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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 09-26-2010 and ending 09-24-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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) 43 WHITING HILL ROAD

Room/suite

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 $ 81,958,251

F Name and address of principal officer
Derrick Hollings
43 Whiting Hill Road
Brewer, ME 04412

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) ☐ 501(c) ( ) ◀ (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
EMHS,a supporting organization for healthcare affiliates, maintains and improves the health and well-being of the people of Maine through a well-organized network of local health care providers who together offer high quality, cost-effective services to their communities

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 individuals employed in calendar year 2010 (Part V, line 2a)	**5**	488
6	Total number of volunteers (estimate if necessary)	**6**	4
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,575,753
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,107,982	5,661,375
9	Program service revenue (Part VIII, line 2g)	56,131,414	55,026,151
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,615,584	3,476,168
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	123,218	175,705
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	59,978,198	64,339,399
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)	36,062,988	37,280,302
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)	19,486,754	26,053,195
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	55,549,742	63,333,497
19	Revenue less expenses Subtract line 18 from line 12	4,428,456	1,005,902

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	170,272,847	183,601,086
21	Total liabilities (Part X, line 26)	103,834,274	123,003,439
22	Net assets or fund balances Subtract line 21 from line 20	66,438,573	60,597,647

Part II Signature Block

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

Sign Here

****** — Signature of officer — 2012-08-08 — Date

Derrick Hollings Treasurer — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no ▶

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

EMHS,a supporting organization for healthcare affiliates, maintains and improves the health and well-being of the people of Maine through a well-organized network of local health care providers who together offer high quality, cost-effective services to their communities

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 $ 63,139,986 including grants of $) (Revenue $ 55,026,151)

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 $25,644,233(at cost) and other uncompensated care of $16,367,651 (at cost) for a total uncompensated care of $42,011,884 The EMHS hospitals had a Medicare shortfall of $41,621,101 and a Medicaid shortfall of $42,664,901

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

In Schedule O, please see the annual publication for details of community benefit projects by Eastern Maine Healthcare Systems entities

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

A former British prime minister, David Lloyd George, once noted that "You can't cross a chasm in two small steps " His point is that we shouldn't be afraid to take a big step if one is indicated For some, the EMHS decision to become one of the federally recognized Pioneer Accountable Care Organizations (ACO) in the nation might seem to be a very large step The nation certainly has a large chasm to cross, as identified in the Institute of Medicine's 2011 report, "Crossing the Quality Chasm " As our nation's healthcare delivery system has become unsustainably expensive, it has exposed the dysfunctional incentives and inefficiencies that grew within the system over the last 50 years It is important to note that there is no single part of the system at fault It has been a natural evolution of a myriad of parties-private payers, governmental payers, hospitals, physicians, and consumers alike For those reasons, EMHS is proud to be among a few bold health systems in the nation that are leading health reform While the Pioneer ACO is driven by the federal Medicare program, EMHS is mobilizing the same strategies for multiple patient populations in the state of Maine and elsewhere in northern New England Our decision to pursue these redesigned models of care delivery and reimbursement should not seem to be such a big step for our constituents who have read our two previous annual reports In 2009, we described the need to redefine hospitals not as brick-and-mortar places but as a continuous loop of community-based services The nation's epidemic of chronic disease is most effectively addressed in the community, saving our hospitals for the crises and acute issues that demand the most advanced technology Likewise, in 2010, we described the building blocks EMHS has been putting in place to manage a reformed healthcare system These building blocks include advanced information technology that enable care managers to identify and monitor chronically ill patients to assure their optimal health status This approach to care management has been pivotal to the success of the Bangor Beacon Community project-and regional "Little Beacons" emulating it Beacon projects are proving real value by linking together multiple providers-both within EMHS and among externally aligned collaborators-using the same care management philosophy regardless of the site of care We recently heard a colleague in a Pennsylvania health system describe their approach to accountable care as one of "never discharging a patient " Their focus is to manage seamless transitions of care from site to site and provider to provider, assuring appropriate levels of support throughout a patient's life That is a fair description of how EMHS is approaching a reformed, accountable, value-based healthcare delivery model, and we are proud to safely lead the way across the chasm M Michelle Hood, FACHEEMHS President and CEOP James Nicholson, CPAEMHS Board Chair

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 63,139,986

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b		No
c	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.*	11c		No
d	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.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, Parts I and IV*	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, Parts II and IV*	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, Parts III and IV*	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 (see instructions)*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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 lines 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**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *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)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
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

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	91		
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	488		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			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 instructions for 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?			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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		No
8	**Sponsoring organizations maintaining donor advised funds 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				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		No

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant 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	Yes	
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	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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		No
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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 ▶

Jeffrey A Sanford
43 Whiting Hill Rd
Brewer, ME 04412
(207) 973-7894

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								6,471,299	2,694,852	1,367,542

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 ▶ 42

			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 or individual 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	951,000
River City Commercial Cleaning PO Box 56 Bangor, ME 044020056	Cleaning Services	594,194
Penobscot Community Healthcare PO Box 1358 Bangor, ME 044021358	Grant Support	600,432
Cigna Healthcare 5082 Collections Center Dr Chicago, IL 606930050	Plan Administrator	3,342,219
Cerner Corporation PO Box 412732 Kansas City, MO 641412732	Software Support	617,122

