth Stroke Care Initiative seeks to improve the care and outcomes of patients who suffer from ischemic stroke, hemorrhagic stroke, and TIA. The program offers a set of provider education (e.g. pathways, guidelines) materials and patient education materials. Staff are working to develop systems to coordinate services and efficiently transfer patients across the system, while increasing access to neurology services for hospitals in need.

**Preventive Health** – The Preventive Health program seeks to improve adherence to adult and pediatric clinical preventive health guidelines. The program has created a preventive health module in the Clinical Improvement Registry (CIR); has developed patient oriented adult and pediatric preventive health guidelines and tracking tools so as to monitor preventive measures by population; and also has developed tools to support patient self management and provider education. In FY09, the Osteoporosis program was integrated into preventive health with work continuing in the areas of identification, education/self management, and fall prevention.

**Palliative Care** – The Palliative Care program seeks to improve the care of patients who have limited life expectancy and require comprehensive biomedical, psychosocial, and spiritual support as they enter the terminal stage of illness or condition. The program also supports family members coping with the complex consequences of illness, disability, and aging as death nears, while addressing the bereavement needs of family following the death of the patient.

**Oncology** – The Oncology program is looking to improve access to high quality cancer services throughout the MaineHealth region, to improve capacity to deliver patient centered care and coordination of cancer care services; and to develop additional infrastructure needed to support defined levels of cancer care

**Infection Prevention and Control Consortium** – This program coordinates infection prevention and control initiatives in MaineHealth hospitals. The program focuses on quality improvement and measures the impact of its efforts at both the hospital and system level.

**Emergency Department Psychiatric Care Program (ED Psych)** – The goal of this program is to improve the quality and standardization of psychiatric patient care in all MaineHealth EDs. Systemwide accomplishments include the development of standard medical clearance protocols, implementation of a common and effective approach to treating the agitated patient, and collection/tracking of data around length of stay.

#### **Health Status Programs**

**Healthy Weight Initiative** – This initiative targets both children and adults in the community. The key parts of the initiative include clinical, community, and environmental/policy interventions. MaineHealth's financial support for this initiative recognizes the importance of preventing obesity as a major driver of health care costs, a major risk factor for chronic diseases, and a well-documented community epidemic. In FY09, MaineHealth also made a significant financial contribution to the Maine Youth Overweight Collaborative.

#### **Community Education Programs**

**MaineHealth Learning Resource Centers** – With four locations in Maine, the LRCs provide patients, health care providers, and community members with easy access to quality health information and a wealth of educational reference material. In addition, the LRCs offer the public over 100 unique classes taught by professionals (e.g. healthy cooking, yoga, chronic disease self-management, cancer prevention, and mental health awareness).

**Parkinson's Information and Referral Center** – The Center is a primary resource for people with Parkinson's disease, as well as their families and healthcare providers. Assistance includes "patron requests" for information, direct physician referrals, educational outreach to health care facilities, coordinating support groups, and specialized classes for newly-diagnosed individuals.

#### **Access to Care Programs**

**CarePartners** – The program arranges the provision of donated healthcare services for low income uninsured Mainers in Cumberland, Kennebec, Lincoln, and Waldo Counties. CarePartners also provides administrative support to help serve the target population, including comprehensive eligibility assessment, care management, and access to low cost or free pharmaceuticals.

**MedAccess** – The program provided access to approximately \$2.2 million of free medications in FY09. CarePartners provides this community resource to uninsured and underinsured community members through the Patient Assistance Programs (PAPs). In addition to this service, MedAccess offers application assistance for other prescription access programs (Medicare Part D, etc), local low-cost generic programs, and other state and federal programs either in-person or through a toll-free number.

#### **Partnership for Healthy Aging**

PHA leads the implementation of evidence-based prevention programs for older adults (Living Well, A Matter of Balance, EnhanceWellness, EnhanceFitness, Healthy IDEAS) throughout

Maine. The efforts of Elder Care Services focus upon improving transitions, prevention, and quality across the care continuum. Initiatives include Care Transitions coaching, Community Links, and Falls Prevention Tools for providers and patients.

