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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 09-25-2011 and ending 09-29-2012

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) | Room/suite
43 WHITING HILL ROAD

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

D Employer identification number
01-0527066

E Telephone number
(207)973-7064

G Gross receipts $ 99,003,740

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 emhs 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**	15
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	522
6	Total number of volunteers (estimate if necessary)	**6**	62
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,675,161
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	5,661,375	5,871,413
9	Program service revenue (Part VIII, line 2g)	55,026,151	53,623,290
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,476,168	4,000,590
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	175,705	119,201
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,339,399	63,614,494
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	37,280,302	42,509,153
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–24e)	26,053,195	24,539,448
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	63,333,497	67,048,601
19	Revenue less expenses Subtract line 18 from line 12	1,005,902	-3,434,107

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	183,601,086	172,486,113
21	Total liabilities (Part X, line 26)	123,003,439	109,878,561
22	Net assets or fund balances Subtract line 21 from line 20	60,597,647	62,607,552

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

****** | 2013-08-08
Signature of officer | Date

Derrick Hollings Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions)

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

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

Part III **Statement of Program Service Accomplishments**

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 66,796,541 including grants of $) (Revenue $ 53,623,290)

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 $23,492,925(at cost) and other uncompensated care of $19,481,553 (at cost) for a total uncompensated care of $42,974,478 The EMHS hospitals had a Medicare shortfall of $40,590,112 and a Medicaid shortfall of $40,601,733

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 $)

Reinvention was a major theme for EMHS in 2012, it was infused in virtually all of our activities across the system Our introductory letters in the last three annual reports have addressed the anticipated changes associated with healthcare reform, and we are now living those changes Our reinvention is enabling EMHS to be a national leader in a reformed delivery system and reimbursement model, and we will briefly describe some of those changes Most prominent is the reinvention of how healthcare services are delivered An example of reinvented care delivery is Medicare's Pioneer accountable care project, which initiated last January EMHS was one of 32 systems in the nation chosen to demonstrate the success of managing populations of patients in a value based model as opposed to the traditional volume based, fee-for-service model Three of our hospitals, Inland Hospital, TAMC, and Eastern Maine Medical Center began managing about 9,000 Medicare patients in 2012, and early results suggest we are doing quite well, and likely are performing in the top tier of the 32 pilots In 2013, our Medicare population will grow as we add in the rest of the EMHS hospitals, as well as partners such as St Joseph Healthcare and Penobscot Community Health Care and associates like Sebasticook Family Doctors, Mount Desert Island Hospital, and Three Rivers Health As we prepare to accept risk for these patients, the reinvented care model will focus on combining extensive primary care and other community resources as a means of improving the health status of enrolled patients, especially those living with chronic illness We have also reinvented our management structure Eighteen new teams of senior leaders across the EMHS system manage the vast amount of work associated with a reformed health delivery system Most of these "Leadership Reinvented" teams are overseen by one of two committees the Performance Excellence Steering Committee, which is focused on implementing and measuring best practices today, and the Transformation Steering Committee, which is focused on the models for tomorrow One of the unique outcomes of Leadership Reinvented is a cultural shift The 18 members of the Leadership Council, with representation from each EMHS member, still set operational and clinical policy and provide management input on strategy to the EMHS Board of Directors What's especially exciting, is there are now about 150 members of the various teams who have embraced system leadership roles above and beyond their responsibilities in their member organization This level of engagement helps to assure alignment and ownership of the reinvented models across the system Our boards have been busy with reinvention as well After nearly two years of work, we have restructured governance bylaws and committee structures to accomplish two important outcomes Member organization boards will have the opportunity to provide greater input on system board issues and decisions through membership on key committees of the EMHS Board At the same time, the system board will be able to independently initiate strategy that assists member organizations to enable EMHS to maneuver in the reform environment more nimbly and expeditiously All of this activity has reinvented the promise behind the EMHS brand identity EMHS was once perceived as a support organization standing behind its member organizations as they individually delivered care Today, EMHS is seen as the collective whole of all of our organizations, and we are cohesively and collaboratively leading reform across Maine Perhaps this is a good time to resurrect a quote we used in our 2009 Annual Report letter At that time, we used the words of Alfred North Whitehead to capture the challenge ahead "The art of progress is to preserve order amid change, and to preserve change amid order " Today we are living those words, and the fine balance of change and order will be the test of our success Sincerely,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** ▶ $ 66,796,541

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 instructions)?	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 for which 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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II 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, Part 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*	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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		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 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	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*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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**	107		
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**	522		
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 or securities 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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**	No
b	Enter the aggregate 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 aggregate 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	15		
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	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 made 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 made 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**								5,935,332	2,139,834	1,582,133
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								5,935,332	2,139,834	1,582,133

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 57

			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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Siemens Medical Solutions USA Inc Dept 0733 Dallas, TX 753120733	Hosting Services	1,370,077
River City Commercial Cleaning PO Box 56 Bangor, ME 044020056	Cleaning Services	573,947
Penobscot Community Healthcare PO Box 1358 Bangor, ME 044021358	Grant Support	777,472
Cigna Healthcare 5082 Collections Center Dr Chicago, IL 606930050	Plan Administrator	3,006,525
Cerner Corporation PO Box 412732 Kansas City, MO 641412732	Software Support	3,468,896

