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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 09-28-2008 and ending 09-26-2009

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
EASTERN MAINE HEALTHCARE SYSTEMS

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
43 WHITING HILL ROAD

City or town, state or country, and ZIP + 4
BREWER, ME 04412

D Employer identification number
01-0527066

E Telephone number
(207) 973-7064

G Gross receipts $ 104,134,464

F Name and address of Principal Officer
Daniel B Coffey
43 Whiting Hill Rd
Brewer, ME 044121005

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 ▶ 5247

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

J Web site: ▶ www emh org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1999

M State of legal domicile ME

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Support Organization for Healthcare Affiliates

2 Check this box ☐ 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)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of employees (Part V, line 2a)	5	471
6	Total number of volunteers (estimate if necessary)	6	2
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	1,413,927
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-69,750

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	561,510	550,199
9	Program service revenue (Part VIII, line 2g)	43,587,281	52,523,479
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,667,256	-2,870,400
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-912,437	374,426
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,903,610	50,577,704
Expenses 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)	30,627,809	34,493,496
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)	18,731,807	17,524,930
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	49,359,616	52,018,426
19	Revenue less expenses Subtract line 18 from line 12	-1,456,006	-1,440,722

		Beginning of Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	166,346,857	190,972,024
21	Total liabilities (Part X, line 26)	95,738,828	128,787,399
22	Net assets or fund balances Subtract line 21 from line 20	70,608,029	62,184,625

Part II Signature Block

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

Please Sign Here

****** — Signature of officer — 2010-07-29 — Date

Daniel B Coffey Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | EIN ▶ | Phone no ▶

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

Support Organization for Healthcare Affiliates

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

4a (Code) (Expenses $ 51,724,961 including grants of $) (Revenue $ 50,116,612)

Carried on supporting functions essential to Eastern Maine Medical Center, The Aroostook Medical Center, Inland Hospital, Acadia Hospital Corp , Sebasticook Valley Hospital, Charles A Dean Memorial Hospital, and Blue Hill Memorial Hospital EMHS performed standardization of practices, strategic planning, and capital allocation functions EMHS board established and oversees the charity care policy of the 7 hospitals which is applied uniformly to most of the hospitals EMHS hospitals provided cumulative charity care of $20,617,232 (at cost) and other uncompensated care of $15,597,378 (at cost) for a total uncompensated care of $36,214,610 The EMHS hospitals had a Medicare shortfall of $37,529,799 and a Medicaid shortfall of $36,793,563

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

Please see the following publication for details of community benefit projects by Eastern Maine Healthcare Systems entities As healthcare reform has played out on the national stage in recent months, the words of Alfred North Whitehead ring especially true today "The art of progress is to preserve order amid change and to preserve change amid order" To avoid chaos in change, we rely on our checks and balances, and give and take, because one thing is for certain-in healthcare there is always change From a national perspective, no change may be greater than the prospects of national healthcare reform While there remains great uncertainty around the next steps in the reform movement, we should be certain that these steps will likely be only the roots of continued shifts in how patient care will be delivered and financed These changes may well alter the definition we currently apply to hospitals, and healthcare, not unlike shifts over the last century For example, in 1900 America's hospitals were known as places for people to go to die The majority of patients admitted to hospitals at that time did not survive to be discharged Obviously, advancement in medicine and technology has transformed the definition of hospitals into places of remarkable healing and life saving techniques Our current hospitals and delivery structures were largely influenced by economic and social dynamics in the post World War II era Federal incentives encouraged communities to build new hospitals to serve as cornerstones of their community and a focus of many healthcare related activities Hospitals were designed to provide for the general surgical, obstetrical, and diagnostic needs of a population with an average life expectancy of 56 years of age Today, we face different challenges with a population that is expected to live well and actively into their 70s and 80s Chronic disease is epidemic, while in general hospitals have been designed to handle the crisis events around chronic disease rather than the disease itself Reform will likely redefine the role of hospitals as we redirect resources into community settings where chronic disease can be most cost-effectively managed Hospitals and physicians will become closely linked to home health and new forms of community-based care EMHS has developed a broad array of hospitals, providers, home health, and long-term care options We are well positioned to lead the coming transition in rural Maine We have made significant investments in clinical information technology linking these sites, which will be a required tool in a reformed healthcare continuum While change will be constant and increasingly fast moving, we will heed Whitehead's advice and strive to preserve order By embracing change, EMHS will continue to meet our mission to maintain and improve the health and well-being of the people of Maine We look forward to our partnership with you in the years ahead!George Eaton, Esq EMHS Chairman of the BoardM Michelle Hood, FACHEEMHS President and CEO

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

Sebasticook Valley Hospital (SVH)Leadership John C May, President and CEO and John Delile, Board Chair Location Pittsfield, Carmel, Clinton, Detroit, Newport employees 333 description 25-bed, accredited, critical access hospital with a women's health center, surgical, special care and swing bed units, rehabilitation centers, diagnostics, laboratory, cardiopulmonary service, primary care and specialty practices, diabetes and nutrition clinic, sleep study center, and community health services including dental health and transportation - Sebasticook Valley Hospital added a new Digital Mammography Unit with the first HD Digitizer in the country, and a new bone densitometry unit in the SVH Women's Health Center - An electronic patient check-in kiosk added to the SVH in the lobby is the first of its kind in Maine - A drive-thru flu clinic was added to the lineup of seasonal influenza clinics offerings - As a member of EMHS, SVH signed an agreement with Walmart to open a Sebasticook Valley Hospital Clinic in 2010 at the Walmart Super Center in Palmyra/Newport - SVH began offering a new laboratory "House Call" service for patients who have challenges traveling from their home to an SVH Lab location - Recruited general surgeon Debra Silkes, MD, FACS, primary care physician Reynaldo Arceo, DO, emergency department physician Todd Tritch, MD, and hired podiatrist Jared Wilkinson, DPM full-time Mid-level primary care provider recruitment included Lisa Gordon, PA-C - SVH achieved a Blue Ribbon Rating (best) from Maine Health Management Coalition for patient satisfaction, patient safety, and select clinical quality with performance compared to national and state averages and top 10% of U S hospitals - Avatar International awarded SVH the 2008 for Overall Exemplary Performance and the Five-Star Service Award for Exceeding Patient Expectations - Total revenue grew from fiscal year 2008 to fiscal year 2009 by more than $1 9 million and the hospital received more than $468,000 in grant funding - Nearly $65,000 was raised at the annual SVH Benefit Golf Tournament and Auction with proceeds benefiting the Digital Mammography Unit and the Make-a-Wish Foundation This was a more than 9% increase over 2008 Over $465,000 has been raised by this annual event since 2000 - More than $20,000 was raised in the annual Breast Cancer Awareness Walk to fund breast care services for those without the ability to pay - SVH provided more than $2,086,000 in free care to those in need

