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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 09-27-2009 and ending 09-25-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ 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 $ 70,082,942

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 Website: ▶ www emh org

K Form 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 net 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**	16
5	Total number of employees (Part V, line 2a)	**5**	468
6	Total number of volunteers (estimate if necessary)	**6**	2
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,535,667
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-30,136

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	550,199	1,107,982
	9 Program service revenue (Part VIII, line 2g)	52,523,479	56,131,414
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,870,400	2,615,584
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	374,426	123,218
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,577,704	59,978,198
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)	34,493,496	36,062,988
	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)	17,524,930	19,486,754
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	52,018,426	55,549,742
	19 Revenue less expenses Subtract line 18 from line 12	-1,440,722	4,428,456

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	190,972,024	170,272,847
	21 Total liabilities (Part X, line 26)	128,787,399	103,834,274
	22 Net assets or fund balances Subtract line 21 from line 20	62,184,625	66,438,573

Part II Signature Block

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

Sign Here

****** | 2011-07-28
Signature of officer | 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 identifying number (see instructions)
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

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 501(c)(4) organizations and section 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 $ 55,365,958 including grants of $) (Revenue $ 53,784,895)

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 $26,812,465 (at cost) and other uncompensated care of $15,255,580 (at cost) for a total uncompensated care of $42,068,045 The EMHS hospitals had a Medicare shortfall of $43,282,433 and a Medicaid shortfall of $47,207,044

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

Please see the following publication for details of community benefit projects by Eastern Maine Healthcare Systems entities

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

In the 2009 EMHS Annual Report, we mentioned that healthcare reform would likely be passed, and that it would be a catalyst for significant changes in how we deliver healthcare We noted at the time that care of the chronically ill would likely shift to community-based versus facility-based settings, and that the breadth of EMHS providers (including home health and long-term care) and our investments in information technology well positioned the system to embrace change Today, as our 2010 report is published, healthcare reform is the law of the land While details of the reform continue to be debated, many of the expected changes are underway EMHS is not only positioned to embrace these changes, we are helping to lead the way, thanks in part to early planning and investments in our information technology infrastructure For instance, healthcare reform brought the promise of federal stimulus funding to reimburse providers who have demonstrated "meaningful use" of information technology to improve patient care By meaningful use, we mean that healthcare providers use technology to capture data in real time to support their treatment decisions and build on computerized protocols, or guidelines, for best practices It also means that yourEMHS primary care provider uses computerized registries of chronic disease treatment plan elements that have been proven to improve quality of care in a preventative and proactive manner In 2010, EMHS hospitals and physician practices initiated an ambitious project, which we call eQuest While EMHS has already been recognized for its leadership in using information technology, the pace of investments, measured in terms of both dollars and staff expertise, needed to speed up if we were to maximize our opportunities for federal meaningful use funding Literally hundreds of staff across our organization are intensely focused on taking EMHS to the highest levels of meaningful use in the months ahead eQuest is organizing and focusing those efforts so that, together, we optimize this one time opportunity for federal funds A second example of federal funding supporting a reformed delivery system is the Bangor Beacon Community initiative Last spring, EMHS received a nearly $13 million dollar grant to demonstrate improvements in the delivery of care, using clinical information technology EMHS' grant application is one of only 17 receiving federal funds through this competitive process across the United States Our Beacon colleagues are among some of the most advanced healthcare systems in the nation The EMHS Beacon application was highly regarded because of its inclusion of multiple providers (both within and outside EMHS) at multiple levels of care (including home health, long term care and other community based settings) and because of our already advanced state of linking providers via information technology In fact, because EMHS already has a highly functioning information infrastructure in place, we have been asked to lead national Beacon affinity groups on leadership, communication, and project management There is a statewide advisory committee attached to the Bangor Beacon Community so that learned experiences can be disseminated across all healthcare providers in Maine, continuing EMHS' commitment to sharing expertise and resources with other providers in our efforts to improve healthcare delivery for all Mainers Additionally, at the end of the three year grant, all 17 Beacon grantees are to publish their results for nationwide learning and improvement EMHS is extremely proud to be participating in this national effort Within this 2010 annual report, you will read about the great work our member organizations do every day in caring for the people of Maine We hope this will give you some valuable insight into the passion, dedication and expertise of our some 8000 employees We appreciate your support of EMHS and all of our members George Eaton, Esq EMHS Board ChairM Michelle Hood, FACHEEMHS President and CEO

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 55,365,958

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school 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 United States?	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 United States? *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 U S ? *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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities 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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 line 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *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 sections 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	**Section 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% 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				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	72		
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	468		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		No
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			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		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		No
9	**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** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	19		
b	Enter the number of voting members that are independent	1b	16		
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 Yes	
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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		No
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former 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-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	4,758,040	2,428,488	1,805,217