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 26

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	45,177			
	e	Government grants (contributions)	1e	5,458,938			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	367,298			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		5,871,413			
Program Service Revenue			Business Code				
	2a	Supporting Org Revenue	561000	48,254,850	46,579,689	1,675,161	
	b	Patient Revenue	621990	1,180	1,180		
	c	Hotel/Lodging Revenue	721110	398,054			398,054
	d	Exempt Affiliate Rental	532000	3,872,804	3,872,804		
	e	Clinical Software Sales	541519	1,096,402	1,096,402		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		53,623,290			
	3	Investment income (including dividends, interest and other similar amounts)		713,543			713,543
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents	441,099				
	b	Less rental expenses	341,901				
	c	Rental income or (loss)	99,198				
	d	Net rental income or (loss)		99,198			99,198
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	38,333,992	400			
	b	Less cost or other basis and sales expenses	35,045,842	1,503			
	c	Gain or (loss)	3,288,150	-1,103			
	d	Net gain or (loss)		3,287,047			3,287,047
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	20,003			20,003
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		20,003			
	12	**Total revenue.** See Instructions		63,614,494	51,550,075	1,675,161	4,517,845

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

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 United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	5,987,266	5,987,266		
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	27,868,838	27,868,838		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,565,920	2,565,920		
9	Other employee benefits	3,777,301	3,777,301		
10	Payroll taxes	2,309,828	2,309,828		
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	160,796		160,796	
c	Accounting	89,144		89,144	
d	Lobbying	11,684	11,684		
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	154,523	154,523		
g	Other	9,554,180	9,554,180		
12	Advertising and promotion	125,456	125,456		
13	Office expenses	877,890	877,507	383	
14	Information technology	1,635,990	1,635,990		
15	Royalties . .	0			
16	Occupancy	2,146,459	2,146,459		
17	Travel	484,691	482,954	1,737	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	328,019	328,019		
20	Interest	1,245,643	1,245,643		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,400,436	4,400,436		
23	Insurance	0			
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	Provider Health Information	278,318	278,318		
b	Repairs & Maintenance	334,852	334,852		
c	Dues & Subscriptions	444,859	444,859		
d	Prov for bad debt	2,102,628	2,102,628		
e					
f	All other expenses	163,880	163,880		
25	**Total functional expenses.** Add lines 1 through 24f	67,048,601	66,796,541	252,060	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		259,307	1	5,542
	2	Savings and temporary cash investments		34,902,406	2	29,277,148
	3	Pledges and grants receivable, net		440,612	3	784,973
	4	Accounts receivable, net		2,896,059	4	2,591,143
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net		8,724,943	7	8,609,393
	8	Inventories for sale or use		22,860	8	139,867
	9	Prepaid expenses and deferred charges		2,497,150	9	1,656,454
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 88,402,526			
	b	Less accumulated depreciation	10b 46,490,928	49,297,749	10c	41,911,598
	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		84,560,000	15	87,509,995
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		183,601,086	16	172,486,113
Liabilities	17	Accounts payable and accrued expenses		9,228,474	17	10,350,161
	18	Grants payable			18	
	19	Deferred revenue		12,653,456	19	7,391,637
	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		43,417,571	23	37,987,022
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		57,703,938	25	54,149,741
	26	**Total liabilities.** Add lines 17 through 25		123,003,439	26	109,878,561
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		60,522,706	27	62,473,271
	28	Temporarily restricted net assets		58,941	28	117,281
	29	Permanently restricted net assets		16,000	29	17,000
		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		60,597,647	33	62,607,552
	34	Total liabilities and net assets/fund balances		183,601,086	34	172,486,113

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	63,614,494
2	Total expenses (must equal Part IX, column (A), line 25)	2	67,048,601
3	Revenue less expenses Subtract line 2 from line 1	3	-3,434,107
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	60,597,647
5	Other changes in net assets or fund balances (explain in Schedule O)	5	5,444,012
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	62,607,552

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

2011

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS

Employer identification number
01-0527066

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

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

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

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 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									46,459,324

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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

2011

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, line 35c (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 on behalf of or in opposition to candidates for public office 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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) 2008	(b) 2009	(c) 2010	(d) 2011	(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		16,925
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		1,804
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			18,729
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	LR 2678 (Budget session)LD1816 "An Act to Implement the Recommendations of the Streamline and Prioritize Core Government Services Task Force for the Fiscal Years Ending June 30, 2012 and June 30, 2013 and To Make Certain Other Allocations and Appropriations and Changes to the Law Necessary to the Operation of State Government"Resolve 2011 Chapter 92"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 Years Ending June 30, 2012 and June 30, 2013"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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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	33,039	28,268	20,256		
b	Contributions	1,000	5,500	5,346		
c	Investment earnings or losses	5,394	-114	2,666		
d	Grants or scholarships					
e	Other expenditures for facilities and programs	1,367	615			
f	Administrative expenses					
g	End of year balance	38,066	33,039	28,268		

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

- a Board designated or quasi-endowment ▶ 47 100 %
- b Permanent endowment ▶ 52 900 %
- 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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,362,006		2,362,006
b Buildings		42,469,777	14,665,930	27,803,847
c Leasehold improvements		12,792	6,513	6,279
d Equipment		36,441,875	27,581,901	8,859,974
e Other		7,116,076	4,236,584	2,879,492
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				41,911,598

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	44,763,265
(2) Org costs & other long term investments	2,918,534
(3) Investment in subsidiaries	531,941
(4) Interest in net assets held at EMHSF	134,281
(5) Board designated funds - other	183,060
(6) Board designated funded depreciation	38,978,914
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	87,509,995