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

4e Total program service expenses $ 51,724,961 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
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*	5		No
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*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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*	11	Yes	
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*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
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*	14b		No
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*	15		No
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*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
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*	21		No
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*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) 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*	25a		No
b	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*	25b		No
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*	26		No
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*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
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*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
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*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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*	**33**		No
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*	**34**	Yes	
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*	**35**	Yes	
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*	**36**	Yes	
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*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	70		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	471		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			No
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			No
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Yes	
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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.			
1a	Enter the number of voting members of the governing body . .	1a 19		
b	Enter the number of voting members that are independent . .	1b 17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
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?	9b		No
10	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	10	Yes	
11	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	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
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?	16b	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 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

Scott A Oxley VPCAO
43 Whiting Hill Rd
Brewer, ME 04412
(207) 973-5114

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 employee	Former			

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	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								4,538,949	2,434,098	1,373,993

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 36

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed online 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
Studer Group LLC 913 Gulf Breeze Parkway Ste 6 Gulf Breeze, FL 32561	Consulting	295,237
SMRT PO Box 618 Portland, ME 04104	Architect	364,931
Siemens Medical Solutions USA Inc Dept 0733 Dallas, TX 753120733	Hosting Services	1,112,359
Cigna Healthcare 5082 Collections Center Dr Chicago, IL 606930050	Plan Administrator	2,405,100
Cerner Corporation PO Box 412702 Kansas City, MO 641412702	Hosting Services	368,667

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 14

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	1a	Federated campaigns	1a 531				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d 13,496				
	e	Government grants (contributions)	1e 367,369				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 168,803				
	g	Noncash contributions included in lines 1a-1f $ 150					
	h	**Total (Add lines 1a-1f)**		550,199			
Program Service Revenue			Business Code				
	2a	Supporting Org Revenue	561,000	44,955,865	43,541,938	1,413,927	
	b	Hotel/Lodging Revenue	721,110	992,940			992,940
	c	Exempt Affiliate Rental	532,000	4,720,549	4,720,549		
	d	Clinical Software Sales	541,519	1,854,125	1,854,125		
	e						
	f	All other program service revenue					
	g	**Total. Add lines 2a-2f** ▶ $ 52,523,479					
	3	Investment income (including dividends, interest other similar amounts)		1,635,764			1,635,764
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross Rents	568,877				
	b	Less rental expenses	208,139				
	c	Rental income or (loss)	360,738				
	d	Net rental income or (loss)		360,738			360,738
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	48,815,217 / 27,240				
	b	Less cost or other basis and sales expenses	53,337,572 / 11,049				
	c	Gain or (loss)	-4,522,355 / 16,191				
	d	Net gain or (loss)		-4,506,164			-4,506,164
Other Revenue	8a	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*	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000*	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	Fitness Center Fees	713,940	13,688			13,688
	b						
	c						
	d	All other revenue					
	e	**Total. Add lines 11a-11d**	$ 13,688				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		50,577,704	50,116,612	1,413,927	-1,503,034

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,251,508	4,251,508		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	22,957,049	22,957,049		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,772,173	1,772,173		
9 Other employee benefits	3,763,157	3,763,157		
10 Payroll taxes	1,749,609	1,749,609		
11 Fees for services (non-employees)				
a Management	0			
b Legal	222,926		222,926	
c Accounting	70,539		70,539	
d Lobbying	10,777	10,777		
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	100,490	100,490		
g Other	2,699,264	2,699,264		
12 Advertising and promotion	81,383	81,383		
13 Office expenses	909,549	909,549		
14 Information technology	1,168,889	1,168,889		
15 Royalties	0			
16 Occupancy	2,215,691	2,215,691		
17 Travel	308,273	308,273		
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	239,695	239,695		
20 Interest	1,622,810	1,622,810		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	6,006,363	6,006,363		
23 Insurance	0			
24 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)				
a Repairs & Maintenance	312,826	312,826		
b Provider Health Information	934,134	934,134		
c Gifts & Contributions	176,356	176,356		
d Employee Events Expense	60,796	60,796		
e Dues & Subscriptions	379,182	379,182		
f All other expenses	4,987	4,987		
25 **Total functional expenses.** Add lines 1 through 24f	52,018,426	51,724,961	293,465	0
26 **Joint Costs.** Check ☐ 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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		60,045	1	115,604
	2	Savings and temporary cash investments		21,855,378	2	22,725,783
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		2,282,893	4	2,351,947
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	0
	7	Notes and loans receivable, net		19,678,025	7	15,640,006
	8	Inventories for sale or use			8	0
	9	Prepaid expenses and deferred charges		1,254,397	9	1,126,966
	10a	Land, buildings, and equipment cost basis	10a 116,884,738			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 32,108,443	58,220,508	10c	84,776,295
	11	Investments—publicly traded securities			11	0
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*			12	0
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		62,995,611	15	64,235,423
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		166,346,857	16	190,972,024
Liabilities	17	Accounts payable and accrued expenses		11,369,867	17	11,983,015
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		40,519,201	23	81,879,553
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		43,849,760	25	34,924,831
	26	**Total liabilities.** *Add lines 17 through 25*		95,738,828	26	128,787,399
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		70,553,016	27	62,090,464
	28	Temporarily restricted net assets		50,013	28	84,007
	29	Permanently restricted net assets		5,000	29	10,154
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		70,608,029	33	62,184,625
	34	Total liabilities and net assets/fund balances		166,346,857	34	190,972,024

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☑ accrual ☐ other				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a			No
b	Were the organization's financial statements audited by an independent accountant?	2b			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?	2c			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?	3a			No
b	If "Yes," did the organization undergo the required audit or audits?	3b			No

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS

Employer identification number
01-0527066

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 331/3% 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 331/3% 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

a ☐ Type I **b** ☑ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

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?