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 44

			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 on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Siemens Medical Solutions USA Inc Dept 0733 Dallas, TX 753120733	Hosting Services	1,557,378
River City Commercial Cleaning Inc PO Box 56 Bangor, ME 044020056	Cleaning Services	534,642
Douglas Jones PO Box 143 Machias, ME 04654	Temporary Staffing	402,133
Deloitte & Touche LLP PO Box 7247-6446 Philadelphia, PA 171706446	Audit Services	593,000
Cigna Healthcare 5082 Collections Center Dr Chicago, IL 606930050	Plan Administrator	3,702,276
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 20		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	4,187			
	e	Government grants (contributions)	1e	989,471			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	114,324			
	g	Noncash contributions included in lines 1a-1f $ 1,470					
	h	**Total.** Add lines 1a-1f		1,107,982			
Program Service Revenue			Business Code				
	2a	Supporting Org Revenue	561,000	48,110,875	46,575,208	1,535,667	
	b	Hotel/Lodging Revenue	721,110	810,852			810,852
	c	Exempt Affiliate Rental	532,000	5,408,878	5,408,878		
	d	Clinical Software Sales	541,519	1,800,809	1,800,809		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		56,131,414			
	3	Investment income (including dividends, interest and other similar amounts)		1,790,274			1,790,274
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	418,078				
	b	Less rental expenses	311,388				
	c	Rental income or (loss)	106,690				
	d	Net rental income or (loss)		106,690			106,690
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	10,615,266	3,400			
	b	Less cost or other basis and sales expenses	9,671,478	121,878			
	c	Gain or (loss)	943,788	-118,478			
	d	Net gain or (loss)		825,310			825,310
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	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	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	16,528			16,528
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		16,528			
	12	**Total revenue.** See Instructions		59,978,198	53,784,895	1,535,667	3,549,654

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	5,133,827	5,133,827		
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	22,249,244	22,249,244		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,192,560	2,192,560		
9 Other employee benefits	4,643,277	4,643,277		
10 Payroll taxes	1,844,080	1,844,080		
11 Fees for services (non-employees)				
a Management	0			
b Legal	111,901		111,901	
c Accounting	71,883		71,883	
d Lobbying	5,255	5,255		
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	120,544	120,544		
g Other	3,520,674	3,520,674		
12 Advertising and promotion	116,773	116,773		
13 Office expenses	893,570	893,570		
14 Information technology	1,072,008	1,072,008		
15 Royalties	0			
16 Occupancy	2,369,172	2,369,172		
17 Travel	270,625	270,625		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	297,371	297,371		
20 Interest	1,653,601	1,653,601		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	6,943,550	6,943,550		
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	351,240	351,240		
b Provider Health Information	1,078,160	1,078,160		
c Gifts & Contributions	101,485	101,485		
d Employee Events Expense	53,344	53,344		
e Dues & Subscriptions	449,242	449,242		
f All other expenses	6,356	6,356		
25 **Total functional expenses.** Add lines 1 through 24f	55,549,742	55,365,958	183,784	0
26 **Joint costs.** Check here ▶ ☐ 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		115,604	1	110,799
	2	Savings and temporary cash investments		22,725,783	2	27,158,092
	3	Pledges and grants receivable, net			3	428,400
	4	Accounts receivable, net		2,351,947	4	2,332,309
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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		15,640,006	7	9,293,765
	8	Inventories for sale or use			8	14,094
	9	Prepaid expenses and deferred charges		1,126,966	9	2,038,829
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 91,343,010			
	b	Less accumulated depreciation	10b 37,927,713	84,776,295	10c	53,415,297
	11	Investments—publicly traded securities			11	0
	12	Investments—other securities See Part IV, line 11			12	0
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11		64,235,423	15	75,481,262
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		190,972,024	16	170,272,847
Liabilities	17	Accounts payable and accrued expenses		11,983,015	17	10,549,515
	18	Grants payable			18	
	19	Deferred revenue			19	394,794
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		81,879,553	23	45,621,512
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		34,924,831	25	47,268,453
	26	**Total liabilities.** Add lines 17 through 25		128,787,399	26	103,834,274
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		62,090,464	27	66,361,731
	28	Temporarily restricted net assets		84,007	28	63,842
	29	Permanently restricted net assets		10,154	29	13,000
		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		62,184,625	33	66,438,573
	34	Total liabilities and net assets/fund balances		190,972,024	34	170,272,847

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS

Employer identification number
01-0527066

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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).**

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 supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
See Additional Data Table									
Total									40,634,776

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** 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—2009.** 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—2008.** 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 a 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part 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** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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), then

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

- 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) or Form 990-EZ, line 35a (regarding proxy tax), then

- 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 Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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 Complete if the organization is exempt under section 501(c)(3).