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 ▶ 25

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	2,200			
	e	Government grants (contributions)	1e	5,384,516			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	274,659			
	g	Noncash contributions included in lines 1a-1f $		235			
	h	**Total.** Add lines 1a-1f			5,661,375		
Program Service Revenue			Business Code				
	2a	Supporting Org Revenue	561000	49,062,207	47,486,454	1,575,753	
	b	Patient Revenue	621990	132,696	132,696		
	c	Hotel/Lodging Revenue	721110	829,946			829,946
	d	Exempt Affiliate Rental	532000	4,215,801	4,215,801		
	e	Clinical Software Sales	541519	785,501	785,501		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f			55,026,151		
	3	Investment income (including dividends, interest and other similar amounts)			1,749,168		1,749,168
	4	Income from investment of tax-exempt bond proceeds			0		
	5	Royalties			0		
			(i) Real	(ii) Personal			
	6a	Gross Rents	429,690				
	b	Less rental expenses	272,063				
	c	Rental income or (loss)	157,627				
	d	Net rental income or (loss)			157,627		157,627
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	18,975,179	98,610			
	b	Less cost or other basis and sales expenses	17,216,183	130,606			
	c	Gain or (loss)	1,758,996	-31,996			
	d	Net gain or (loss)			1,727,000		1,727,000
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	713940	18,078			18,078
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d			18,078		
	12	**Total revenue.** See Instructions			64,339,399	52,620,452	1,575,753 4,481,819

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	6,441,379	6,441,379		
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	23,834,589	23,834,589		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,089,407	2,089,407		
9 Other employee benefits	2,892,551	2,892,551		
10 Payroll taxes	2,022,376	2,022,376		
a Fees for services (non-employees) Management	0			
b Legal	125,976		125,976	
c Accounting	65,770		65,770	
d Lobbying	10,670	10,670		
e Professional fundraising services *See Part IV, line 17*	0			
f Investment management fees	154,221	154,221		
g Other	9,288,350	9,288,350		
12 Advertising and promotion	159,593	159,593		
13 Office expenses	934,028	932,552	1,476	
14 Information technology	1,142,064	1,142,064		
15 Royalties	0			
16 Occupancy	2,659,122	2,659,122		
17 Travel	375,892	375,892		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	288,955	288,955		
20 Interest	1,248,762	1,248,762		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	5,663,109	5,663,109		
23 Insurance	2,734,688	2,734,688		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a Repairs & Maintenance	306,233	306,233		
b Provider Health Information	239,091	239,091		
c Gifts & Contributions	66,962	66,962		
d Employee Events Expense	75,815	75,766	49	
e Dues & Subscriptions	452,413	452,173	240	
f All other expenses	61,481	61,481		
25 **Total functional expenses.** Add lines 1 through 24f	63,333,497	63,139,986	193,511	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		110,799	1	259,307
	2	Savings and temporary cash investments		27,158,092	2	34,902,406
	3	Pledges and grants receivable, net		428,400	3	440,612
	4	Accounts receivable, net		2,332,309	4	2,896,059
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	0
	7	Notes and loans receivable, net		9,293,765	7	8,724,943
	8	Inventories for sale or use		14,094	8	22,860
	9	Prepaid expenses and deferred charges		2,038,829	9	2,497,150
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 92,944,558			
	b	Less accumulated depreciation	10b 43,646,809	53,415,297	10c	49,297,749
	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		75,481,262	15	84,560,000
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		170,272,847	16	183,601,086
Liabilities	17	Accounts payable and accrued expenses		10,549,515	17	9,228,474
	18	Grants payable			18	
	19	Deferred revenue		394,794	19	12,653,456
	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		45,621,512	23	43,417,571
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		47,268,453	25	57,703,938
	26	**Total liabilities.** Add lines 17 through 25		103,834,274	26	123,003,439
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		66,361,731	27	60,522,706
	28	Temporarily restricted net assets		63,842	28	58,941
	29	Permanently restricted net assets		13,000	29	16,000
		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		66,438,573	33	60,597,647
	34	Total liabilities and net assets/fund balances		170,272,847	34	183,601,086

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	64,339,399
2	Total expenses (must equal Part IX, column (A), line 25)	2	63,333,497
3	Revenue less expenses Subtract line 2 from line 1	3	1,005,902
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	66,438,573
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-6,846,828
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	60,597,647

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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 separate basis, consolidated 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

2010

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 described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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									43,470,814

Part II **Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID: 10000105
Software Version: 2010v3.2
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	
(A) Norumbega Medical Specialists LTD	010465231	9	Yes						44177
(B) The Aroostook Medical Center	010372148	3	Yes						1340055
(C) Eastern Maine HomeCare	010328442	9	Yes						83913
(D) Blue Hill Memorial Hospital	010227195	3	Yes						1543368
(E) Me Inst for Human Genetics & Hlth	550894346	9	Yes						375857
(F) Sebasticook Valley Hospital	010263628	3	Yes						334496
(G) Lakewood A Continuing Care Center	010421234	3	Yes						104989
(H) Inland Hospital	010217211	3	Yes						1323494
(I) CADean Mem Hosp & Nursing Home	043341666	3	Yes						601008
(J) Acadia Healthcare Inc	223183888	9	Yes						75543
(K) Acadia Hospital Corp	010459837	3	Yes						3260081
(L) Healthcare Charities	222514163	11	Yes						1870944
(M) EMMC Auxiliary	010377901	9	Yes						5000
(N) Eastern Maine Medical Center	010211501	3	Yes						32507889