	Yes	No
(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? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
Total									40,216,315

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						
4 **Total.** 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)						
6 **Public Support** 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)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** 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 **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **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 and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE C
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
EASTERN MAINE HEALTHCARE SYSTEMS	01-0527066

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $ _____

3 Volunteer hours _____

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

1 Enter the amount of any excise tax incurred by the organization under section 4955 $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $ _____

3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☑ No

4a Was a correction made? ☐ Yes ☑ No

b If "Yes," describe in Part IV

Part I-C **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $ _____

2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities $ _____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		28,740
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Yes		880
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			29,620
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible lobbying and political expenditures ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	
a	Current Year	2a $
b	Carryover from last year	2b $
c	Total	2c $
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 $
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 $
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 $

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Part II-B, Line 1i - Other Activities Description	Issue Meeting w/Commissioner Harvey re homecare reimbursementLD 45 (HP 40) An Act To Make Supplemental Appropriations and Allocations for the Expenditures of State Government and To Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Year Ending June 30, 2009LD 770 "An Act To Authorize a General Fund Bond Issue for Research and Development"LD 439 "An Act To Authorize a General Fund Bond Issue for Research and Development To Stimulate Maine's Innovation Economy"LD 912 "An Act To Authorize a General Fund Bond Issue for Capital Projects for Hospitals"LD 353 "An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2010 and June 30, 2011"LD 206 "Resolve, To Fund the Nursing Education Loan Repayment Program"LD 853 "An Act To Encourage Maine Residents To Attend Medical School and Practice in Maine"LD 757 "An Act To Improve the Transparency of Certain Hospitals"LD 960 "Resolve, Requiring Rulemaking by the Maine Quality Forum Regarding Clostridium Difficile and Methicillin-resistant Staphylococcus Aureus"LD 1038 "An Act Regarding the Prevention and Reporting of Methicillin-resistant Staphylococcus Aureus"LD 1245 "Resolve, To Improve the Continuity of Care for Individuals with Behavioral Issues in Long-term Care"LD 1290 "An Act To Amend the Law Authorizing the Application of Service Charges to the Owners of Certain Real Property Exempt from Property Taxation"LD 1395 "An Act To Amend the Maine Certificate of Need Act of 2002"LD 1078 "An Act To Strengthen Sustainable Long-term Supportive Services for Maine Citizens"LD 1435 An Act To Amend Sentinel Events Reporting Laws To Reduce Medical Errors and Improve Patient SafetyLD 1146 An Act To Authorize Municipalities To Impose Service Charges to Tax-exempt Property Owned by Certain Organizations Whose Primary Activities Are Not CharitableIssue 7/29/09 Right to Know Advisory CommitteeNon-deductible portion of dues

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS

Employer identification number
01-0527066

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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 importantly 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
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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	8,577				
b Contributions	10,154				
c Investment earnings or losses	1,525				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	20,256				

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

- a Board designated or quasi-endowment ▶ 49 500 %
- b Permanent endowment ▶ 50 500 %
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

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

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		2,324,516		2,324,516
b Buildings		41,605,033	10,174,732	31,430,301
c Leasehold improvements		1,515,147	693,818	821,329
d Equipment		33,876,107	18,444,968	15,431,139
e Other		37,563,935	2,794,925	34,769,010
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				84,776,295

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (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		
Total. *(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
Total. *(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
Self insurance funds held by trustee	24,860,553
Org costs & other long term investments	963,298
Investment in subsidiaries	5,737,041
Interest in net assets held at HC	94,161
Board designated funds - other	2,565,900
Board designated funded depreciation	30,014,470
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	64,235,423

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Changes in Fair Value of Swap	1,182,869
Accrued Self Insurance Reserves	17,406,960
Accrued Post Retirement Benefits	16,335,002
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	34,924,831

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
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Change in Unrealized Loss on Investment $ -0 Adjustment to Apply Recognition Provisions of FASB Statement $ -0 Contributions of Capital to CADean Hospital $ -0 Contributions of Capital to Inland Hospital $ -0 Contributions of Capital to Me Inst for Human Genetics&Hlth $ -0 Contributions of Capital to The Aroostook Medical Center $ -0 Contributions of Capital to EMMC $ -0
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	Endowment funds are designated for purposes that align within this organization's exempt purpose

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS

Employer identification number
01-0527066

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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	**1b**	Yes	
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?	**2**	Yes	
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 ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		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				
See Additional Data Table	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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
Sch J, Part I, Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	David E Glover, highest compensated employee, received a gift certificate for length of service with the organization for $25 with a $2 07 gross-up payment All employees of the organization are honored with a gift certificate for specific years of length of service, 5, 10, 15, etc Kenneth A Hews, former employee, received a savings bond for retirement with the organization for $500 with a $7 35 gross-up payment All employees of the organization who retire with at least 15 years of service are honored with a U S Savings Bond

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS

Employer identification number
01-0527066

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Daniel B Coffey	officer of vendor	125,000	participant fee-HealthInf		No
John Canders Partner	fam mem of officer	238,984	purch legal svc-Eaton Pea		No

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS

Employer identification number
01-0527066

Identifier	Return Reference	Explanation
	Form 990, Part XI, Line 2b	Eastern Maine Healthcare Systems audited financial statements are included in the Eastern Maine Healthcare Systems' consolidated financial statements

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, Line 7b	The members have authority to approve or disapprove of any amendment to the articles of incorporation or bylaws of EMHS which affect the manner of their election or their powers

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

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, Line 6	Eastern Maine Healthcare Systems ("EMHS") is a Maine nonprofit corporation organized with at least 100 and not more than 200 individual members representing the geographic area served by its subsidiary corporations

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Eastern Maine Healthcare Systems makes its governing documents, conflict of interest policy, and financial statements available to the public upon request