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	2,149,980
Accrued Self Insurance Reserves	33,456,240
Accrued Post Retirement Benefits	18,543,521
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	54,149,741

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	63,614,494
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	67,048,601
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,434,107
4	Net unrealized gains (losses) on investments	4	1,871,356
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	3,572,656
9	Total adjustments (net) Add lines 4 - 8	9	5,444,012
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,009,905

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	138,861,089
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,871,356		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	73,071,395		
e	Add lines **2a** through **2d**			2e	74,942,751
3	Subtract line **2e** from line **1**			3	63,918,338
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	-303,844		
c	Add lines **4a** and **4b**			4c	-303,844
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	63,614,494

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

1	Total expenses and losses per audited financial statements			1	140,414,550
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	344,071		
e	Add lines **2a** through **2d**			2e	344,071
3	Subtract line **2e** from line **1**			3	140,070,479
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	-73,021,878		
c	Add lines **4a** and **4b**			4c	-73,021,878
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	67,048,601

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 $341901 Donation of services removed $2170
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 $73069225 Donation of services removed $2170 $0
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Contributions of Capital from Acadia Hospital $91872 Contributions of Capital from Blue Hill Memorial Hospital $56976 Contributions of Capital from CADean Hospital $22272 Contributions of Capital from Eastern Maine HomeCare $18432 Contributions of Capital from Eastern Maine Medical Center $973260 Contributions of Capital from EMHS Foundation $2040911 Contributions of Capital from Inland Hospital $108864 Contributions of Capital from Rosscare $6 Contributions of Capital from Sebasticook Valley Hospital $58380 Contributions of Capital from The Aroostook Medical Center $169956 Contributions of Capital from EMHRE,a 501 (c) 2 organization $1182901 Contributions of Capital from MIHGH $142528 $0 Interest in Net Assets Held at EMHS Foundation $61156 Adjustment to Apply Recognition Provisions of FASB Statement $775772 Adjustment to Apply Recognition Provisions of FASB Statement $ -0 Contributions of Capital to Me Inst for Human Genetics&Hlth $ -650000 Interest in Net Assets Held at Healthcare Charitites $ -0 Contributions of Capital to Rosscare $ -24754 Contributions of Capital to EMMC $ -1455876
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

2011

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS

Employer identification number
01-0527066

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		No

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

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

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

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Sch J, Part I, Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	Cynthia Olivier, highest compensated employee and Ralph Swain, highest compensated employee, each received a gift certificate for length of service with the organization for $25 with a $1 49 gross-up payment Gerard Deschaine, highest compensated employee, received a gift certificate for length of service with the organization for $100 with a $5 99 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

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Software ID: 11000144
Software Version: 2011v1.5
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)	331,238	16,065	3,115	4,900	24,389	379,707	
Victoria A Alexander-Lane	(I) (II)	231,292	18,750	10,000	8,575	19,878	288,495	
Sylvia S Getman	(I) (II)	248,621	1,000	29,738		20,707	300,066	
Scott A Oxley	(I) (II)	244,322	20,880	17,914	17,316	19,957	320,389	
Richard W Freeman MD	(I) (II)	266,300		1,225		535	268,060	
Ralph W Swain	(I) (II)	165,053	10,325	3,381	15,261	7,828	201,848	
Philip A Johnson	(I) (II)	212,121	21,384	19,488	16,621	14,207	283,821	
Patrick J Whalen	(I) (II)	206,596	37,908	31,838	20,961	17,716	315,019	
Miles Theeman	(I) (II)	236,630	41,254	35,114	118,873	21,262	453,133	
Michael P Donahue	(I) (II)	243,885	21,714	10,289	21,469	10,275	307,632	
Michael E Palumbo DO	(I) (II)	238,495	27,458	17,938	4,335	20,619	308,845	
Michael Crowley	(I) (II)	165,617	16,226	1,784	13,195	9,056	205,878	
Mary M Hood	(I) (II)	637,564	235,578	13,325	213,458	17,111	1,117,036	
Lisa Harvey-McPherson	(I) (II)	161,043	14,616	1,885	13,829	9,453	200,826	
John D Dalton	(I) (II)	252,952	27,508	21,231	60,147	13,009	374,847	
Gregory E Roraff	(I) (II)	219,309		10,234		18,075	247,618	
Glenn Martin	(I) (II)	238,440	25,014	1,554	15,289	23,489	303,786	
Gerard D Deschaine	(I) (II)	144,758	8,410	1,831	18,334	15,067	188,400	

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				
Eugene F Murray	(I) (II)	226,228		2,024	13,296	29,064	270,612	
Erik N Steele DO	(I) (II)	305,815	50,452	6,079	22,050	26,012	410,408	
Deborah C Johnson RN	(I) (II)	438,151	58,434	12,904	487,158	21,401	1,018,048	
David Proffitt	(I) (II)	56,928	28,955	228,007	1,651	7,178	322,719	
David Peterson	(I) (II)	101,164	25,000	34,129			160,293	14,066
Daniel B Coffey	(I) (II)	368,115	61,031	21,387	29,400	15,509	495,442	
Cynthia Olivier	(I) (II)	165,429	9,571	1,843	11,946	7,371	196,160	
Christine B Worthen	(I) (II)	175,488	11,775	949	1,751	2,200	192,163	
Charles E Kimball	(I) (II)	140,170	9,257	1,657	17,747	9,415	178,246	
Catherine J Bruno	(I) (II)	226,998	23,112	20,651	19,319	14,469	304,549	

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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.