Additional Data

Software ID: 10000105
Software Version: 2010v3.2
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	1 00	X						0	288,949	27,678
Victoria A Alexander-Lane Sr V P , SVH	50			X				0	141,225	17,551
Sylvia S Getman Sr V P , TAMC	50			X				0	126,913	8,112
Stanley S Bergen Jr MD Board Member	1 50	X						0	0	0
Scott A Oxley Interim CFO/Tr	50 00			X				224,118	0	37,974
Ralph W Swain Dir-IS Applicat	50 00					X		169,926	0	22,665
Philip A Johnson VP, HR	50 00			X				244,045	0	32,766
Patrick J Whalen VP Bus Devel	50 00			X				259,937	0	39,393
P James Nicholson CPA Chairman/Bd Mbr	1 90	X		X				0	0	0
Nichi Farnham Board Member	1 50	X						0	0	0
Miles Theeman Sr VP, AHS	50 00			X				294,474	0	125,442
Michael S Pancoe MD Board Member	1 20	X						0	0	0
Michael E Palumbo DO Board Member	1 00	X						0	286,342	27,101
Michael D Lynch Board Member	1 50	X						0	0	0
Mary M Hood President & CEO	50 00	X		X				687,601	0	176,301
Marjorie F Withers Board Member	1 20	X						0	0	0
Lisa Harvey-McPherson VP Cont of Care	50 00			X				168,308	0	22,462
Leonard Giambalvo Former Secretary	0 00						X	212,151	0	33,578
Larry E LaPlante Board Member	1 00	X						0	0	0
Katrina R Parson Board Member	1 20	X						0	0	0
Joyce Hedlund EdD Board Member	1 40	X						0	0	0
John Simpson Board Member	1 30	X						0	0	0
John May Former SR VP, SVH	0 00						X	0	426,581	11,883
John D Lafayette III Board Member	1 20	X						0	0	0
John D Dalton Sr V P ,Inland	50			X				0	247,415	75,078

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			
Jean M Mellett Director-Planning	50 00					X		136,142	0	36,477
Jacob A Palmer III PhD Board Member	1 30	X						0	0	0
Gregory E Roraff Sr V P , BHMH	50 00			X				92,131	0	8,307
Glenn Martin Secretary/Clerk	50 00			X				216,806	0	39,152
Gerard J Deschaine Insur Fund Admin	50 00					X		148,022	0	34,808
George F Eaton II Esq Director	1 20	X						0	0	0
Evelyn S Silver PhD Brd Mbr/V-Chair	1 50	X		X				0	0	0
Eugene F Murray Sr V P ,CADean	50			X				0	160,250	42,458
Erik N Steele DO VP/Chief Med Of	50 00			X				339,922	0	43,888
EE comp is for admin svcs not brd respons	0 00	X						0	0	0
Derrick Hollings Current Treasur	50 00			X				0	0	0
Deborah C Johnson RN Sr V P , EMMC	50 00			X				473,324	0	330,224
David S Profitt SrVP,AHC(pt yr)	50 00			X				226,967	0	14,481
David Peterson Former SR VP, TAMC	0 00						X	0	1,017,177	26,899
Daniel B Coffey SrVP,AHC(pt yr)	50 00			X				2,007,050	0	46,104
Cynthia Olivier Dir-PatAcctSrvs	50 00					X		173,050	0	21,280
Charles E Kimball IS Manager	50 00					X		144,618	0	27,985
Catherine J Bruno VP/CIO	50 00			X				252,707	0	37,495
Carl Flora Board Member	1 30	X						0	0	0
Betty Kent-Conant Board Member	1 00	X						0	0	0
Barry McCrum Board Member	1 20	X						0	0	0

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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

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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, Part V, line 35a (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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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) 2007	(b) 2008	(c) 2009	(d) 2010	(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		17,850
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		779
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			18,629
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	LD 65 (SP 39), "Resolve, To Require Dementia Care Training in Long-term Care Facilities, Adult Day Care Programs, Certain Residential Care Facilities and Supported Living Arrangements"LD 100 ""An Act To Make Supplemental Appropriations and Allocations for the Expenditures of State Government and To Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Year Ending June 30, 2011"LD 303 "An Act To Improve Hospital Transparency"LD 360 "An Act To Repeal the Maine Certificate of Need Act of 2002"LD 398 "An Act To Require Criminal History Record Information for Licensure of Nurses"LD 466 "An Act To Require Hospitals To Adopt Employee Illness and Injury Prevention Programs and To Provide Lift Teams and To Require Reduced Workers' Compensation Insurance Rates for those Hospitals"LD 472 "An Act To Enhance the Security of Hospital Patients, Visitors and Employees"LD 581 "An Act To Repeal the Laws Governing the Capital Investment Fund"LD 582 "An Act To Amend the Maine Certificate of Need Act of 2002"LD 1043 "An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2012 and June 30, 2013"LD 1331 "An Act To Increase Health Care Quality through the Promotion of Health Information Exchange and the Protection of Patient Privacy"LD 1337 "An Act To Ensure Patient Privacy and Control with Regard to Health Information Exchanges"LD 1472 (SP 461), "An Act To Create the State Advanced Practice Registered Nursing Board"LD 1406 (SP 434), "An Act Regarding the Scope of Services That May Be Provided by Pharmacies Owned By Hospitals"Issue Biennial BudgetIssue Fund for Healthy MaineIssue MHMS Non-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