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Form 990, Part VI, line 15a -Compensation Review & Approval Process for the organization's CEO, Executive Director, or top management official Describe the process The Eastern Maine Healthcare System (EMHS) Executive Compensation Committee (the Committee) is comprised entirely of independent Directors per EMHS bylaws The Committee is responsible to monitor and evaluate the performance of the EMHS President/CEO (President), to set compensation of the EMHS President, and to review recommendations of the EMHS President with respect to compensation of the Chief Executive Officer of the direct subsidiaries, and other direct reports to the President Process The EMHS Executive Compensation Committee meets regularly throughout the fiscal year at the discretion of the Committee chair as well as on call of the Chair of the EMHS board In carrying out its duties pursuant to the Bylaws, the Committee -Assures that the executive compensation program is administered in a manner consistent with the compensation philosophy -Reviews and updates the executive compensation philosophy which serves as the foundation on which all current and future executive compensation decisions are made -Assures that value of compensation provided by EMHS does not exceed the value of services provided by the executive -Reviews annual incentive compensation criteria for eligible executives, as defined by the EMHS President -Reviews periodic compensation survey information and provides expert input to proposed changes to the executive compensation program -Assures that a formal and timely performance management system is in place for executives -Reviews incentive compensation criteria scoring and associated pay schedules for officers and key employees -Provides any public statements regarding executive compensation practices at EMHS deemed appropriate -Maintains minutes of the meetings and communicates actions to the EMHS Board of Directors To accomplish this, the committee uses an external consultant with access to comparative data base which is required to include survey data from at least two independent sources and include national as well as regional data points The EMHS President reviews all direct report compensation actions with the committee In addition, the EMHS President ensures that any subsidiary policies and practices governing executive compensation are consistent with the committee's philosophy and practices statement Subsidiary Boards of Directors approves CEO compensation for the specific entity they serve Form 990, Part VI, line 15b - Compensation Review & Approval Process for other officers or key employees of the organization Describe the process Compensation of other officers and key employees of the organization is established by the Human Resources department who utilize external market research to establish compensation ranges for specific positions On an annual basis, the compensation ranges are compared to the updated survey information The hiring manager will determine where the employee will fall within the ranges established by the Human Resources department based on experience and credentials

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	The organization requests updates of potential conflicts and relationships from the officers and Board members on an annual basis The request requires disclosure of all business relationships, board memberships, and family relationships A database is maintained that is compared to payroll records and the accounts payable vendor list to identify any potential conflicts of interest Transactions are reviewed for reasonableness as an arm's length transaction The first agenda item for board meetings and board committee meetings is for members to declare any conflict of interest with upcoming agenda items or deliberations At any point when consideration is being given to purchase/contract with a party in interest, the member with the conflict is either excused from the discussion and consideration process or abstains from voting on the matter All transactions identified with parties in interest are disclosed within the Form 990 All are deemed to be arm's length transactions

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	Form 990 is provided to each board member either electronically or in hard copy and was reviewed at the May 27, 2010 audit committee meeting and at the June 22, 2010 meeting of the board of trustees prior to filing with the IRS

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Nichi Farnham, director is a board member of United Way and Patrick J Whalen, officer is an ex-officio director of United Way Carl Flora, director is a trustee of Northern Maine Community College Foundation board and Larry E LaPlante, director is an employee of Northern Maine Community College Larry E LaPlante, director is a part-time employee of Husson University and Daniel B Coffey, officer is a trustee of Husson University board Joyce Hedlund, director is a member Bangor Region Chamber of Commerce and Patrick J Whalen, officer is a director of Bangor Region Chamber of Commerce Barry McCrum, director is a trustee of University of Maine System board and Evelyn S Silver, director is an employee of University of Maine P James Nicholson, director/vice chair and John D Dalton, officer are directors of Waterville Development Corp board

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS

Employer identification number
01-0527066

Part I Identification of Disregarded Entities

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

Part II Identification of Related Tax-Exempt Organizations

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

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
New Century Healthcare 300 Main Street Lewiston, ME04240 01-0536801	LLC-Venture	ME	N/A	Related				No			No

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
See Additional Data Table							

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e	Yes	
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

Software ID: 08000091
Software Version: 2008v2.7
EIN: 01-0527066
Name: EASTERN MAINE HEALTHCARE SYSTEMS

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Blue Hill Memorial Hospital Foundation 65 Water Street Blue Hill, ME046145231 01-0388639	Raise funds for exempt orgs	ME	501(c)(3)	11, Type I	BHMH
Blue Hill Memorial Hospital BHMH 65 Water Street Blue Hill, ME046145231 01-0227195	Provide healthcare services	ME	501(c)(3)	3	EMHS
ME Institute for Human Genetics & Health 43 Whiting Hill Road Brewer, ME04412 55-0894346	Biomedical research & development	ME	501(c)(3)	9	EMHS
Eastern Maine HomeCare PO Box 688 Caribou, ME04736 01-0328442	Provide home health & hospice svcs	ME	501(c)(3)	9	EMHS
Horizons Health Services PO Box 151 140 Academy St Presque Isle, ME047690151 01-0504393	Provide patient care	ME	501(c)(3)	3	TAMC
TAMC Endowments PO Box 151 140 Academy St Presque Isle, ME047690151 01-0389222	Raise funds for exempt orgs	ME	501(c)(3)	11, Type I	TAMC
TAMC Title Corp PO Box 151 140 Academy St Presque Isle, ME047690151 01-0389226	Real estate holding company	ME	501(c)(2)		TAMC
The Aroostook Medical Center TAMC PO Box 151 140 Academy St Presque Isle, ME047690151 01-0372148	Provide healthcare services	ME	501(c)(3)	3	EMHS
Sebasticook Valley Hospital Assoc 447 North Main Street Pittsfield, ME04967 01-0263628	Critical care hospital	ME	501(c)(3)	3	EMHS
CA Dean Memorial Hosp & Nursing Home Pritham Avenue PO Box 1129 Greenville, ME044411129 04-3341666	Provide Healthcare Services	ME	501(c)(3)	3	EMHS
Inland Foundation 200 Kennedy Memorial Drive Waterville, ME04901 01-0542905	Raise funds for exempt orgs	ME	501(c)(3)	11, Type II	Inland Hospital
Lakewood A Continuing Care Center 220 Kennedy Memorial Drive Waterville, ME04901 01-0421234	Provide long term nursing care	ME	501(c)(3)	3	Inland Hospital
Inland Hospital 200 Kennedy Memorial Drive Waterville, ME04901 01-0217211	Provide healthcare services	ME	501(c)(3)	3	EMHS
Norumbega Medical Specialists LTD 43 Whiting Hill Road Suite 400 Brewer, ME04412 01-0465231	Provide patient care & education	ME	501(c)(3)	9	EMMC
Healthcare Charities 43 Whiting Hill Road Suite 400 Brewer, ME04412 22-2514163	Raise & manage funds for exempt orgs	ME	501(c)(3)	11, Type II	EMHS
Acadia Healthcare Inc PO Box 422 Bangor, ME044020422 22-3183888	Provide healthcare services	ME	501(c)(3)	9	AHC
Eastern Maine Medical Center Auxiliary 43 Whiting Hill Road Brewer, ME04412 01-0377901	Fund raising for exempt EMMC	ME	501(c)(3)	9	EMMC
Acadia Hospital Corp AHC PO Box 422 Bangor, ME044020422 01-0459837	Provide healthcare services	ME	501(c)(3)	3	EMHS
Rosscare Nursing Homes Inc 43 Whiting Hill Road Suite 400 Brewer, ME04412 01-0430751	Operation of nursing homes	ME	501(c)(3)	9	Rosscare
Rosscare 43 Whiting Hill Road Suite 400 Brewer, ME04412 01-0391038	Treatment & housing to elderly-LTC	ME	501(c)(3)	PF	EMHS
Eastern Maine Healthcare Real Estate 43 Whiting Hill Road Brewer, ME04412 01-0391036	Leases real estate	ME	501(c)(2)		EMHS
Eastern Maine Medical Center EMMC 489 State Street PO Box 404 Bangor, ME044020404 01-0211501	Provide healthcare services	ME	501(c)(3)	3	Eastern Maine Healthcare Systems EMHS