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2011

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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	jnt vnture com	327,054	joint venture earnings rec		No
(2) Ellen Donahue Senior Manager	fam mem of officer	235,944	BerryDunn - consulting ser		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
		Ellen Donahue is Senior Manager at BerryDunn and a family member of an EMHS officer EMHS purchased consulting services with BerryDunn Miles Theeman, officer is board member of LifeFlight of Maine, Steering Committee EMHS is 50% owner in a joint venture with Lifeflight of Maine

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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.

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2011

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS

Employer identification number
01-0527066

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Compensation of other officers and key employees of the organization is established by the Human Resources department who utilize external market research to establish compensation ranges for specific positions The compensation of officers and key employees are reviewed by the EMHS President/CEO and EMHS Executive Performance Management Committee 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 reviewed by the EMHS System Controller It 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 31, 2013 finance committee meeting prior to filing with the IRS and will be reviewed at the October 10, 2013 meeting board of trustees

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 7b	Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	The members have authority to approve or disapprove of any amendment to the articles of incorporation or bylaws of EMHS which affect the manner of their election or their powers

Identifier	Return Reference	Explanation
Form 990, Part VI, 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	On August 15, 2011 Articles of Organization were filed for Beacon Health, LLC (BHL) BHL contracts with payors to provide population health management service and care coordination BHL information is included in this tax return On September 29, 2011 Certificate of Cancellation was filed for Capitol Convenient Care, LLC (CCC) CCC information is included in this tax returnThe following amendments were made to the Bylaws of Eastern Maine Healthcare Systems -added Ex officio Directors and committee members have full voting rights -changed the minimum number of Directors from 9 to 15 -under Article V - Committees, Section 2 - Standing Committees changed name of Executive Performance Management Committee to Executive Performance Management Committee and Section 4 - Designations added(i)the Chair shall designate annually the committee(s) on which he or she shall serve as a member , (ii) the Chair may participate, ex officio, on any committee, even if not a member, Section 5 - Quorum, Meetings added Except for the committee(s) the Chair has designated that he or she shall be a member of, the Chair shall not be counted when determining a quorum

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 is a director and Betty Kent-Conant, board member is secretary of Northern Maine Community College Foundation 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, Evelyn S Silver, board member/officer is board member of University of Maine Museum of Art and Miles Theeman, officer is a board member of University of Maine Board of Visitors board George F Eaton, board member is board member and Charles E Hewett, board member is vice chair of Bangor Savings Bank board P James Nicholson, board member/officer 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 Daniel B Coffey, officer is board member of Maine Hospital Association, Mental Health Council 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 Daniel B Coffey, officer and Deborah C Johnson, officer are board members of Husson University Lisa Harvey-McPherson, officer and Miles Theeman, officer are board members of New England Home Healthcare

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 Home OfficeLeadership M Michelle Hood, FACHE, President a nd CEO and P James Nicholson, CPA, ChairLocation Brew er Employees (Home Office) 502 Des cription EMHS offers access to high quality healthcare, w hile striving for efficiencies t o control costs The Home Office of EMHS w orks in support of the nearly 8,000 employees th roughout the system, including seven hospitals, emergency transport companies, home health agencies, and numerous long-term care and assisted living facilities EMHS (Home Office) H ighlights- Cathy Bruno, vice president and chief information officer (CIO) of EMHS selecte d as one of tw o winners of the MIT Sloan CIO Symposium Aw ard for Innovation Leadership - H osted an event for the business and healthcare community on the importance of health infor mation, w ith guest speaker United States chief technology officer Todd Park - Continued dr amatically improving the health status of chronically ill people in the Bangor region thro ugh the Bangor Beacon Community (comprised of 11 community partners and led by EMHS) - Bro ke ground w ith the City of Brew er on a new fitness park, including playing fields, w alking trails, seating, fencing, and other amenities on the site formerly occupied by Washington Street School - Helped launch EMHS' Leadership Reinvented initiative, offering rigorous b usiness analytic and organizational consulting expertise across the system - Welcomed Derr ick O Hollings, CPA as EMHS senior vice president, treasurer, and chief financial officer (CFO) EMHS (Systemw ide) Highlights- Named one of 32 Pioneer Accountable Care Organizatio ns through the Centers for Medicare and Medicaid Services - Founded the Northern New Engla nd Accountable Care Collaborative (NNEACC) along w ith Dartmouth-Hitchcock Health, Dartmout h College, and MaineHealth to develop, implement, and evaluate new models of clinical care under the accountable care model - Participated in a w ellness coaching pilot for employee s through Total Health, EMHS' employee w ellness strategy, to provide coaching to approxima tely 12 percent of covered employees - Penobscot Community Health Care and St Joseph's He althcare became population health partners in EMHS' ACO model Sebasticook Family Doctors, MDI Hospital, and Three Rivers Health became associates - Successfully reached the vision to become a best rural healthcare system in America w hen named one of the nation's top 10 0 integrated healthcare netw orks EMHS, along w ith its members, patients, and the communiti es served, has been actively engaged in transforming healthcare We're w orking together to ensure that all those w e serve have access to high quality, coordinated care The w ork beg an w hen w e w ere selected as one of 17 Beacon Communities in the country The Bangor Beacon Community has proven that care coordination among chronic disease patients and health inf ormation technology can reduce the cost of healthcare As part of the Bangor Beacon Commun ity project, w e w orked in partnership w ith Bangor primary care providers and patients to o ffer care coordination The results?Patients enjoyed a better quality of daily living and providers w ere able to see results And, not only did w e dramatically change the lives of patients, w e also demonstrated that there is a better w ay to care for people The EMHS D ifference in Care' OTHER PROGRAM SERVICES 5 Acadia HospitalLeadership Daniel B Coffey, President and CEO and Richard A Lyons, ChairLocation BangorEmployees 598Description Th e Acadia Hospital is Maine's comprehensive resource for information and treatment of menta l illness and chemical dependency Acadia Hospital is empow ering people to improve their l ives Acadia Hospital Highlights- Cognitive behavioral pain treatment program launched as a lternative to medication-focused options for people living w ith chronic pain - All open ps ychiatrist positions filled w ith permanent physicians - Now providing tele-psychiatry to four regional hospitals' emergency departments - Battle of the Bands fundraiser at the Hus son University Campus Center exceeded its projected $30,000 goal, bringing in a total of $ 35,775 for Acadia's youth services and outreach activities - Premiered the short dramatic film on youth anxiety and depression, The Road Back, for more than 450 people at Gracie Th eatre on the Husson University campus - Open Mind Series presentations included Treating D epression From the Traditional to the Modern, and Excellence in Dementia Care Setting Ex pectations from Beginning to End - Celebrated the hospital's tw entieth anniversary by unve iling a sculpture created by Andreas Von Huene as part of Schoodic International Sculpture Symposium - Partnered w ith Penobscot Theatre Touring One Act Play - I am the Brother of D ragons (Family Dynamics and Substance Abuse) - Earned the Golden Arrow Gold Aw ard for The Road Back film and promotional campaign from the Maine Public Relations Council Affiliated HealthcareSystemsLeadership Miles Theeman, Pres