2010

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	28,268	20,256	8,577		
b Contributions	5,500	5,346	10,154		
c Investment earnings or losses	-114	2,666	1,525		
d Grants or scholarships					
e Other expenditures for facilities and programs	615				
f Administrative expenses					
g End of year balance	33,039	28,268	20,256		

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

- a Board designated or quasi-endowment ▶ 48 740 %
- b Permanent endowment ▶ 51 260 %
- 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		44,784,501	13,357,710	31,426,791
c Leasehold improvements		1,515,148	780,313	734,835
d Equipment		36,595,622	25,674,878	10,920,744
e Other		7,724,771	3,833,908	3,890,863
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				49,297,749

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
(1) Financial derivatives		
(2) 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
(1) Self insurance funds held by trustee	42,223,928
(2) Org costs & other long term investments	2,091,479
(3) Investment in subsidiaries	5,274,838
(4) Interest in net assets held at HC	74,941
(5) Board designated funds - other	16,103
(6) Board designated funded depreciation	34,878,711
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	84,560,000

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	2,152,389
Accrued Self Insurance Reserves	34,219,462
Accrued Post Retirement Benefits	21,332,087
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	57,703,938

2. Fin 48 (ASC 740) 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 (ASC740)

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	64,339,399
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	63,333,497
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,005,902
4	Net unrealized gains (losses) on investments	4	-1,742,021
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-5,104,807
9	Total adjustments (net) Add lines 4 - 8	9	-6,846,828
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-5,840,926

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	125,196,164
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-1,742,021		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	62,333,205		
e	Add lines **2a** through **2d**			2e	60,591,184
3	Subtract line **2e** from line **1**			3	64,604,980
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	-265,581		
c	Add lines **4a** and **4b**			4c	-265,581
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	64,339,399

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

1	Total expenses and losses per audited financial statements			1	125,936,330
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	272,063		
e	Add lines **2a** through **2d**			2e	272,063
3	Subtract line **2e** from line **1**			3	125,664,267
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	-62,330,770		
c	Add lines **4a** and **4b**			4c	-62,330,770
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	63,333,497

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 X	Part X FIN48 Footnote	Income TaxesEMHS, its hospitals, and certain other affiliates have been determined by the Internal Revenue Service to be tax-exempt charitable organizations as described in Section 501(c)(3) or 501(c)(2) of the Internal Revenue Code ("Code") and, accordingly, are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code Accordingly, no provision for federal income taxes has been recorded in the accompanying consolidated financial statements for these organizations Tax-exempt charitable organizations could be required to record an obligation for income taxes as the result of a tax position they have historically taken on various tax exposure items including unrelated business income or tax status Under guidance issued by the Financial Accounting Standards Board (FASB), assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position Estimated interest and penalties, if applicable, related to uncertain tax positions are included as a component of income tax expense The System has evaluated its tax position taken or expected to be taken on income tax returns and concluded the impact to be not material Certain of the System's affiliates are taxable entities Deferred taxes related to these entities are based on the difference between the financial statement and tax basis of assets and liabilities using enacted tax rates in effect in the years the differences are expected to reverse The deferred tax assets and liabilities for these entities are not material
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Rental Expenses reclass to Line 6b $272063
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 $62362322 Contractual allowance reclass to Line 24 $-29117
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Contributions of Capital from Acadia Hospital $42852 Contributions of Capital from Blue Hill Memorial Hospital $27384 Contributions of Capital from CADean Hospital $11580 Contributions of Capital from Eastern Maine HomeCare $9180 Contributions of Capital from Eastern Maine Medical Center $483000 Contributions of Capital from Healthcare Charities $143112 Contributions of Capital from Inland Hospital $60264 Contributions of Capital from Rosscare $2 Contributions of Capital from Sebasticook Valley Hospital $28872 Contributions of Capital from The Aroostook Medical Center $86868 Adjustment to Apply Recognition Provisions of FASB Statement $ -4396890 Contributions of Capital to Me Inst for Human Genetics&Hlth $ -1500000 Interest in Net Assets Held at Healthcare Charitites $ -2152 Contributions of Capital to Rosscare $ -98879
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

2010

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 from the organization or a related organization?	**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 duplicate copies if additional space is 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							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

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	Catherine J Bruno, officer, received a gift certificate for length of service with the organization for $25 with a $2 07 gross-up payment All employees of the organization are honored with a gift certificate for specific years of length of service, 5, 10, 15, etc