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 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 Complete if the organization is exempt under section 501(c) except section 501(c)(3).

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 funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 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 For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were 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 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 **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(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 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(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 1c through 1i)?	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		42,288
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		2,367
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			44,655
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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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 (see instructions)	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 LD 757 (Amended from short form to long form)Issue EMMC legislative briefing (12/7/09)LD 1671 "An Act Making Suppl Approprops and Allocations for the Expenditures of State Gov't, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Ops/ of State Gov't for the FYE June 30, 2010 and June 30, 2011"LD 1687 "Resolve, To Define High-risk Populations for the Purposes of Hospital Surveillance for Methicillin-resistant Staphylococcus Aureus and To Implement Public Law 2009, chapter 346"LD 1780 "Resolve, Regarding Legislative Review of Portions of Chapter 270 Uniform Reporting System for Quality Data Sets, a Major Substantive Rule of the Maine Health Data Organization"LD 1819 "An Act To Implement the Recommendations of the Advisory Council on Health Systems Development Relating to Payment Reform"HP 1262 Establishing a Joint Select Committee on Health Care Reform Opportunities and ImplementationNon-Deductible portion of dues

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 for any other purpose conferring 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 a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 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 the arrangement 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	20,256	8,577			
b	Contributions	5,346	10,154			
c	Investment earnings or losses	2,666	1,525			
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	28,268	20,256			

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

- a Board designated or quasi-endowment ▶ **49.010 %**
- b Permanent endowment ▶ **50.990 %**
- 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)	Yes	
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) Accumulated depreciation	(d) Book value
1a Land		2,324,516		2,324,516
b Buildings		44,272,537	11,769,160	32,503,377
c Leasehold improvements		1,515,147	737,492	777,655
d Equipment		35,260,004	22,093,305	13,166,699
e Other		7,970,806	3,327,756	4,643,050
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				53,415,297

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
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	35,581,143
Org costs & other long term investments	1,464,248
Investment in subsidiaries	6,720,243
Interest in net assets held at HC	76,842
Board designated funds - other	16,354
Board designated funded depreciation	31,622,432
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	75,481,262

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Changes in Fair Value of Swap	2,125,380
Accrued Self Insurance Reserves	29,266,089
Accrued Post Retirement Benefits	15,876,984
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	47,268,453

2. Fin 48 Footnote 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	59,978,198
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	55,549,742
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,428,456
4	Net unrealized gains (losses) on investments	4	861,506
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,036,014
9	Total adjustments (net) Add lines 4 - 8	9	-174,508
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,253,948

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	127,081,527
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	861,506		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	65,941,336		
e	Add lines **2a** through **2d**			2e	66,802,842
3	Subtract line **2e** from line **1**			3	60,278,685
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	-300,487		
c	Add lines **4a** and **4b**			4c	-300,487
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	59,978,198

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

1	Total expenses and losses per audited financial statements			1	121,796,809
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	Other losses	2c			
d	Other (Describe in Part XIV)	2d	311,388		
e	Add lines **2a** through **2d**			2e	311,388
3	Subtract line **2e** from line **1**			3	121,485,421
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	-65,935,679		
c	Add lines **4a** and **4b**			4c	-65,935,679
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	55,549,742

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 IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Rental Expenses reclass to Line 6b $311388
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Reimbursement of expense reclass to exp $65941336
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Adjustment to Apply Recognition Provisions of FASB Statement $415319 Contributions of Capital from Acadia Hospital $41030 Contributions of Capital from Blue Hill Memorial Hospital $67401 Contributions of Capital from CADean Hospital $29735 Contributions of Capital from Eastern Maine HomeCare $9870 Contributions of Capital from Eastern Maine Medical Center $703555 Contributions of Capital from Healthcare Charities $47418 Contributions of Capital from Inland Hospital $110918 Contributions of Capital from Rosscare $225759 Contributions of Capital from Sebasticook Valley Hospital $61804 Contributions of Capital from The Aroostook Medical Center $182396 Contributions of Capital to CADean Hospital $ -155703 Contributions of Capital to Eastern Maine Medical Center $ -537751 Contributions of Capital to Inland Hospital $ -55773 Contributions of Capital to Me Inst for Human Genetics&Hlth $ -1750000 Interest in Net Assets Held at Healthcare Charitites $ -15992 Contributions of Capital to Acadia Hospital $ -86000 Contributions of Capital to Rosscare $ -330000
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
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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 with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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)** Retirement and other 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 reportable compensation				
See Additional Data Table							

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	Patrick J Whalen, officer, received a gift card and logo gear for most valuable performer for the quarter with the organization for $65 with a $0 96 gross-up payment All employees of the organization are eligible for this recognition