Form 990, Schedule R, 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
Dirigo Pines Development Co LLC 9 Alumni Drive Orono, ME04473 01-0537924	RetCottage	ME	AHS	C			
Dirigo Funding LLC 9 Alumni Drive Orono, ME04473 01-0599968	Prov finance	ME	AHS	C			
Dirigo Pines Inn LLC 9 Alumni Drive Orono, ME04473 02-0547749	Contin care	ME	Rosscare	C			
Dirigo Pines Retirement Community LLC 9 Alumni Drive Orono, ME04473 01-0537924	Holding co	ME	AHS	C			
Maine Network for Health 80 Exchange St 6th floor Ste 3 Bangor, ME04401 01-0496352	Support srv	ME	EMHS	C	49,151	393,662	64 000 %
Meridian Mobile Health LLC 931 Union Street PO Box 940 Bangor, ME044020940 01-0512673	Ambulance	ME	AHS	C			
DE Collections DBA Affiliated Collect PO Box 2759 Bangor, ME044022759 01-0366209	Collections	ME	AHS	C			
Affiliated Pharmacy Services 917 Union St Suite 7 Bangor, ME04401 01-0587230	Pharmacy	ME	AHS	C			
Affiliated Materiel Services PO Box 1300 Bangor, ME044021300 01-0381189	Purchasing	ME	AHS	C			
Affiliated Laboratory Inc PO Box 638 Bangor, ME044020638 01-0381283	Clinical Lab	ME	AHS	C			
Affiliated Healthcare Management PO Box 811 Bangor, ME044020811 01-0349339	Hlthcr mgmt	ME	AHS	C			
Affiliated Healthcare Systems AHS PO Box 940 Bangor, ME044020904 01-0385322	Holding Co	ME	EMHS	C	961,360	7,213,369	100 000 %

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	Meridian Mobile Health LLC	p	386,308
(2)	DE Collections DBA Affiliated Collect	p	72,801
(3)	Affiliated Pharmacy Services	p	315,499
(4)	Affiliated Pharmacy Services	k	111,072
(5)	Affiliated Pharmacy Services	a	35,496
(6)	Affiliated Materiel Services	p	420,381
(7)	Affiliated Materiel Services	o	59,836
(8)	Affiliated Materiel Services	k	328,445
(9)	Affiliated Materiel Services	a	46,826
(10)	Affiliated Laboratory Inc	p	2,162,896
(11)	Affiliated Laboratory Inc	k	365,872
(12)	Affiliated Laboratory Inc	a	32,505
(13)	Affiliated Healthcare Management	p	1,265,515
(14)	Affiliated Healthcare Management	k	428,368
(15)	Affiliated Healthcare Management	a	78,982
(16)	Affiliated Healthcare Systems AHS	r	961,361
(17)	Affiliated Healthcare Systems AHS	k	151,892
(18)	Blue Hill Memorial Hospital BHMH	r	241,570
(19)	Blue Hill Memorial Hospital BHMH	q	381,537
(20)	Blue Hill Memorial Hospital BHMH	p	3,126,069
(21)	Blue Hill Memorial Hospital BHMH	k	1,135,130
(22)	Blue Hill Memorial Hospital BHMH	e	567,232
(23)	Blue Hill Memorial Hospital BHMH	d	1,000,000
(24)	Blue Hill Memorial Hospital BHMH	a	32,207
(25)	ME Institute for Human Genetics & Health	q	3,835,000
(26)	ME Institute for Human Genetics & Health	p	210,861
(27)	ME Institute for Human Genetics & Health	k	338,647
(28)	ME Institute for Human Genetics & Health	a	457,247
(29)	Eastern Maine HomeCare	r	81,211
(30)	Eastern Maine HomeCare	q	1,126,065

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(31)	Eastern Maine HomeCare	k	57,690
(32)	Eastern Maine HomeCare	e	750,000
(33)	Eastern Maine HomeCare	a	90,275
(34)	The Aroostook Medical Center TAMC	r	709,152
(35)	The Aroostook Medical Center TAMC	q	1,225,364
(36)	The Aroostook Medical Center TAMC	p	8,241,911
(37)	The Aroostook Medical Center TAMC	k	1,271,957
(38)	The Aroostook Medical Center TAMC	e	8,900,000
(39)	The Aroostook Medical Center TAMC	d	4,000,000
(40)	The Aroostook Medical Center TAMC	a	71,091
(41)	Sebasticook Valley Hospital Assoc	r	192,702
(42)	Sebasticook Valley Hospital Assoc	q	322,323
(43)	Sebasticook Valley Hospital Assoc	p	909,061
(44)	Sebasticook Valley Hospital Assoc	k	303,651
(45)	CA Dean Memorial Hosp & Nursing Home	r	79,161
(46)	CA Dean Memorial Hosp & Nursing Home	q	616,213
(47)	CA Dean Memorial Hosp & Nursing Home	p	1,399,717
(48)	CA Dean Memorial Hosp & Nursing Home	k	556,230
(49)	CA Dean Memorial Hosp & Nursing Home	e	450,882
(50)	CA Dean Memorial Hosp & Nursing Home	d	400,000
(51)	CA Dean Memorial Hosp & Nursing Home	a	16,537
(52)	Lakewood A Continuing Care Center	k	80,508
(53)	Inland Hospital	r	377,932
(54)	Inland Hospital	q	830,444
(55)	Inland Hospital	p	3,645,481
(56)	Inland Hospital	k	1,290,101
(57)	Healthcare Charities	r	1,232,571
(58)	Healthcare Charities	k	1,639,711
(59)	Acadia Healthcare Inc	p	214,025
(60)	Acadia Healthcare Inc	k	107,521