Additional Data

Return to Form

Software ID: 10000105
Software Version: 2010v3.2
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				
William A Schaffer MD	(I) (II)	287,139		1,810		27,678	316,627	
Victoria A Alexander-Lane	(I) (II)	121,466		19,759	4,846	12,705	158,776	
Scott A Oxley	(I) (II)	205,611	17,642	865	14,925	23,049	262,092	
Ralph W Swain	(I) (II)	158,802	7,868	3,256	13,426	9,239	192,591	
Philip A Johnson	(I) (II)	216,502	17,552	9,991	16,534	16,232	276,811	
Patrick J Whalen	(I) (II)	199,959	28,516	31,462	18,885	20,508	299,330	
Miles Theeman	(I) (II)	229,947	30,421	34,106	102,875	22,567	419,916	
Michael E Palumbo DO	(I) (II)	267,196		19,146	4,470	22,631	313,443	
Mary M Hood	(I) (II)	601,376	74,181	12,044	159,332	16,969	863,902	
Lisa Harvey-McPherson	(I) (II)	155,017	11,501	1,790	11,955	10,507	190,770	
Leonard Giambalvo	(I) (II)	171,977		40,174	27,487	6,091	245,729	
John May	(I) (II)	141,872	45,159	239,550	4,229	7,654	438,464	209,197
John D Dalton	(I) (II)	227,735		19,680	60,168	14,910	322,493	
Jean M Mellett	(I) (II)	128,616	6,444	1,082	12,590	23,887	172,619	
Glenn Martin	(I) (II)	203,621	11,865	1,320	12,812	26,340	255,958	
Gerard J Deschaine	(I) (II)	138,879	7,468	1,675	17,875	16,933	182,830	
Eugene F Murray	(I) (II)	140,418	7,000	12,832	12,667	29,791	202,708	
Erik N Steele DO	(I) (II)	296,258	39,401	4,263	22,050	21,838	383,810	
Deborah C Johnson RN	(I) (II)	422,147	39,505	11,672	306,617	23,607	803,548	
David S Profitt	(I) (II)	199,433	25,456	2,078	3,425	11,056	241,448	
David Peterson	(I) (II)	203,947	39,632	773,598	13,475	13,424	1,044,076	697,707
Daniel B Coffey	(I) (II)	356,359	35,707	1,614,984	29,400	16,704	2,053,154	1,593,659
Cynthia Olivier	(I) (II)	162,334	9,225	1,491	12,018	9,262	194,330	
Charles E Kimball	(I) (II)	136,630	6,361	1,627	17,444	10,541	172,603	
Catherine J Bruno	(I) (II)	217,749	14,350	20,608	19,228	18,267	290,202	

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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

2010

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	No
(1) Miles Theeman	planning brd membe	226,047	taxes-City of Bangor		No
(2) John C May	jnt vnture committ	572,231	jnt vnture earnings record		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

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 14 - Explanation of Written Document Retention	Eastern Maine Healthcare Systems (EMHS) has had a written document retention and destruction policy since July 2007 The policy is a system-wide policy

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 24, 2012 finance committee prior to filing with the IRS and will be reviewed at the October 17, 2012 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 Bylaws of Eastern Maine Healthcare Systems to delete the wording of "The Committee also shall include a Long Term Care or Homecare Nursing Leadership representative appointed by the Board" within the duties detailed under Clinical Coordinating Committee On October 21, 2010, Articles of Organization were filed for Capitol Convenient Care, LLC (CCC) CCC operates a walk-in clinic in Augusta, ME and Eastern Maine Healthcare Systems is the sole member CCC information is included in this tax return

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, board member and Betty Kent-Conant, board member are trustees of Northern Maine Community College Foundation board and Larry E. LaPlante, board member is a treasurer of Northern Maine Community College Education Foundation board Carl Flora, board member and Larry E. Laplante, board member are trustees of United Way of Aroostook board and Nichi Farnham, board member is a board member of United Way board Mary M. Hood, board member/officer is a board member of University of Maine Systems board, Michael D. Lynch, board member is a board member of University of Maine Alumni board, John Simpson, board member is treasurer of University of Maine Foundation and Miles Theeman, officer is a board member of University of Maine Board of Visitors board P. James Nicholson, board member/chair is chair of Waterville Development Corp board and John D. Dalton, officer is a director of Waterville Development Corp board Mary M. Hood, board member/officer, Sylvia Getman, officer, and John D. Dalton, officer are board members of Maine Hospital Association board John Simpson, board member and Patrick J. Whalen, officer are board members of Bangor Region Chamber of Commerce and Miles Theeman, officer is chair of Bangor Region Chamber of Commerce John Simpson, board member and Scott Oxley, officer are board members of Katahdin Area Council, Inc., Boy Scouts of America board Scott Oxley, officer and Miles Theeman, officer are board members of Associated Health Resources board