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	ident and CEO and Richard I Stone, Chair Location Bangor, Portland, and Rutland, Vermont Employees 487Description A taxable company with a primary mission to enhance the clinic al care delivery systems within EMHS by providing cost-effective, integrated support servi ces for its member organizations, and pursuing profitable, sustainable growth opportunitie s - Affiliated Materiel Services (non-acute division) achieved sixth consecutive year of r ecord gross revenues - Affiliated Collections, Inc (ACI) experienced its largest year of customer placement - nearly $47 million - representing a six percent increase - Affiliate d Laboratory, Inc (ALI) continued to take a state-wide leadership role in identifying pre viously unknown substances in the drug known as "bath salts "- Lighthouse Web Solutions (L WS) doubled non-EMHS revenue, including contracts with the Delaware and Colorado Hospital associations for their respective websites - Affiliated Transcription Services (ATS) imple mented an interface from their transcription platform to Millennium RadNet, which has led to increased efficiencies and improved quality - Capital Ambulance entered into an agreem ent with Atlantic Partners EMS to provide training and quality assurance services - Affil iated Material Services Logistics achieved fill and accuracy rates at exceptionally high r ates of more than 99 percent - Dirigo Pines Development Company achieved four new cottage sales and six cottages were resold OTHER PROGRAM SERVICES 6 Blue Hill Memorial HospitalL eadership Gregory Roraff, President and CEO and Frank Wanning, Chair Location Blue Hill, Bucksport, Castine, and Deer Isle/StoningtonEmployees 323Description Blue Hill Memorial Hospital, founded in 1924, is a critical access, 25-bed rural hospital Our mission is to provide primary and selected specialty healthcare of outstanding quality, care for our pa tients with respect and compassion, and improve the health of the communities we serve Blu e Hill Memorial Hospital Highlights- Opened Blue Hill Cardiovascular Medicine and welcomed Dennis DeSilvey, MD, FACP, FACC, FAHA - Implemented new hospitalist program, adding conti nuity to inpatient care delivery - Received Avatar International's 2011 Exceeding Patient Expectations Award and the 2012 VHA Leadership Award for Clinical Excellence for meeting o r exceeding national performance standards for clinical care and patient experience - Host ed a Women's Health Luncheon, Smoking Cessation Event, a Men's Health Clinic, the fifth an nual 5K Fun Run, and the first annual "Step Into Summer Women's Wellness Fair "Charles A Dean Memorial HospitalLeadership Geno Murray, President and CEO and David S Richards, C hair Location Greenville, Monson, SangervilleEmployees 170Description Charles A Dean Me morial Hospital provides access to quality healthcare to the residents and visitors of the Moosehead Lake region Our 25-bed critical access hospital provides acute, skilled, and s wing facility beds CA Dean also provides 24-hour emergency medical services, including an ambulance and a full service emergency department, three family practice locations, diagn ostic services, laboratory, digital imaging, CT scan, ultrasound, mammography, rehabilitat ion services, urology services, as well as podiatry, general and orthopedic surgery CA Dea n Memorial Hospital Highlights- Received awards from the National Rural Health Association and the Hospital Consumer Assessment of Healthcare Providers and Systems for quality and patient satisfaction - Received a Level II PCMH (Patient Centered Medical Home) designatio n in our Greenville primary care office from the National Quality Health Council - Acquire d a state of the art 16 CT scanner, remodeled the x-ray room, and installed a new x-ray ma chine - Welcomed Jeffrey Graham, MD who is offering urology services at Greenville's North woods Clinic twice a month - Kathleen Thibault, DO joined Northwoods' Sangerville family practice office - Received an eHealthcar