Additional Data

Return to Form

Software ID: 09000047
Software Version: 2009v1.7
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 Garrity	(I)							
	(II)	235,462	597	458	2,945	84	239,546	
Thomas Moskalewicz	(I)							
	(II)	266,593		22,346	8,575	17,590	315,104	
Scott A Oxley	(I)	187,989	19,483	17,356	14,511	16,144	255,483	
	(II)							
Ralph W Swain	(I)	141,382	9,870	18,314	13,179	9,767	192,512	
	(II)							
Philip A Johnson	(I)	187,242	20,042	30,625	15,842	20,647	274,398	
	(II)							
Patrick J Whalen	(I)	175,777	38,790	49,940	18,541	19,796	302,844	
	(II)							
Miles Theeman	(I)	139,558		39,776	23,735	14,045	217,114	
	(II)	67,349	30,956	12,168	4,465	6,483	121,421	
Michael E Palumbo DO	(I)							
	(II)	215,324	1,689	45,066	5,080	29,182	296,341	
Mary M Hood	(I)	589,051	107,408	33,991	16,400	16,465	763,315	
	(II)							
Lisa Harvey-McPherson	(I)	140,034	12,886	16,115	11,969	9,970	190,974	
	(II)							
Leonard Giambalvo Esq	(I)	272,570		25,836	27,730	10,428	336,564	
	(II)							
John D Dalton	(I)							
	(II)	193,799	19,800	41,103	4,968	15,918	275,588	
John C May	(I)							
	(II)	180,503	39,768	49,271	8,575	20,533	298,650	
John C Baker MD	(I)							
	(II)	158,693		7,739	3,869		170,301	
Jean M Mellett	(I)	106,788	8,010	17,385	12,310	23,212	167,705	
	(II)							
Jay M Reynolds	(I)							
	(II)	160,069		32,671	7,888	21,889	222,517	
Glenn Martin	(I)	150,929	15,804	17,652	10,499	24,081	218,965	
	(II)							
Gerard J Deschaine	(I)	111,705	9,159	23,201	17,881	17,747	179,693	
	(II)							
Eugene F Murray	(I)							
	(II)	138,779	10,000	13,244	12,721	28,469	203,213	
Erik N Steele DO	(I)	265,690	42,975	26,717	21,000	29,596	385,978	
	(II)	7,760					7,760	
Deborah C Johnson RN	(I)	380,098	57,467	33,615	418,635	28,025	917,840	
	(II)							
David S Proffitt	(I)	190,896		28,339		10,358	229,593	
	(II)							
David A Peterson	(I)							
	(II)	314,227		75,986	301,062	18,957	710,232	
Daniel B Coffey	(I)	312,484	56,414	58,739	303,411	17,934	748,982	
	(II)							
Cynthia Olivier	(I)	143,371	10,385	17,389	11,384	8,187	190,716	
	(II)							
Charles E Kimball	(I)	129,019	7,871	8,107	16,295	9,609	170,901	
	(II)							
Catherine J Bruno	(I)	190,682	21,768	41,346	18,455	19,526	291,777	
	(II)							

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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).

Complete if the organization 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	(c) Corrected? 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.

Complete if the organization 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	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization 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.

Complete if the organization 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	(e) No
Miles Theeman	planning brd membe	213,233	taxes-City of Bangor		No
John C May	jnt vnture committ	3,830,000	Lifeflight loan payback		No
John Canders Partner	fam mem of officer	123,987	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

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS

Employer identification number
01-0527066

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	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 11	Form 990, Part VI, Line 11 Form 990 Review Process	Form 990 is provided to each board member either electronically or in hard copy with an opportunity to ask questions prior to filing with the IRS It was reviewed at the July 26, 2011 finance committee prior to filing with the IRS and will be reviewed at the October 6, 2011 meeting of the board of trustees

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	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, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	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 4	Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	Amendment to the Corporation's Bylaws to include the creation of the Finance Committee to Board's standing committees

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	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 and treasurer of Northern Maine Community College Education Foundation board Carl Flora, director and Larry E Laplante, director are trustees of United Way of Aroostook Larry E LaPlante, director is a part-time employee of Husson University and Daniel B Coffey, officer is a trustee of Husson University board Mary M Hood, director/officer is a board member of University of Maine Board of Visitors 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 P James Nicholson, director/vice chair is treasurer of Delta Ambulance and Michael E Palumbo, is director of Delta Ambulance