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(61)	Acadia Hospital Corp AHC	r	3,345,523
(62)	Acadia Hospital Corp AHC	q	574,465
(63)	Acadia Hospital Corp AHC	p	4,768,246
(64)	Acadia Hospital Corp AHC	k	2,793,825
(65)	Rosscare	p	150,217
(66)	Rosscare	k	288,231
(67)	Rosscare	e	80,000
(68)	Rosscare	d	1,190,000
(69)	Rosscare	a	189,093
(70)	Eastern Maine Healthcare Real Estate	j	61,000
(71)	Eastern Maine Healthcare Real Estate	a	3,919
(72)	Eastern Maine Medical Center EMMC	r	4,546,999
(73)	Eastern Maine Medical Center EMMC	q	6,451,819
(74)	Eastern Maine Medical Center EMMC	p	38,869,972
(75)	Eastern Maine Medical Center EMMC	o	283,949
(76)	Eastern Maine Medical Center EMMC	l	204,693
(77)	Eastern Maine Medical Center EMMC	k	30,688,581
(78)	Eastern Maine Medical Center EMMC	e	2,033,600
(79)	Eastern Maine Medical Center EMMC	d	2,000,000
(80)	Eastern Maine Medical Center EMMC	a	4,174,121

Additional Data

Software ID:
Software Version:
EIN: 01-0527066
Name: EASTERN MAINE HEALTHCARE SYSTEMS

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
The Aroostook Medical Center	010372148	3	Yes		Yes		Yes		1244543
Eastern Maine HomeCare	010328442	9	Yes		Yes		Yes		57690
Blue Hill Memorial Hospital	010227195	3	Yes		Yes		Yes		1135130
Me Inst for Human Genetics & Hlth	550894346	9	Yes		Yes		Yes		312647
Sebasticook Valley Hospital	010263628	3	Yes		Yes		Yes		303651
Inland Foundation	010542905	11	Yes		Yes		Yes		7724
Lakewood A Continuing Care Center	010421234	3	Yes		Yes		Yes		80508
Inland Hospital	010217211	3	Yes		Yes		Yes		1283562
CADean Mem Hosp & Nursing Home	043341666	3	Yes		Yes		Yes		556230
Acadia Healthcare Inc	223183888	9	Yes		Yes		Yes		107521
Acadia Hospital Corp	010459837	3	Yes		Yes		Yes		2793825
Healthcare Charities	222514163	11	Yes		Yes		Yes		1639711
EMMC Auxiliary	010377901	9	Yes		Yes		Yes		4992
Eastern Maine Medical Center	010211501	3	Yes		Yes		Yes		30688581

Additional Data

Software ID:
Software Version:
EIN: 01-0527066
Name: EASTERN MAINE HEALTHCARE SYSTEMS

Form 990, Part VII - Section Aaa

(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 employee	Former			
Timothy F Garrity , Sr V P , BHMH	50			X				0	211,192	22,619
Thomas Moskalewicz , Former Director							X	0	300,490	25,657
Stanley Bergen Jr MD , Board Member	50	X						0	0	0
Scott A Oxley , V P /CAO	50 00			X				215,273	0	30,930
Ralph W Swain , Dir-IS Applicat	50 00					X		164,244	0	21,760
Philip A Johnson , VP, HR	50 00			X				235,454	0	21,544
Patrick J Whalen , VP Bus Devel	50 00			X				246,431	0	36,437
P James Nicholson CPA , Vice Chair/Brd	50	X						0	0	0
Nichi Farnham , Board Member	50	X						0	0	0
Michael S Pancoe MD , Board Member	50	X						0	0	0
Michael Gray , Board Member	50	X						0	0	0
Michael D Lynch , Board Member	50	X						0	0	0
Mary M Hood , President & CEO	50 00	X		X				700,772	0	31,600
Marjorie F Withers , Board Member	50	X						0	0	0
Lisa Harvey-McPherson , VP Cont of Care	50 00			X				170,411	0	18,993
Leonard Giambalvo Esq , VP, Secretary	50 00			X				283,336	0	36,697
Larry E LaPlante , Board Member	50	X						0	0	0
Kenneth A Hews , Former Executive V P							X	282,506	0	0
Katrina Parson , Board Member	50	X						0	0	0
Joyce Hedlund EdD , Board Member	50	X						0	0	0
John Simpson , Board Member	50	X						0	0	0
John D Lafayette III , Board Member	50	X						0	0	0
John D Dalton , Sr V P ,Inland	50			X				0	235,683	19,133
John C May , Sr V P , SVH	50			X				0	280,432	27,396
John C Baker MD , Board Member	50	X						0	174,577	0
Jacob A Palmer III PhD , Board Member	50	X						0	0	0
Irwin Gross MD , Former Director							X	0	246,686	14,468
Glenn Martin , CIA & Comp Off	50 00				X			179,886	0	34,526
Gerard J Deschaine , Insur Fund Admin	50 00					X		140,204	0	37,045
George F Eaton II Esq , Chairman/Board	50	X						0	0	0