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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

2011

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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, ME 04240 01-0536801	LLC-Venture	ME	N/A	Related				No			No	50 000 %

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.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
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 related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related 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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

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

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Software ID: 11000144
Software Version: 2011v1.5
EIN: 01-0527066
Name: EASTERN MAINE HEALTHCARE SYSTEMS

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
Sebasticook Valley Work Health LLC 447 North Main Street Pittsfield, ME 04967 45-3359446	Provide patient care	ME	501(c)(3)	3	SVH	Yes	
Beacon Health LLC 43 Whiting Hill Road Brewer, ME 04412 45-2967056	Accountable Care Organization	ME	501(c)(3)	11 Type II	EMHS	Yes	
Capitol Convenient Care LLC 43 Whiting Hill Rd Brewer, ME 04412 27-3671960	Provide patient care	ME	501(c)(3)	11, Type II	EMHS	Yes	
Sebasticook Valley Hlth Convenient Care 447 North Main Street Pittsfield, ME 04967 27-3129791	Provide patient care	ME	501(c)(3)	3	SVH	Yes	
Sebasticook Valley Family Practice Assoc 447 North Main Street Pittsfield, ME 04967 01-0357854	Provide patient care	ME	501(c)(3)	9	SVH	Yes	
Inland Family Practice Associates LLC 200 Kennedy Memorial Drive Waterville, ME 04901 27-2942245	Provide patient care	ME	501(c)(3)	3	Inland	Yes	
Meadow Wood LLC 43 Whiting Hill Road Brewer, ME 04412 27-2935243	Provide patient care	ME	501(c)(3)	9	AHI	Yes	
Blue Hill Memorial Hospital 57 Water Street Blue Hill, ME 046145231 01-0227195	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
ME Institute for Human Genetics & Health 43 Whiting Hill Road Brewer, ME 04412 55-0894346	Biomedical research & development	ME	501(c)(3)	9	EMHS	Yes	
Eastern Maine HomeCare PO Box 688 Caribou, ME 04736 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, ME 047690151 01-0504393	Provide patient care	ME	501(c)(3)	3	TAMC	Yes	
TAMC Endowments PO Box 151 140 Academy St Presque Isle, ME 047690151 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, ME 047690151 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, ME 047690151 01-0372148	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
Sebasticook Valley Health SVH 447 North Main Street Pittsfield, ME 04967 01-0263628	Critical care hospital	ME	501(c)(3)	3	EMHS	Yes	
CA Dean Memorial Hospital Pritham Avenue PO Box 1129 Greenville, ME 044411129 04-3341666	Provide Healthcare Services	ME	501(c)(3)	3	EMHS	Yes	
Lakewood A Continuing Care Center 220 Kennedy Memorial Drive Waterville, ME 04901 01-0421234	Provide long term nursing care	ME	501(c)(3)	3	Inland Hospital	Yes	
Inland Hospital 200 Kennedy Memorial Drive Waterville, ME 04901 01-0217211	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
Norumbega Medical Specialists LTD 43 Whiting Hill Road Suite 400 Brewer, ME 04412 01-0465231	Provide patient care & education	ME	501(c)(3)	9	EMMC	Yes	
EMHS Foundation 43 Whiting Hill Road Suite 400 Brewer, ME 04412 22-2514163	Raise & manage funds for exempt orgs	ME	501(c)(3)	11, Type II	EMHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
Acadia Healthcare Inc AHI 43 Whiting Hill Road Brewer, ME 04412 22-3183888	Provide healthcare services	ME	501(c)(3)	9	AHC	Yes	
Eastern Maine Medical Center Auxiliary 43 Whiting Hill Road Brewer, ME 04412 01-0377901	Fund raising for exempt EMMC	ME	501(c)(3)	9	EMMC	Yes	
Acadia Hospital Corp AHC 43 Whiting Hill Road Brewer, ME 04412 01-0459837	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
Rosscare Nursing Homes Inc 43 Whiting Hill Road Suite 400 Brewer, ME 04412 01-0430751	Operation of nursing homes	ME	501(c)(3)	9	Rosscare	Yes	
Rosscare 43 Whiting Hill Road Suite 400 Brewer, ME 04412 01-0391038	Provide services to elderly	ME	501(c)(3)	PF	EMHS	Yes	
Eastern Maine Healthcare Real Estate 43 Whiting Hill Road Brewer, ME 04412 01-0391036	Leases real estate	ME	501(c)(2)		EMHS	Yes	
Eastern Maine Medical Center EMMC 489 State Street PO Box 404 Bangor, ME 044020404 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, ME 04473 01-0537924	RetCottage	ME	AHS	C			