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 EMHS (Systemwide)LEADERSHIP M Michelle Hood, FACHE, President and CEO and P James Nicholson, CPA, Chair LOCATION Brewer EMPLOYEES (Home Office) 438, DESCRIPTION EMHS offers access to high quality healthcare, while striving for efficiencies to control costs The Home Office of EMHS works in support of the nearly 8,000 employees throughout the system, including seven hospitals, emergency transport companies, home health agencies, and numerous long-term care and assisted living facilities - EMHS was very pleased to be one of only 32 organizations across the United States invited to become a Pioneer Accountable Care Organization (ACO) through the Centers for Medicare and Medicaid Services (CMS) The up to five year demonstration project is intended to improve the coordination, efficiency, effectiveness, quality, and cost of healthcare - EMHS conducted a dozen community meetings throughout central, eastern, and northern Maine to discuss the findings of the 2011 OneMaine Health Collaborative Community Health Needs Assessment with healthcare providers, citizens, business, legislative leaders and others OneMaine Health is a collaborative between EMHS, MaineGeneral Health and MaineHealth - EMHS and Guiding Stars, the world's first storewide nutrition navigation program, announced a partnership to implement the program throughout its system of hospitals The partnership seeks to benefit the health of local communities by helping patients, visitors, and employees within EMHS hospitals identify more nutritious food choices - In 2011, the EMHS Home Office celebrated its fifth consecutive year as a Best Workplace in Maine EMHS placed seventh on the large company list (more than 250 employees) of many great Maine companies We know one reason why is the great people who work here!- More than 1,100 patients are improving their health through care management as a result of the work being completed through Bangor Beacon Community Beacon is comprised of 12 partners and led by EMHS Beacon is supported by a three year, $12 7 million grant from the Office of the National Coordinator and ends in March 2013 EMHS (Home Office)- Beacon's successes include updating state law to allow sharing of mental health information through electronic medical records, expanding connections to HealthInfoNet, Maine's statewide health information exchange, and improving primary care patient outcomes through Performance Improvement Committee activities - EMHS and Husson University co-hosted a breakfast session with New York Times bestselling author, T R Reid Reid's talk focused on his book, "Dispelling the Myth-How America Can Achieve High Quality, Lower Cost Healthcare "- All EMHS Home Office managers are completing leadership training called "EMHS University " The program is designed to ensure that all managers in the Home Office have received the appropriate information on policies, procedures, and skills necessary to be a great leader - More than 40 Home Office employees were trained in basic Lean tools and skills Lean is a process improvement program designed to reduce costs and duplications , and help improve quality OTHER PROGRAM SERVICES 5 The Acadia HospitalLEADERSHIP Daniel B Coffey, President and CEO and Richard A Lyons, Chair LOCATION Bangor, EMPLOYEES 609, DESCRIPTION The Acadia Hospital is Maine's comprehensive resource for information and treatment of mental illness and chemical dependency - In February, Acadia opened its Adult Evaluation Center in direct response to the community's need for increased access to outpatient services This center allows people seeking outpatient treatment to receive an evaluation of services within 48 hours of any request - In May, Acadia announced Daniel B Coffey as its new president and CEO Coffey came to Acadia from EMHS, where he had served as the executive vice president, treasurer and chief financial officer - In May, Acadia started the Wellness Works program This is an outcome-based employee health initiative that measures participants' gains as they lead healthier lifestyles - In August, the Acadia Artisans project was launched to display patients' artwork. This display is in the main hallway of the hospital and illuminates the work of recovery - In December, Acadia appointed Anthony Ng, MD, FAPA as its new vice president and chief medical officer - In December, Acadia began providing telepsychiatry at Maine Coast Memorial Hospital in Ellsworth - Acadia served as executive producer for a film about teen anxiety and depression titled "The Road Back " This youth-focused endeavor, created in partnership with Project AWARE, included dozens of area teens The film was funded in part by the Davis Family Foundation, Bingham Program, and Spring Harbor Hospital - The hospital unveiled a new community education series, An Open Mind, with one presentation on cyber bullying and the other on the aging brain - Converted the hospital's inpatient units to one full

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	child/adolescent/young adult floor of 32 beds and one adult floor with 36 beds This has increased access for inpatient care for the state - Acadia implemented Management of Aggressive Behavior (MOAB) training for direct-care staff MOAB is a national program designed to decrease injury to patients and staff - Acadia's executive leadership began a 12-month process improvement initiative - Acadia participated in the local Pay it Forward program, which provides funds for staff to assist young patients and their families in improving their relationships and life interactions This program is sponsored through the generous support of Acadia donors Pay it Forward was also highlighted in the Bangor Daily News - Advertising specialists selected the Backpack Program as their charity of choice in celebration of their twenty-fifth anniversary and donated 600 backpacks with supplies for children graduating from the partial hospitalization program and returning to school - To better meet the needs of the hospital's pediatric patients and their families, Acadia created an In patient Parent Handbook. This allows parents to take a more active and informed role in the care of their children hospitalized at Acadia Hospital - Acadia expanded the Pediatric Partial program with outreach to the community for a summer treatment program that provides counseling, education, and structure around coping skills, as well as providing application of these learned skills with structured activities in the community - Acadia was a proactive partner in educating the public about the dangers of the drug known as bath salts, working closely with other community agencies on a variety of efforts - The hospital was designated as a site for a sculpture from the Schoodic Symposium project The sculpture will be placed at Acadia's campus on Stillwater Avenue in Bangor in the fall of 2012 - Many upgrades were made to the facility, including installation of new safe, energy-efficient LED lighting on the second floor inpatient unit corridors, 12 security cameras on all four in patient units, and a call center with new phone equipment and software OTHER PROGRAM SERVICES 6 Affiliated Healthcare Systems LEADERSHIP Miles Theeman, President and CEO and Richard I Stone, Chair LOCATION Bangor, Portland, and Rutland, Vermont, EMPLOYEES 562, DESCRIPTION A taxable company with a primary mission to enhance the clinical care delivery systems within EMHS by providing cost-effective, integrated support services for its member organizations, and pursuing profitable, sustainable growth opportunities - AHS was one of four companies honored by the Maine State Chamber of Commerce with a 2011 "Maine Investor Award," which recognizes Maine businesses for their outstanding contributions to the growth of their companies and the state's economy - Workforce Performance Solutions (WPS) achieved 35 percent revenue growth for its training services and secured 13 new contracts in the Employee Assistance Program - The Affiliated Material Services (AMS) logistics division added two new hospital customers Down East Community Hospital in Machias and Millinocket Regional Hospital - Affiliated Collections Inc (ACI) experienced another record-breaking year with placements of more than $44 million The previous record was $39 million - AHS provided more than $244,000 in donations to Healthcare Charities in support of EMHS hospitals and care providers, as well as more than $18,000 in charitable contributions and support to non-EMHS organizations - Lighthouse Web Solutions (LWS) won an unprecedented nine awards at the fourteenth annual Healthcare Internet Conference in the following categories Best Health/Healthcare Content, Best Care/Disease Management Site, Best Design Site, Best Overall Site, and Best Interactive Site - Capital Ambulance (Capital) achieved record ambulance volume of more than 12,800 transports including 259 critical care trips It also transitioned to a new electronic patient care