### **VitalNetwork**

The enhanced-ICU (E-ICU) initiative allows audio/video patient monitoring to coincide with real time display of information trend and condition changes. The system is staffed by expert ICU Physicians and Nurses in a central station, allowing enhanced remote monitoring of patients in multiple locations. Similar systems have been proven to reduce ICU mortality by 25%. MaineHealth was the first healthcare system in New England to implement the e-ICU program.

## **IV. Billing and Collection Practices**

### **Billing**

NorDx charges all patients the same price for the same services, regardless of payor source. Individuals are not required to pay or make arrangements to pay prior to the services being provided. On average, the first bill is sent to a patient ten days after services are provided. After that initial billing date, the patient has thirty days to pay for those services. Before collection action is taken by NorDx, three notices were sent to patients informing them of their lack of proper payments and continued attempts to communicate with them about a solution. In the absence of either full payment or a patient's attempts to communicate in order to resolve the situation, NorDx does use a responsible and professional collection agency if necessary. A bill will become classified as "bad debt" if a patient has not paid the full amount within ninety days. NorDx may pursue legal action for collecting an outstanding bill only with prior Board approval. NorDx's Board has not voted to pursue such legal action since inception.

## **V. Charity Care Policies**

NorDx's policy of charity care and financial assistance is easily understood, prominently posted, and publicly available. A process exists for offering charity care or financial assistance to patients who are unable to pay after they have already been billed. In addition to monitoring collection practices, copies of the charity care policy are made available to patients upon request. The organization uses simple application procedures

for charity care or financial assistance that do not intimidate or confuse applicants. NorDx also will accept the charity care or financial assistance determinations of physicians and hospitals without requiring the patient to apply specifically for a NorDx determination. NorDx's employees who work in patient draw areas such as phlebotomy, billing, accounts receivable, or patient services are fully informed and educated about all financial assistance policies.

## **VI. Good Governance and Executive Compensation Policies**

### **Good Governance**

NorDx has a Board of twelve members. The Board meets four times a year (on average), and has a written "conflict of interest" policy in place. The Board understands the specific mission of the organization, and approves strategic planning initiatives aimed at carrying out this mission. Directors understand their fiscal and other specific responsibilities while serving on the Board, and further education/information is provided to Board members if requested. Directors of NorDx do not receive loans on behalf of the organization. The organization ensures that a substantial part of its activities does not involve attempts to influence legislation, and that it will not take an official position or provide direct support for or against a political candidate. Moreover, in addition to the CEO officially signing-off on NorDx's yearly 990 and audited financial statements, the Board of Directors must also have final approval of the yearly audited financial statements. The Board has also adopted and maintains a corporate compliance program that includes a Code of Conduct for all staff education and training, monitoring for compliance, and a Helpline for staff to call, all intended to produce continual compliance with organizational policies and the law.

### **Executive Compensation**

NorDx through MaineHealth has a formal written compensation policy in place. In consultation with Towers Perrin, The MaineHealth Board Compensation Committee establishes appropriate compensation parameters for each member organization's CEO and certain members of their Senior Management team. Working within those

parameters, the organization's Board determines the level of compensation for its CEO. The findings of the Compensation Committee are made transparent to, and voted on by, the full Governing Board. This "total executive compensation" is filed publicly by the organization, and includes "total cash compensation" and "total value of all benefits and perquisites associated with position (such as housing allowances, social club memberships, signing bonuses, etc.)". The Board takes necessary action to prevent the CEO from voting or directly participating in the final Committee determination of (his/her) own compensation. The organization's executive compensation procedure relies upon appropriate data for comparability (e.g. compensation levels paid by both taxable and tax-exempt similarly situated organizations and independent compensation surveys by nationally recognized independent firms). Finally, the organization refrains from allowing executive compensation to ever be based solely on NorDx's revenues or other similar profit-sharing strategies.

## **VII. Aggregate Financial Data**

### **NorDx's Community Benefit Summary \*\***

**1. Charity care (at cost)** **\$206,000**

**2. Bad debt (at cost)** **\$448,000**

**3. Government-sponsored health care (shortfall) -** **\$381,000**

**Unpaid cost of Medicare and MaineCare (at cost)**

**4. Net Community Benefit Investment** **\$5,000**

***Total Value of Quantifiable Benefits*** **\$1,940,000**

***Provided to the Community***

**\*\* Form created based on AHA guidelines**