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 The Acadia HospitalLEADERSHIP David S Proffitt, PhD, President and CEO and John Bragg, Board Chair LOCATION Bangor, EMPLOYEES 679, DESCRIPTION The Ac adia Hospital is Maine's comprehensive resource for information and treatment of mental il lness and chemical dependency Acadia is also the first psychiatric hospital in the w orld to be aw arded Magnet status for nursing excellence - Through the generosity of annual dono rs, Acadia established a surrogate pet therapy fund, w hich sends large, cuddly, stuffed an imals home w ith our young clients - Acadia director of Education, Dan Johnson, PhD, presen ted at the American Association for the Treatment of Opioid Dependence (AATOD) in Chicago His presentation w as titled, "Risk Reduction for Illicit Benzodiazepine Abuse w ithin an O pioid Treatment Program Population "- The hospital hired three new members of its executiv e leadership team vice president, chief of Clinical Services, Brent Scobie, LCSW, CCS, vi ce president, Patient Services and Performance Improvement, Deborah Sanford, RN, MS, MBA, and, vice president, nursing/chief nursing officer, Karen Clements RN, BSN, MSB - Care Coo rdination Services w ere restructured to focus on recovery outcomes as a principle measure of client progress in treatment - Work w as completed on the Pediatric Early Intervention S tudy Group, w hich w as funded by Maine's CATCH Foundation to study the pediatric medical ho me model in Penobscot County - Acadia continued to enhance its social media outreach, deve loping a YouTube Channel - Acadia partnered w ith Penobscot Theatre to provide anti-bullyin g education via the one-act play Secret Life of Girls, featuring UMaine student-actors - Acadia nurses gave presentations and presented posters on the follow ing topics at a variet y of state and national conferences Follow ing are only a sample Naomi Brow n, PMH-NP-Init iating an Educational and Mentoring Program Throughout One Magnet Hospital, Valerie Radel, RN-BC-Understanding Personality Disorders, Eugene Gregor, RNC-Treating Agitation and Aggr ession in Children, Heather Elkins, RN-BC, BSN-Neurofeedback and Biofeedback, Julia Putnam , RN-BC, BS and Gail Ledford, RN, BSN, MIS, MBA-Early Intervention Support to Promote Rest raint Reduction - Meadow Wood opened its doors in July, offering physicians, executives, a nd other high-level professionals a discreet and private setting to receive a psychiatric evaluation and outpatient treatment This is the first program of its kind in northern New England - The Acadia Hospital opened a 10-bed Psychiatric Observation Unit (POU) and is e xperiencing consistently high patient volumes The Acadia POU is designed for rapid assess ment and observation of behavioral health patients, bringing multidisciplinary psychiatric care to individuals as early as possible for a 24-hour period OTHER PROGRAM SERVICES 5 The Aroostook Medical CenterLEADERSHIP Sylvia Getman, CEO and Peter St John, Board Chair LOCATION Presque Isle, EMPLOYEES 1,005, DESCRIPTION The Aroostook Medical Center (TAMC) is 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 practi ces - Fifteen new physicians and mid-level providers w ere recruited, resulting in a totalo f 63 active medical staff members and 45 active allied health professionals - Eight new em ployees w ere inducted into TAMC's Veterans-In-Partnership programfor staff members w ho've served the organization for 20 or more years, bringing total membership in the program to 181 - The eighth annual Survivor Aroostook Camp and Healthcare Career ExplorationProgram o nce again introduced local high school students to careers in healthcare - A tw o-year cont ract w as successfully negotiated w ith the union representing TAMC nurses and a three-year contract w as negotiated w ith the union representing our technical staff - The Total Health team ran a successful w eight loss challenge for staff, w ith a total of more than 1,000 po unds lost during the challenge - TAMC collaborated w ith Northern Maine Community College t o offer critical care nursing continuing education courses - Eighty-tw o volunteers w ere re cognized for serving more than 11,638 hours in 33 departments and at 10 special events - T AMC introduced digital mammography to provide w omen w ith access to the best breast cancer screening technology available, and initiated an epidural pain management service to help make the birth experience more comfortable for area w omen - Outpatient registration at AR Gould Memorial Hospital w as restructured in order to provide more convenient, efficient se rvice to our customers - A new patio and sunroom w ere constructed at Aroostook Health Cent er for long-term care residents as a result of a significant philanthropic gift - More tha n 1,300 free flu shots w ere given at community clinics in Presque Isle, Fort Fairfield, Ca ribou, and Mars Hill - Once again, TAMC achieved b