Dirigo Funding LLC 9 Alumni Drive Orono, ME 04473 01-0599968	Prov finance	ME	AHS	C			
Dirigo Pines Inn LLC 9 Alumni Drive Orono, ME 04473 02-0547749	Contin care	ME	Rosscare	C	-620,963	17,894,343	100 000 %
Dirigo Pines Retirement Community LLC 9 Alumni Drive Orono, ME 04473 01-0537924	Holding co	ME	AHS	C			
Maine Network for Health PO Box 2813 Bangor, ME 04402 01-0496352	Support srv	ME	EMHS	C	-5,305	471,278	64 000 %
Meridian Mobile Health LLC 931 Union Street PO Box 940 Bangor, ME 044020940 01-0512673	Ambulance	ME	AHS	C			
DE Collections DBA Affiliated Collect PO Box 2759 Bangor, ME 044022759 01-0366209	Collections	ME	AHS	C			
Affiliated Pharmacy Services 917 Union St Suite 7 Bangor, ME 04401 01-0587230	Pharmacy	ME	AHS	C			
Affiliated Materiel Services PO Box 1300 Bangor, ME 044021300 01-0381189	Purchasing	ME	AHS	C			
Affiliated Laboratory Inc PO Box 638 Bangor, ME 044020638 01-0381283	Clinical Lab	ME	AHS	C			
Affiliated Healthcare Management PO Box 811 Bangor, ME 044020811 01-0349339	Hlthcr mgmt	ME	AHS	C			
Affiliated Healthcare Systems AHS PO Box 940 Bangor, ME 044020904 01-0385322	Holding Co	ME	EMHS	C	-5,237,830	9,896,933	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	k	106,550	FMV
(2)	Meridian Mobile Health LLC	p	498,265	FMV
(3)	DE Collections DBA Affiliated Collect	p	107,162	FMV
(4)	DE Collections DBA Affiliated Collect	a	21	FMV
(5)	Affiliated Materiel Services	p	412,894	FMV
(6)	Affiliated Materiel Services	o	55,732	FMV
(7)	Affiliated Materiel Services	k	409,439	FMV
(8)	Affiliated Laboratory Inc	p	2,188,794	FMV
(9)	Affiliated Laboratory Inc	k	392,898	FMV
(10)	Affiliated Laboratory Inc	a	31,470	FMV
(11)	Affiliated Healthcare Management	p	1,177,557	FMV
(12)	Affiliated Healthcare Management	l	365,506	FMV
(13)	Affiliated Healthcare Management	k	852,491	FMV
(14)	Affiliated Healthcare Management	a	35,226	FMV
(15)	Affiliated Healthcare Systems AHS	k	-5,237,831	FMV
(16)	Blue Hill Memorial Hospital	r	56,976	FMV
(17)	Blue Hill Memorial Hospital	p	3,040,255	FMV
(18)	Blue Hill Memorial Hospital	k	1,669,805	FMV
(19)	ME Institute for Human Genetics & Health	r	142,528	FMV
(20)	ME Institute for Human Genetics & Health	q	650,000	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
(21)	ME Institute for Human Genetics & Health	p	52,042	FMV
(22)	ME Institute for Human Genetics & Health	k	97,610	FMV
(23)	ME Institute for Human Genetics & Health	a	58,109	FMV
(24)	Eastern Maine HomeCare	p	793,036	FMV
(25)	Eastern Maine HomeCare	l	829,546	FMV
(26)	Eastern Maine HomeCare	k	85,992	FMV
(27)	Eastern Maine HomeCare	a	82,780	FMV
(28)	The Aroostook Medical Center TAMC	r	169,956	FMV
(29)	The Aroostook Medical Center TAMC	p	7,860,673	FMV
(30)	The Aroostook Medical Center TAMC	l	50,105	FMV
(31)	The Aroostook Medical Center TAMC	k	1,758,273	FMV
(32)	The Aroostook Medical Center TAMC	a	4,658	FMV
(33)	Sebasticook Valley Health SVH	r	58,380	FMV
(34)	Sebasticook Valley Health SVH	p	2,555,121	FMV
(35)	Sebasticook Valley Health SVH	k	447,270	FMV
(36)	CA Dean Memorial Hospital	p	1,289,248	FMV
(37)	CA Dean Memorial Hospital	k	684,660	FMV
(38)	Lakewood A Continuing Care Center	k	176,499	FMV
(39)	Inland Hospital	r	108,864	FMV
(40)	Inland Hospital	p	5,813,845	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
(41)	Inland Hospital	l	73,084	FMV
(42)	Inland Hospital	k	1,509,482	FMV
(43)	EMHS Foundation	r	2,086,088	FMV
(44)	EMHS Foundation	k	1,956,231	FMV
(45)	Acadia Healthcare Inc AHI	p	247,862	FMV
(46)	Acadia Healthcare Inc AHI	k	72,966	FMV
(47)	Acadia Hospital Corp AHC	r	91,872	FMV
(48)	Acadia Hospital Corp AHC	p	4,300,053	FMV
(49)	Acadia Hospital Corp AHC	l	145,987	FMV
(50)	Acadia Hospital Corp AHC	k	3,230,892	FMV
(51)	Rosscare	p	67,061	FMV
(52)	Rosscare	k	147,986	FMV
(53)	Rosscare	a	130,917	FMV
(54)	Eastern Maine Healthcare Real Estate	r	1,182,902	FMV
(55)	Eastern Maine Healthcare Real Estate	k	68,405	FMV
(56)	Eastern Maine Healthcare Real Estate	a	974	FMV
(57)	Eastern Maine Medical Center EMMC	r	973,260	FMV
(58)	Eastern Maine Medical Center EMMC	q	1,455,876	FMV
(59)	Eastern Maine Medical Center EMMC	p	46,007,199	FMV
(60)	Eastern Maine Medical Center EMMC	o	329,620	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	l	1,989,088	FMV
(62)	Eastern Maine Medical Center EMMC	k	34,821,783	FMV
(63)	Eastern Maine Medical Center EMMC	e	113,600	FMV
(64)	Eastern Maine Medical Center EMMC	a	3,722,670	FMV

