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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 09-30-2012 , 2012, and ending 09-28-2013

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 $ 130,794,027

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

Activities & Governance

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**	14
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	579
6	Total number of volunteers (estimate if necessary)	**6**	41
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,978,165
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-139,212

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	5,871,413	3,193,185
9	Program service revenue (Part VIII, line 2g)	53,623,290	68,132,677
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,000,590	7,634,319
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	119,201	187,802
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	63,614,494	79,147,983
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)	42,509,153	46,733,460
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)	24,539,448	25,699,766
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	67,048,601	72,433,226
19	Revenue less expenses Subtract line 18 from line 12	-3,434,107	6,714,757

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	172,486,113	178,432,574
21	Total liabilities (Part X, line 26)	109,878,561	105,915,672
22	Net assets or fund balances Subtract line 21 from line 20	62,607,552	72,516,902

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

****** | 2014-08-12
Signature of officer | Date

Derrick Hollings Treasurer
Type or print name and title

Paid Preparer Use Only

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the 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 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 $ 71,213,112 including grants of $) (Revenue $ 68,141,263)

Carried on supporting functions essential to Eastern Maine Medical Center, The Aroostook Medical Center, Inland Hospital, Acadia Hospital Corp , Sebasticook Valley Hospital, Charles A Dean Memorial Hospital, and Blue Hill Memorial Hospital EMHS performed standardization of practices, strategic planning, and capital allocation functions EMHS board established and oversees the charity care policy of the 7 hospitals which is applied uniformly to most of the hospitals EMHS hospitals provided cumulative charity care of $26,166,442(at cost) and other uncompensated care of $21,624,184 (at cost) for a total uncompensated care of $47,790,626 The EMHS hospitals had a Medicare shortfall of $47,886,567 and a Medicaid shortfall of $56,948,166

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 $)

Our letters in the past several annual reports have focused on change and reinvention We have written about reinventing the care delivery model, reinventing management and governance structures and processes, as well as reinventing the EMHS brand All of those activities continue to successfully evolve and mature in our traditional scope of work This year, our letter focuses on recent developments at EMHS that position us to be successful in our rapidly changing national healthcare delivery and reimbursement environment While our population health management effort certainly is not the only strategic initiative EMHS has pursued in the last year, we wish to specifically share our current success in that area through the following updates -EMHS has been widening its sphere of influence as it relates to both clinical services and transformation of the healthcare delivery and reimbursement models It is our belief that we can best serve the people of Maine by creating or contributing to an environment that is focused on moving healthcare delivery away from a fee-for-service model to a population health approach To build the bridge to this future, we have been widening our network The work of Beacon Health, our accountable care organizational home, has succeeded in forming a network of partner providers to join us in a sophisticated, well-coordinated, chronic illness-oriented approach aimed at improving healthcare for Maine people In addition, through Beacon Health, we are establishing new partnerships with insurers and employers who share our vision We expect these partnerships to grow in scope and sophistication in the years ahead -We are also founding shareholders in the Northern New England Accountable Care Collaborative (NNEA CC) This joint venture with MaineHealth, Dartmouth Hitchcock, and The Dartmouth Institute is providing us with analytic and predictive modeling competencies that will contribute to accelerated clinical performance improvement and management of population health risk -As we have engaged with development of the regional NNEACC initiative, a national opportunity has been presented to us We are now participating in a twenty system effort, the High Value Health Collaborative (HVHC), which is focused on advancing best practice clinical services across its membership serving 70,000,000 patients nationally Together with HVHC partners Dartmouth, Mayo Clinic, Intermountain Healthcare, UCLA, Providence Health and many other prominent providers we are setting an aggressive agenda for clinical transformation The growth of our services, outreach, and partnerships are reflective of EMHS vision to be a nationally recognized model of excellence in healthcare We expect the journey to be an exciting and challenging one, and hope you will join us in our efforts We hope you enjoy reading about the many other positive contributions EMHS members have made during the last year, as illustrated in this report Together, we are all working towards excellence in providing patients with the right care, in the right place, and at the right time 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** ▶ 71,213,112

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 for escrow or custodial account liability, 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, line 10? *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 and XII*	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 and XII 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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, 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**		No
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 11b 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	111		
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	579		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
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 as charitable contributions? . . .	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			
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			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent **1b** 14			
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**		No
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**		
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 this 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 ☐ Other (explain in Schedule O)

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 during the tax year

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 (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 (list any hours for related organizations below dotted line)	(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								6,542,939	2,820,725	1,893,945

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 ▶ 60

			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	1,736,598
River City Commercial Cleaning PO Box 56 Bangor ME 044020056	Cleaning Services	575,302
Penobscot Community Healthcare PO Box 1358 Bangor ME 044021358	Grant Support	865,701
Cigna Healthcare 5082 Collections Center Dr Chicago IL 606930050	Plan Administrator	3,730,257
Cerner Corporation PO Box 412732 Kansas City MO 641412732	Software Support	4,488,204
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 ▶ 29		

Part VIII Statement of Revenue

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

				(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	65,879			
	e	Government grants (contributions)	1e	2,762,956			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	364,350			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f			3,193,185		
Program Service Revenue			Business Code				
	2a	Supporting Org Revenue	561000	63,620,266	61,650,687	1,969,579	
	b	Exempt Affiliate Rental	532000	3,562,233	3,562,233		
	c	Clinical Software Sales	541519	950,178	950,178		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f			68,132,677		
	3	Investment income (including dividends, interest, and other similar amounts)		49,791		172	49,619
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			