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	lue ribbon status for patient safety and select clinical quality indicators by the Maine H ealth Management Coalition and a five-star rating for Aroostook Health Center, long-term c are facility, by US Department of Health and Human Services - More than $460,000 in grant funds and donations supported capital and programmatic needs - TAMC opened The Clinic at W almart, a w alk-in care clinic open seven days a w eek to provide care for minor illnesses a nd injuries - Several services w ere combined to create an integrated surgical, cardiology, pulmonology, and specialty clinics center at A R Gould Memorial Hospital in order to imp rove collaboration betw een physicians and provide more convenient and comprehensive care f or patients - TAMC began offering internal medicine services in Presque Isle to augment th e family practice services already offered OTHER PROGRAM SERVICES 6 Charles A Dean Memor ial Hospital and Nursing HomeLEADERSHIP Geno Murray, President and CEO and Ruth McLaughli n, Board Chair LOCATION Greenville, Monson, Sangerville, EMPLOYEES 170, DESCRIPTION Cha rles A Dean Memorial Hospital and Nursing Home provide access to quality healthcare to the residents and visitors of the Moosehead Lake region Our 25-bed critical access hospital provides acute, skilled, and nursing facility beds CA Dean also provides 24-hour emergenc y medical services, including an ambulance and a full service Emergency Department, three family practice locations, diagnostic services, laboratory, digital imaging, CT scan, ultr asound, mammography, rehabilitation services, as w ell as podiatry, and general and orthope dic surgery - CA Dean Hospital has received a Maine Health Management Coalition Blue Ribbo n for HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) scores, an d three Avatar aw ards for patient service Exceeding Patient Expectations, Five Star Servi ce (Inpatient Five Star Service) and Loyalty and Endorsement - The hospital began Electrom yography (EMG) services for neurological conditions, and offered new orthopedic specialty services in Greenville and Sangerville - CA Dean nursing home earned the My Innerview aw ar d for outstanding patient service This aw ard recognizes nursing homes that achieve high l evels of excellence in facility quality - With the relocation and expansion of the Guilfor d Clinic to Sangerville, CA Dean w as able to add physical therapy services five days per w eek as w ell as offer w eekly clinics for general and orthopedic surgery - CA Dean acquired federal funding for capital investment to redeploy grant funds to match capital priorities , w hich allow ed for replacement of the hospital's CT scanner - The EMHS Board of Directors met at CA Dean in October and the hospital also hosted the annual meeting of the system-w ide Human Resources Affinity Group - In response to the H1N1 outbreak and advanced seasona l flu concerns, CA Dean mobilized a significant vaccine, prevention, and education campaig n to combat infection Working closely w ith the school and community, the hospital w as abl e to deliver a program that delivered some of the best statistics in Maine OTHER PROGRAM SERVICES 7 Sebasticook Valley Hospital (SVH) LEADERSHIP Victoria Alexander-Lane, Presiden t and CEO and Michael Hodgins, Esq , Board of Trustees Chairperson LOCATION Pittsfield, C linton, Detroit, New port, Palmyra, EMPLOYEES 355, DESCRIPTION 25-bed critical access hos pital w ith a w omen's health center, surgical, special care and sw ing bed units, rehabilita tion centers, diagnostics, laboratory, cardiopulmonary services, primary, w alk-in, and spe cialty practices, diabetes and nutrition clinic, sleep study center, and community health services including dental health and transportation - In 2010, SVH w as named by the Leapfr og Group as one of the top hospitals in the country - An inpatient hospitalist program w as developed and implemented, w ith the model tailored to fit SVH, w hich is a critical access hospital - SVH expanded rehabilitation

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS

Employer identification number
01-0527066

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

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) 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** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