Form 990, Part VII - Section Aaa

(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 employee	Former			
Evelyn Silver , Board Member	50	X						0	0	0
Eugene F Murray , Sr V P ,CADean	50			X				0	163,271	35,558
Erik N Steele DO , VP/Chief Med Of	50 00			X				326,946	0	43,414
EE comp for admin svcs , no board comp		X						0	0	0
Dorthy E Hill , Former Sr V P , AHC							X	0	427,507	36,906
Deborah C Johnson RN , Sr V P , EMMC	50 00			X				447,615	0	265,746
David S Proffitt , Sr V P , AHC	50			X				32,337	0	755
David E Glover , Pharmacist IS	50 00					X		129,536	0	29,881
David A Peterson , Sr V P , TAMC	50			X				0	394,260	324,536
Daniel B Coffey , ExecVP,CFO,Trsr	50 00			X				424,935	0	184,545
Cynthia Olivier , Dir-PatAcctSrvs	50 00					X		166,515	0	16,985
Charles E Kimball , IS Manager	50 00					X		142,054	0	24,431
Catherine J Bruno , VP/CIO	50 00			X				250,494	0	32,431
Carl Flora , Board Member	50	X						0	0	0
Barry McCrum , Board Member	50	X						0	0	0

Additional Data

Return to Form

Software ID: 08000091
Software Version: 2008v2.7
EIN: 01-0527066
Name: EASTERN MAINE HEALTHCARE SYSTEMS

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				
Timothy F Garrity	(I) (II)	211,192				22,619	233,811	
Thomas Moskalewicz	(I) (II)	278,875		21,615	8,050	17,607	326,147	
Scott A Oxley	(I) (II)	180,016	19,322	15,935	13,400	17,530	246,203	
Ralph W Swain	(I) (II)	138,257	9,830	16,157	12,748	9,012	186,004	
Philip A Johnson	(I) (II)	188,932	20,994	25,528	4,071	17,473	256,998	
Patrick J Whalen	(I) (II)	164,437	34,900	47,094	17,800	18,637	282,868	
Mary M Hood	(I) (II)	554,282	114,699	31,791	10,174	21,426	732,372	
Lisa Harvey-McPherson	(I) (II)	139,202	15,261	15,948	10,404	8,589	189,404	
Leonard Giambalvo Esq	(I) (II)	260,387		22,949	27,200	9,497	320,033	
Kenneth A Hews	(I) (II)	166,413	56,892	59,201			282,506	
John D Dalton	(I) (II)	183,607	11,600	40,476	4,624	14,509	254,816	
John C May	(I) (II)	209,959	34,545	35,928	8,050	19,346	307,828	16,945
John C Baker MD	(I) (II)	169,577		5,000			174,577	
Irwin Gross MD	(I) (II)	235,500	360	10,826	4,600	9,868	261,154	
Glenn Martin	(I) (II)	147,291	16,555	16,040	10,429	24,097	214,412	
Gerard J Deschaine	(I) (II)	108,891	10,000	21,313	17,476	19,569	177,249	
Eugene F Murray	(I) (II)	145,999	11,248	6,024	11,686	23,872	198,829	
Erik N Steele DO	(I) (II)	257,627	46,898	22,421	18,100	25,314	370,360	
Dorthy E Hill	(I) (II)	161,385	235,715	30,407	22,794	14,112	464,413	
Deborah C Johnson RN	(I) (II)	354,823	61,304	31,488	241,345	24,401	713,361	
David E Glover	(I) (II)	108,893	4,913	15,730	7,681	22,200	159,417	
David A Peterson	(I) (II)	301,497	20,000	72,763	307,060	17,476	718,796	263,600
Daniel B Coffey	(I) (II)	296,357	73,601	54,977	166,821	17,724	609,480	
Cynthia Olivier	(I) (II)	139,282	10,375	16,858	9,289	7,696	183,500	
Charles E Kimball	(I) (II)	127,102	7,900	7,052	15,285	9,146	166,485	
Catherine J Bruno	(I) (II)	189,189	23,278	38,027	15,605	16,826	282,925	