Additional Data

Software ID: 11000144
Software Version: 2011v1.5
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		Yes		Yes		40777
(B) The Aroostook Medical Center	010372148	3	Yes		Yes		Yes		1736985
(C) Eastern Maine HomeCare	010328442	9	Yes		Yes		Yes		85992
(D) Blue Hill Memorial Hospital	010227195	3	Yes		Yes		Yes		1623757
(E) Me Inst for Human Genetics & Hlth	550894346	9	Yes		Yes		Yes		97610
(F) Sebasticook Valley Hospital	010263628	3	Yes		Yes		Yes		447270
(G) Lakewood A Continuing Care Center	010421234	3	Yes		Yes		Yes		176499
(H) Inland Hospital	010217211	3	Yes		Yes		Yes		1495625
(I) CA Dean Memorial Hospital	043341666	3	Yes		Yes		Yes		684660
(J) Acadia Healthcare Inc	223183888	9	Yes		Yes		Yes		72966
(K) Acadia Hospital Corp	010459837	3	Yes		Yes		Yes		3230892
(L) EMHS Foundation	222514163	11	Yes		Yes		Yes		1956231
(M) EMMC Auxiliary	010377901	9	Yes		Yes		Yes		5000
(N) Eastern Maine Medical Center	010211501	3	Yes		Yes		Yes		34805060

Additional Data

Software ID: 11000144
Software Version: 2011v1.5
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			
Marjorie F Withers Board Member	20	X						0	0	0
Charles E Hewett PhD Board Member	10	X						0	0	0
John Simpson Board Member	1 20	X						0	0	0
Evelyn S Silver PhD Brd Mbr/V-Chair	1 80	X		X				0	0	0
Katrina R Parson Board Member	1 00	X						0	0	0
Michael S Pancoe MD Board Member	1 10	X						0	0	0
Michael E Palumbo DO Board Member	1 00	X						0	283,891	24,954
Barry McCrum Board Member	80	X						0	0	0
Michael D Lynch Board Member	1 40	X						0	0	0
John D Lafayette III Board Member	1 30	X						0	0	0
Joyce Hedlund EdD Board Member	1 30	X						0	0	0
Jacob A Palmer III PhD Board Member	60	X						0	0	0
Carl Flora Board Member	1 10	X						0	0	0
Nichi Farnham Board Member	1 30	X						0	0	0
William A Schaffer MD Board Member	1 00	X						0	350,418	29,289
Stanley S Bergen Jr MD Board Member	1 25	X						0	0	0
Betty Kent-Conant Board Member	1 00	X						0	0	0
P James Nicholson CPA Chairman/Bd Mbr	2 00	X		X				0	0	0
George F Eaton II Esq Board Member	1 10	X						43,253	0	0
Stephen Rich AIA Board Member	50	X						0	0	0
Mary M Hood President & CEO	50 00	X		X				886,467	0	230,569
EE comp is for admin svcs not brd respons	0 00	X						0	0	0
Scott A Oxley Int Treas PtYr	50 00			X				283,116	0	37,273
Michael P Donahue VP/Pyr Cont Rel	50 00			X				0	275,888	31,744
Miles Theeman VP, AHS	50 00			X				312,998	0	140,135

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			
Richard W Freeman MD Sr VP/CTO	50 00			X				267,525	0	535
Michael Crowley VP/CPO, EMHSF	50 00			X				183,627	0	22,251
Glenn Martin VP Gen Cnsl/Sec	50 00			X				265,008	0	38,778
Lisa Harvey-McPherson VP Con Care/CAO	50 00			X				177,544	0	23,282
Philip A Johnson VP, HR	50 00			X				252,993	0	30,828
Catherine J Bruno VP/CIO	50 00			X				270,761	0	33,788
Patrick J Whalen VP Bus Devel	50 00			X				276,342	0	38,677
Erik N Steele DO SrVP/CMO	50 00			X				362,346	0	48,062
Victoria A Alexander-Lane Sr V P , SVH	50			X				0	260,042	28,453
Sylvia S Getman Sr V P , TAMC	50			X				0	279,359	20,707
Eugene F Murray Sr V P ,CADean	50			X				0	228,252	42,360
Gregory E Roraff Sr V P , BHMH	50 00			X				229,543	0	18,075
John D Dalton Sr V P ,Inland	50			X				0	301,691	73,156
Derrick Hollings Sr VP, CFO/Tre	50 00			X				0	0	0
Deborah C Johnson RN Sr V P , EMMC	50 00			X				509,489	0	508,559
Daniel B Coffey SrVP,AHC	50 00			X				450,533	0	44,909
Cynthia Olivier Dir-PatAcctSrvs	50 00					X		176,843	0	19,317
Christine B Worthen Assist Gen Cnsle	50 00					X		188,212	0	3,951
Ralph W Swain Dir-IS Applicat	50 00					X		178,759	0	23,089
Gerard D Deschaine Director-Planning	50 00					X		154,999	0	33,401
Charles E Kimball IS Manager	50 00					X		151,084	0	27,162
David Peterson Former SR VP, TAMC	0 00						X	0	160,293	0
David Proffitt Former Sr VP, AHC	0 00						X	313,890	0	8,829