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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

2010

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) New Century Healthcare 300 Main Street Lewiston, ME04240 01-0536801	LLC-Venture	ME	N/A	Related				No			No	50 %

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, 35A, 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**		**No**
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	(d) Method of determining 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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data Return to Form

Software ID: 10000105
Software Version: 2010v3.2
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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
Capitol Convenient Care LLC 43 Whiting Hill Rd Brewer, ME04412 27-3671960	Provide patient care	ME	501(c)(3)	11, Type II	EMHS	Yes	
Sebasticook Valley Hlth Convenient Care 447 North Main Street Pittsfield, ME04967 27-3129791	Provide patient care	ME	501(c)(3)	3	SVH	Yes	
Sebasticook Valley Family Practice Assoc 447 North Main Street Pittsfield, ME04967 01-0357854	Provide patient care	ME	501(c)(3)	9	SVH	Yes	
Inland Family Practice Associates LLC 200 Kennedy Memorial Drive Waterville, ME04901 27-2942245	Provide patient care	ME	501(c)(3)	3	Inland	Yes	
Meadow Wood LLC 43 Whiting Hill Road Brewer, ME04412 27-2935243	Provide patient care	ME	501(c)(3)	9	AHI	Yes	
Blue Hill Memorial Hospital BHMH 57 Water Street Blue Hill, ME046145231 01-0227195	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
ME Institute for Human Genetics & Health 43 Whiting Hill Road Brewer, ME04412 55-0894346	Biomedical research & development	ME	501(c)(3)	9	EMHS	Yes	
Eastern Maine HomeCare PO Box 688 Caribou, ME04736 01-0328442	Provide home health & hospice svcs	ME	501(c)(3)	9	EMHS	Yes	
Horizons Health Services PO Box 151 140 Academy St Presque Isle, ME047690151 01-0504393	Provide patient care	ME	501(c)(3)	3	TAMC	Yes	
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	Yes	
TAMC Title Corp PO Box 151 140 Academy St Presque Isle, ME047690151 01-0389226	Real estate holding company	ME	501(c)(2)		TAMC	Yes	
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	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
Sebasticook Valley Health SVH 447 North Main Street Pittsfield, ME04967 01-0263628	Critical care hospital	ME	501(c)(3)	3	EMHS	Yes	
CA Dean Memorial Hosp & Nursing Home Pritham Avenue PO Box 1129 Greenville, ME044411129 04-3341666	Provide Healthcare Services	ME	501(c)(3)	3	EMHS	Yes	
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	Yes	
Inland Hospital 200 Kennedy Memorial Drive Waterville, ME04901 01-0217211	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
Norumbega Medical Specialists LTD 43 Whiting Hill Road Suite 400 Brewer, ME04412 01-0465231	Provide patient care & education	ME	501(c)(3)	9	EMMC	Yes	
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	Yes	
Acadia Healthcare Inc AHI 43 Whiting Hill Road Brewer, ME04412 22-3183888	Provide healthcare services	ME	501(c)(3)	9	AHC	Yes	
Eastern Maine Medical Center Auxiliary 43 Whiting Hill Road Brewer, ME04412 01-0377901	Fund raising for exempt EMMC	ME	501(c)(3)	9	EMMC	Yes	
Acadia Hospital Corp AHC 43 Whiting Hill Road Brewer, ME04412 01-0459837	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
Rosscare Nursing Homes Inc 43 Whiting Hill Road Suite 400 Brewer, ME04412 01-0430751	Operation of nursing homes	ME	501(c)(3)	9	Rosscare	Yes	
Rosscare 43 Whiting Hill Road Suite 400 Brewer, ME04412 01-0391038	Provide services to elderly	ME	501(c)(3)	PF	EMHS	Yes	
Eastern Maine Healthcare Real Estate 43 Whiting Hill Road Brewer, ME04412 01-0391036	Leases real estate	ME	501(c)(2)		EMHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
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	Yes	