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Charles A Dean Memorial Hospital and Nursing HomeLeadership Geno Murray, President and CEO and Ruth McLaughlin, Board Chair Location Greenville, Monson, Sangerville employees 170 description Charles A Dean Memorial Hospital and Nursing Home provides access to quality healthcareto the residents and visitors to the Moosehead Lake region through our 14-bed critical access hospital, 24-bed nursing home, and three Northwoods Healthcare family practice clinics With patient safety as a top priority, CA Dean embarked on several projects to help ensure the highest level of quality care These initiatives include - Implementation of the Pyxis medication dispensing system and remote pharmacy coverage in the hospital and emergency setting The system automatically checks for drug interactions and proper dosing, ensuring patient safety and reducing medication errors - The Northwoods Healthcare clinics instituted an electronic medical records system through their clinics in Greenville, Monson, and Sangerville The electronic record provides immediate access to hospital providers on medications, chronic diseases, and office visits, as well as Emergency Department visits or hospital admissions The system also alerts providers when screenings or medical tests may be due or if results are out of normal range - CA Dean is also an active participant in the Maine Critical Access Hospital Patient Safety Collaborative The group, comprised of members of the critical access hospitals throughout the state, meets regularly to work on statewide issues regarding patient safety Through grant funding from the Maine Health Access Foundation, the collaborative developed medication safety projects, which were developed to provide patients with their own personal record of the medications they are currently taking If patients see multiple providers, this can become confusing for the patient as well as the other treating providers The packet provides a central repository that can be shared between providers giving a complete medication profile of the patient - Looking to provide greater access to the patients of the Guilford/Sangerville region, Northwoods Healthcare opened a new provider practice in the town of Sangerville The new office space offers patients access to expanded specialties, including physical therapy, laboratory, gynecology, orthopedics, podiatry, and general surgery, as well as additional exam rooms for quicker appointment scheduling - CA Dean welcomed two specialty providers to its growing line of services to the patients of the Moosehead Lake region Michael Drouin, MD, gynecologist and Mario Turi, MD, orthopedics, joined David Rideout, MD, general surgery, and John Toothaker, DPM, podiatry, in providing access to needed services in the Moosehead region Prior to their appointment, patients would need to travel a great distance to receive these services OTHER PROGRAM SERVICES 5 The Aroostook Medical CenterLeadership David Peterson, President and CEO and Barry McCrum, Board Chair Location Presque Isle employees 1,027 description A comprehensive healthcare organization operating an 89-bed medical center, a 72-bed nursing home, a regional ambulance service, and numerous primary and specialty care practices - Recruited 12 new physicians and mid-level providers resulting in a total of 58 active medical staff members and 48 active allied health professionals - Inducted 20 new employees into Veterans-In-Partnership club for staff who have served more than 20 years, bringing the total membership to 185 - Coordinated the high school Healthcare Career Exploration Program and the seventh annual Survivor Aroostook Camp to encourage local youth to pursue healthcare careers - Established a TAMC Total Health team with the goal of improving the health and wellness of TAMC staff members - Collaborated with Northern Maine Community College on continuing education courses on medical coding and critical care nursing - Recognized 82 volunteers for providing more than 11,638 hours, serving 33 TAMC departments and ten special events - Increased the annual employee retention rate to 86% - Relocated outpatient psychiatric services to Presque Isle for improved patient convenience - Received the following awards, designations, and accreditations Ambulance Service of the Year, Sleep Disorders Center reaccreditation, Maine "Preferred Provider" designation, and National Committee for Quality Assurance certification for North Street Healthcare family practice and internal medicine providers - Reorganized nursing units to improve patient experience and eliminate need for traveling nurses - Developed All Hazards Plan to streamline response to natural disasters and other emergencies - Received nearly $250,000 in grant funds and donations to support the capital and programmatic needs and provided over $215,000 in financial support through sponsorships and in-kind contributions to enhance community health, workforce development, and economic development in Aroostook County - Opened North Street Healthcare to improve access to primary, pediatric, and walk-in care - Launched new website to broaden awareness of services available, provide community with public health updates, and improve understanding of health conditions OTHER PROGRAM SERVICES 6 The Acadia HospitalLeadership David Proffitt, PhD, CEO and John Bragg, Board Chair Location Bangor employees 679 description The Acadia Hospital is Maine's comprehensive resource for information and treatment of mental illness and chemical dependency Acadia is also the first psychiatric hospital in the nation awarded Magnet status for nursing excellence - Acadia opened its new state of the art Pediatric and Family Center in September, 2009, which now serves hundreds of children and their families in a more natural, supportive environment The $1 2 million center was built with funds from the successful Keep the Promise Capital Campaign - Opened a brand new ECT (Electroconvulsive Therapy) Unit which will significantly expand this valuable service to all of northern Maine - Completed construction of a new 10-bed Psychiatric Observation Unit designed to help hospitals immediately refer people who are in psychiatric distress The observation service will provide a telemedicine outreach component to hospitals in rural Maine - Allen Schaffer, MD was named Acadia Hospital's new chief medical officer, bringing years of clinical and administrative experience to the position - Re-accredited as a Magnet Hospital by the American Nurses Credentialing Center Acadia was the first and remains the only Psychiatric Magnet Hospital in the world and is currently mentoring three international psychiatric facilities and two domestic psychiatric hospitals as they work toward Magnet accreditation - Implemented adventure-based recreational programming for teens and older children, including field trips and activities on the hospital's low ropes course, installed a climbing wall in the gym, and developed outside high ropes elements - Sensory integration rooms were installed These rooms use music, soothing lighting, blankets of various textures, and calming visuals to help clients manage their emotions - Achieved a 40% reduction in use of restraints and eliminated mechanical restraints - Research studies focused on sleep patterns in persons with schizophrenia, use of Lunesta (a medication to aid in sleep) for people with schizophrenia, and impact of using standardized definitions of health care acquired infections in behavioral health Other studies included "HYPE Helping Youth Participate in Emphasizing Strengths," "Geropsychiatric Education in Long-Term Care Facilities," and "Initiating anEducational and Mentoring Program Throughout One Magnet Hospital "- Program evaluation work took place regarding integration of primary care services in a psychiatric hospital, and supporting the integration of medication-assisted addiction treatment into primary care settings - Publications featuring Acadia staff included Psychiatric Services, Early Intervention in Psychiatry, and Advance for Nurses (Acadia Hospital's NTP Strengthening Families and Alliances to Support Healing and Recovery) - Continued its community outreach via Facebook and Twitter, Challenge Days, and support of the annual NAMI-Maine Walk and Mental Illness Awareness Week - The Aware Program, a combined research and treatment service for young people at risk for schizophrenia, served dozens of clients, published papers, and presented at national conferences - The annual 3 Bands Concert and Swing Fore Life Golf Classic raised more than $35,000 in support of Acadia services OTHER PROGRAM SERVICES 7 Eastern Maine Medical CenterLeadership Deborah Carey Johnson, RN, President and CEO and Michael McInnis, Board Chair Location Bangor/Brewer employees 3,675 description Eastern Maine Medical is the 411-bed regional referral center for the northern two-thirds

Form **8868**
(Rev April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ..... ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only. .. ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing *(e-file).* Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	Employer Identification number
File by the due date for filing your return. See instructions.	EASTERN MAINE HEALTHCARE SYSTEMS	01-0527066
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	43 WHITING HILL ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BREWER, ME 04412	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of. ► Scott A. Oxley, VP/CAO

Telephone No. ► (207) 973-5114 FAX No. ► (207) 973-7139

- If the organization does not have an office or place of business in the United States, check this box ..... ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 5247. If this is for the whole group, check this box . ► [ ]. If it is for part of the group, check this box. ► [X] and attach a list with the names and EINs of all members the extension will cover. Eastern Maine Healthcare Systems 01-0527066

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [ ] calendar year 20 ____ or

► [X] tax year beginning 9/28, 20 08, and ending 9/26, 20 09.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box..... ► [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print / File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	EASTERN MAINE HEALTHCARE SYSTEMS	01-0527066
	Number, street, and room or suite number. If a P.O. box, see instructions.	For IRS use only
	43 WHITING HILL ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BREWER, ME 04412	

Check type of return to be filed (File a separate application for each return):

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990 BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in care of ► Scott A. Oxley, VP/CAO
Telephone No. ► (207) 973-5114 FAX No. ► (207) 973-7139

• If the organization does not have an office or place of business in the United States, check this box ..... ► [ ]

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).... 5247 . If this is for the whole group, check this box... ► [ ]. If it is for part of the group, check this box.. ► [X] and attach a list with the names and EINs of all members the extension is for. EASTERN MAINE HEALTHCARE SYSTEMS 01-0527066

4 I request an additional 3-month extension of time until 8/15, 20 10.

5 For calendar year ____, or other tax year beginning 9/28, 20 08, and ending 9/26, 20 09.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension... Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.....	8a	$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.....	8b	$
c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs.....	8c	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► [signature] Title ► Treasurer Date ► 4-8-10