		Yes	No
1 During the tax year, did the orgranization 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	(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** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID: 09000047
Software Version: 2009v1.7
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
Sebasticook Valley Hlth Convenient Care 447 North Main Street Pittsfield, ME04967 27-3129791	Provide patient care	ME	501(c)(3)	3	SVH
Sebasticook Valley Family Practice Assoc 447 North Main Street Pittsfield, ME04967 01-0357854	Provide patient care	ME	501(c)(3)	9	SVH
Inland Family Practice Associates LLC 200 Kennedy Memorial Drive Waterville, ME04901 27-2942245	Provide patient care	ME	501(c)(3)	3	Inland
Meadow Wood LLC 43 Whiting Hill Road Brewer, ME04412 27-2935243	Provide patient care	ME	501(c)(3)	9	AHI
Blue Hill Memorial Hospital Foundation 57 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 57 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 SVH 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 AHI 43 Whiting Hill Road Brewer, ME04412 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 43 Whiting Hill Road Brewer, ME04412 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	-37,678	308,582	64 000 %
Meridian Mobile Health LLC 931 Union St 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	962,028	8,075,028	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)	Maine Network for Health	l	62,674
(1)	Maine Network for Health	a	201
(2)	Meridian Mobile Health LLC	p	449,182
(3)	Meridian Mobile Health LLC	a	289
(4)	DE Collections DBA Affiliated Collect	p	84,927
(5)	Affiliated Pharmacy Services	p	269,809
(6)	Affiliated Pharmacy Services	k	52,278
(7)	Affiliated Pharmacy Services	a	26,622
(8)	Affiliated Materiel Services	p	379,196
(9)	Affiliated Materiel Services	o	54,924
(10)	Affiliated Materiel Services	k	334,024
(11)	Affiliated Laboratory Inc	p	2,182,463
(12)	Affiliated Laboratory Inc	k	377,376
(13)	Affiliated Laboratory Inc	a	31,863
(14)	Affiliated Healthcare Management	p	1,288,751
(15)	Affiliated Healthcare Management	l	135,098
(16)	Affiliated Healthcare Management	k	547,389
(17)	Affiliated Healthcare Management	a	34,400
(18)	Affiliated Healthcare Systems AHS	r	962,028
(19)	Affiliated Healthcare Systems AHS	k	207,468
(20)	Blue Hill Memorial Hospital BHMH	r	67,401
(21)	Blue Hill Memorial Hospital BHMH	p	2,652,359
(22)	Blue Hill Memorial Hospital BHMH	k	1,563,735
(23)	Blue Hill Memorial Hospital BHMH	e	1,732,768
(24)	Blue Hill Memorial Hospital BHMH	a	2,699
(25)	ME Institute for Human Genetics & Health	q	1,750,000
(26)	ME Institute for Human Genetics & Health	p	200,533
(27)	ME Institute for Human Genetics & Health	k	449,328
(28)	ME Institute for Human Genetics & Health	a	353,341
(29)	Eastern Maine HomeCare	a	84,469

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(31)	The Aroostook Medical Center TAMC	r	182,396
(1)	The Aroostook Medical Center TAMC	p	8,373,120
(2)	The Aroostook Medical Center TAMC	o	124,992
(3)	The Aroostook Medical Center TAMC	k	1,269,155
(4)	The Aroostook Medical Center TAMC	a	3,856
(5)	Sebasticook Valley Hospital Assoc SVH	r	61,804
(6)	Sebasticook Valley Hospital Assoc SVH	p	396,579
(7)	Sebasticook Valley Hospital Assoc SVH	k	272,504
(8)	CA Dean Memorial Hosp & Nursing Home	q	155,703
(9)	CA Dean Memorial Hosp & Nursing Home	p	1,355,969
(10)	CA Dean Memorial Hosp & Nursing Home	k	540,801
(11)	CA Dean Memorial Hosp & Nursing Home	e	551,178
(12)	CA Dean Memorial Hosp & Nursing Home	d	310,000
(13)	CA Dean Memorial Hosp & Nursing Home	a	4,234
(14)	Lakewood A Continuing Care Center	k	98,572
(15)	Inland Hospital	r	110,918
(16)	Inland Hospital	q	55,773
(17)	Inland Hospital	p	4,459,197
(18)	Inland Hospital	k	1,265,574
(19)	Healthcare Charities	k	1,620,724
(20)	Acadia Healthcare Inc AHI	p	197,787
(21)	Acadia Healthcare Inc AHI	k	114,076
(22)	Acadia Hospital Corp AHC	q	86,000
(23)	Acadia Hospital Corp AHC	p	5,000,333
(24)	Acadia Hospital Corp AHC	k	2,706,078
(25)	Rosscare	r	225,759
(26)	Rosscare	q	330,000
(27)	Rosscare	p	120,515
(28)	Rosscare	k	286,930
(29)	Rosscare	e	260,000

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(61)	Rosscare	d	180,000
(1)	Rosscare	a	146,886
(2)	Eastern Maine Healthcare Real Estate	j	61,000
(3)	Eastern Maine Healthcare Real Estate	a	2,088
(4)	Eastern Maine Medical Center EMMC	r	703,555
(5)	Eastern Maine Medical Center EMMC	q	537,751
(6)	Eastern Maine Medical Center EMMC	p	42,415,337
(7)	Eastern Maine Medical Center EMMC	o	291,803
(8)	Eastern Maine Medical Center EMMC	l	410,936
(9)	Eastern Maine Medical Center EMMC	k	30,736,390
(10)	Eastern Maine Medical Center EMMC	a	4,960,656

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	
Norumbega Medical Specialists LTD	010465231	9	Yes			No		No	20202
The Aroostook Medical Center	010372148	3	Yes			No		No	1217629
Eastern Maine HomeCare	010328442	9	Yes			No		No	45202
Blue Hill Memorial Hospital	010227195	3	Yes			No		No	1561475
Me Inst for Human Genetics & Hlth	550894346	9	Yes			No		No	417253
Sebasticook Valley Hospital	010263628	3	Yes			No		No	272504
Inland Foundation	010542905	11	Yes			No		No	19914
Lakewood A Continuing Care Center	010421234	3	Yes			No		No	98572
Inland Hospital	010217211	3	Yes			No		No	1261846
CADean Mem Hosp & Nursing Home	043341666	3	Yes			No		No	540801
Acadia Healthcare Inc	223183888	9	Yes			No		No	114076
Acadia Hospital Corp	010459837	3	Yes			No		No	2706078
Healthcare Charities	222514163	11	Yes			No		No	1620724
EMMC Auxiliary	010377901	9	Yes			No		No	5004
Eastern Maine Medical Center	010211501	3	Yes			No		No	30733496