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	-654,415	18,285,696	100 000 %
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 FloorSte 3 Bangor, ME04401 01-0496352	Support srv	ME	EMHS	C	85,979	460,925	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 Ste 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	572,279	9,221,100	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 ($)	(d) Method of determining amount involved
(1)	Maine Network for Health	l	140,428	FMV
(2)	Maine Network for Health	a	55	FMV
(3)	Meridian Mobile Health LLC	p	440,128	FMV
(4)	DE Collections DBA Affiliated Collect	p	90,952	FMV
(5)	Affiliated Pharmacy Services	p	51,504	FMV
(6)	Affiliated Materiel Services	p	341,786	FMV
(7)	Affiliated Materiel Services	k	424,055	FMV
(8)	Affiliated Laboratory Inc	p	1,841,797	FMV
(9)	Affiliated Laboratory Inc	k	380,174	FMV
(10)	Affiliated Laboratory Inc	a	31,470	FMV
(11)	Affiliated Healthcare Management	p	1,098,784	FMV
(12)	Affiliated Healthcare Management	l	546,898	FMV
(13)	Affiliated Healthcare Management	k	748,143	FMV
(14)	Affiliated Healthcare Management	a	34,400	FMV
(15)	Affiliated Healthcare Systems AHS	k	572,279	FMV
(16)	Blue Hill Memorial Hospital BHMH	p	2,465,460	FMV
(17)	Blue Hill Memorial Hospital BHMH	k	1,553,923	FMV
(18)	ME Institute for Human Genetics & Health	q	1,500,000	FMV
(19)	ME Institute for Human Genetics & Health	p	135,380	FMV
(20)	ME Institute for Human Genetics & Health	k	392,099	FMV
(21)	ME Institute for Human Genetics & Health	a	397,380	FMV
(22)	Eastern Maine HomeCare	p	62,369	FMV
(23)	Eastern Maine HomeCare	l	89,848	FMV
(24)	Eastern Maine HomeCare	k	83,913	FMV
(25)	Eastern Maine HomeCare	a	81,914	FMV
(26)	The Aroostook Medical Center TAMC	r	86,868	FMV
(27)	The Aroostook Medical Center TAMC	p	7,334,230	FMV
(28)	The Aroostook Medical Center TAMC	k	1,369,224	FMV
(29)	The Aroostook Medical Center TAMC	a	132	FMV
(30)	Sebasticook Valley Health SVH	p	1,856,238	FMV

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(31)	Sebasticook Valley Health SVH	k	334,496	FMV
(32)	CA Dean Memorial Hosp & Nursing Home	p	1,125,566	FMV
(33)	CA Dean Memorial Hosp & Nursing Home	k	601,008	FMV
(34)	CA Dean Memorial Hosp & Nursing Home	e	559,624	FMV
(35)	CA Dean Memorial Hosp & Nursing Home	d	89,888	FMV
(36)	CA Dean Memorial Hosp & Nursing Home	a	2,946	FMV
(37)	Lakewood A Continuing Care Center	k	104,989	FMV
(38)	Lakewood A Continuing Care Center	a	336	FMV
(39)	Inland Hospital	r	60,264	FMV
(40)	Inland Hospital	p	4,505,606	FMV
(41)	Inland Hospital	l	271,088	FMV
(42)	Inland Hospital	k	1,324,325	FMV
(43)	Healthcare Charities	r	143,112	FMV
(44)	Healthcare Charities	k	1,870,944	FMV
(45)	Acadia Healthcare Inc AHI	p	231,233	FMV
(46)	Acadia Healthcare Inc AHI	k	75,543	FMV
(47)	Acadia Hospital Corp AHC	p	4,066,179	FMV
(48)	Acadia Hospital Corp AHC	l	112,051	FMV
(49)	Acadia Hospital Corp AHC	k	3,260,081	FMV
(50)	Rosscare	q	98,879	FMV
(51)	Rosscare	k	151,221	FMV
(52)	Rosscare	a	124,269	FMV
(53)	Eastern Maine Healthcare Real Estate	k	61,042	FMV
(54)	Eastern Maine Healthcare Real Estate	j	61,000	FMV
(55)	Eastern Maine Healthcare Real Estate	a	1,817	FMV
(56)	Eastern Maine Medical Center EMMC	r	483,000	FMV
(57)	Eastern Maine Medical Center EMMC	p	39,315,474	FMV
(58)	Eastern Maine Medical Center EMMC	o	308,748	FMV
(59)	Eastern Maine Medical Center EMMC	l	1,510,722	FMV
(60)	Eastern Maine Medical Center EMMC	k	32,524,612	FMV

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(61)	Eastern Maine Medical Center EMMC	e	113,600	FMV
(62)	Eastern Maine Medical Center EMMC	a	3,733,730	FMV

Form **8868**
(Rev January 2011)

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.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

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.

Type or print	Name of exempt organization	Employer identification number
	EASTERN MAINE HEALTHCARE SYSTEMS	01-0527066
File by the due date for filing your return See instructions	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	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- 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 is for. 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 12, 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 9/26, 20 10, and ending 9/24, 20 11

2 If the tax year entered in line 1 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, 990-T, 4720, or 6069, 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, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	$ 0.

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

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

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

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

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

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

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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. ► Jeffrey A. Sanford

Telephone No. ► (207) 973-7894 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 12.

5 For calendar year ____, or other tax year beginning 9/26, 20 10, and ending 9/24, 20 11.

6 If the tax year entered in line 5 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, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	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 ► 5/7/12