Additional Data

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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
William A Schaffer MD Board Member	50	X						0	87,068	8,650
Victoria Alexander-Lane Sr VP, SVH	50			X				0	0	0
Timothy Garrity Former Sr V P , BHMH	0						X	0	236,517	3,029
Thomas Moskalewicz Former Director	0						X	0	288,939	26,165
Sylvia Getman Sr VP, TAMC	50			X				0	0	0
Stanley Bergen Jr MD Board Member	50	X						0	0	0
Scott A Oxley V P /CAO	50 00			X				224,828	0	30,655
Ralph W Swain Dir-IS Applicat	50 00					X		169,566	0	22,946
Philip A Johnson VP, HR	50 00			X				237,909	0	36,489
Patrick J Whalen VP Bus Devel	50 00			X				264,507	0	38,337
P James Nicholson CPA Vice Chair/Brd	50	X						0	0	0
Nichi Farnham Board Member	50	X						0	0	0
Miles Theeman Sr VP, AHS	50			X				179,334	110,473	48,728
Michael S Pancoe MD Board Member	50	X						0	0	0
Michael Gray Board Member	50	X						0	0	0
Michael E Palumbo DO Board Member	50	X						0	262,079	34,262
Michael D Lynch Board Member	50	X						0	0	0
Mary M Hood President & CEO	50 00	X		X				730,450	0	32,865
Marjorie F Withers Board Member	50	X						0	0	0
Lisa Harvey-McPherson VP Cont of Care	50 00			X				169,035	0	21,939
Leonard Giambalvo Esq Secreta-part yr	50 00			X				298,406	0	38,158
Larry E LaPlante Board Member	50	X						0	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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John D Lafayette III Board Member	50	X						0	0	0
John D Dalton Sr V P ,Inland	50			X				0	254,702	20,886
John C May Sr V P , SVH	50			X				0	269,542	29,108
John C Baker MD Board Member	50	X						0	166,432	3,869
Jean M Mellett Director-Planning	50 00					X		132,183	0	35,522
Jay M Reynolds Former Director	0						X	0	192,740	29,777
Jacob A Palmer III PhD Board Member	50	X						0	0	0
Gregory E Roraff Sr V P , BHMH	50 00			X				0	0	0
Glenn Martin Secreta-part yr	50 00			X				184,385	0	34,580
Gerard J Deschaine Insur Fund Admin	50 00					X		144,065	0	35,628
George F Eaton II Esq Chairman/Board	50	X						0	0	0
Evelyn Silver Board Member	50	X						0	0	0
Eugene F Murray Sr V P ,CADean	50			X				0	162,023	41,190
Erik N Steele DO VP/Chief Med Of	50 00			X				335,382	7,760	50,596
EE comp is for admin svcs not brd respons	0	X						0	0	0
Deborah C Johnson RN Sr V P , EMMC	50 00			X				471,180	0	446,660
David S Proffitt Sr V P , AHC	50 00			X				219,235	0	10,358
David A Peterson Sr V P , TAMC	50			X				0	390,213	320,019
Daniel B Coffey ExecVP,CFO,Trsr	50 00			X				427,637	0	321,345
Cynthia Olivier Dir-PatAcctSrvs	50 00					X		171,145	0	19,571
Charles E Kimball IS Manager	0					X		144,997	0	25,904
Catherine J Bruno VP/CIO	50 00			X				253,796	0	37,981
Carl Flora Board Member	50	X						0	0	0
Barry McCrum Board Member	50	X						0	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Repairs & Maintenance	351,240	351,240		
Provider Health Information	1,078,160	1,078,160		
Gifts & Contributions	101,485	101,485		
Employee Events Expense	53,344	53,344		
Dues & Subscriptions	449,242	449,242		

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 11, 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 9/27, 20 09, and ending 9/25, 20 10.

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 EASTERN MAINE HEALTHCARE SYSTEMS	Employer identification number 01-0527066
	Number, street, and room or suite number. If a P.O. box, see instructions. 43 WHITING HILL ROAD	For IRS use only
	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 11.

5 For calendar year , or other tax year beginning 9/27, 20 09, and ending 9/25, 20 10.

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 ► 4-22-11