		(i) Real	(ii) Personal				
	6a	Gross rents	763,319					
	b	Less rental expenses	596,597					
	c	Rental income or (loss)	166,722					
	d	Net rental income or (loss)			166,722		8,414	158,308

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	58,628,105	5,870				
	b	Less cost or other basis and sales expenses	51,045,406	4,041				
	c	Gain or (loss)	7,582,699	1,829				
	d	Net gain or (loss)			7,584,528			7,584,528
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	21,080			21,080
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d			21,080			
	12	**Total revenue.** See Instructions			79,147,983	66,163,098	1,978,165	7,813,535

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)

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	6,867,175	6,867,175		
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	30,439,996	30,439,996		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,761,537	2,761,537		
9 Other employee benefits	4,112,319	4,112,319		
10 Payroll taxes	2,552,433	2,552,433		
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,098,824		1,098,824	
c Accounting	121,290		121,290	
d Lobbying	7,831	7,831		
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	183,289	183,289		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,366,578	11,366,578		
12 Advertising and promotion	105,843	105,843		
13 Office expenses	997,387	997,387		
14 Information technology	2,031,123	2,031,123		
15 Royalties . .	0			
16 Occupancy	2,310,514	2,310,514		
17 Travel	401,766	401,766		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	351,033	351,033		
20 Interest	1,145,993	1,145,993		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	3,786,738	3,786,738		
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Gifts & Contributions	234,331	234,331		
b Employee Events Expense	236,563	236,563		
c Repairs & Maintenance	327,526	327,526		
d Dues & Subscriptions	660,627	660,627		
e All other expenses	332,510	332,510		
25 **Total functional expenses.** Add lines 1 through 24e	72,433,226	71,213,112	1,220,114	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		5,542	1	124,491
	2	Savings and temporary cash investments		29,277,148	2	29,189,517
	3	Pledges and grants receivable, net		784,973	3	101,211
	4	Accounts receivable, net		2,591,143	4	9,839,070
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net		8,609,393	7	10,744,710
	8	Inventories for sale or use		139,867	8	98,668
	9	Prepaid expenses and deferred charges		1,656,454	9	2,294,180
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 91,951,346			
	b	Less accumulated depreciation	10b 50,534,666	41,911,598	10c	41,416,680
	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		87,509,995	15	84,624,047
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		172,486,113	16	178,432,574
Liabilities	17	Accounts payable and accrued expenses		10,350,161	17	12,669,729
	18	Grants payable			18	
	19	Deferred revenue		7,391,637	19	12,528,131
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		37,987,022	23	28,298,742
	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		54,149,741	25	52,419,070
	26	**Total liabilities.** Add lines 17 through 25		109,878,561	26	105,915,672
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		62,473,271	27	72,431,536
	28	Temporarily restricted net assets		117,281	28	67,866
	29	Permanently restricted net assets		17,000	29	17,500
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		62,607,552	33	72,516,902
	34	Total liabilities and net assets/fund balances		172,486,113	34	178,432,574

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	79,147,983
2	Total expenses (must equal Part IX, column (A), line 25)	2	72,433,226
3	Revenue less expenses Subtract line 2 from line 1	3	6,714,757
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	62,607,552
5	Net unrealized gains (losses) on investments	5	-3,088,867
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	6,283,460
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	72,516,902

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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	

Additional Data

Software ID: 12000229
Software Version: 2012v2.0
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 (list any hours for related organizations below dotted line)	(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			
Marianne Lynch Esq Board Member	1 00 0 00	X						0	0	0
Charles E Hewett PhD Board Member	60 0 00	X						0	0	0
John Simpson Board Member	1 30 0 00	X						0	0	0
Evelyn S Silver PhD Brd Mbr/V-Chair	1 50 0 00	X		X				0	0	0
Katrina R Parson Board Member	1 00 0 00	X						0	0	0
Michael S Pancoe MD Board Member	1 20 50 00	X						0	0	0
Michael E Palumbo DO Board Member	65 50 00	X						0	268,092	27,759
Barry McCrum Board Member	65 0 00	X						0	0	0
Michael D Lynch Board Member	1 50 0 00	X						0	0	0
John D Lafayette III Board Member	1 20 0 00	X						0	0	0
Joyce Hedlund EdD Board Member	1 40 0 00	X						0	0	0
Carl Flora Board Member	1 15 0 00	X						0	0	0
Nichi Farnham Board Member	1 37 0 00	X						0	0	0
William A Schaffer MD Board Member	12 50 00	X						0	249,825	47,434
Stanley S Bergen Jr MD Board Member	1 37 0 00	X						0	0	0
Betty Kent-Conant Board Member	54 0 00	X						0	0	0
P James Nicholson CPA Chairman/Bd Mbr	2 17 0 00	X		X				0	0	0
Kathleen J OberMD Board Member	17 50 00	X						0	449,456	31,255
Stephen Rich AIA Board Member	1 19 0 00	X						0	0	0
Michael L McInnis Board Member	29 0 00	X						0	0	0
Mary M Hood President & CEO	50 00 0 00	X		X				844,254	0	248,039
EE comp is for admin svcs not brd respons	0 00 0 00	X						0	0	0
Michael P Donahue VP Netwk Develp	50 00 0 00			X				265,134	24,503	33,064
Theresa P Vieira Sr VP/SVH	0 00 50 00			X				0	181,587	25,454
Jeffrey A Sanford VP & Sys Contrl	50 00 0 00			X				181,160	0	20,319

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 (list any hours for related organizations below dotted line)	(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			
Scott A Oxley VP/Corp Srvs	0 00 50 00			X				0	278,915	41,242
Miles Theeman VP, AHS	50 00 0 00			X				321,142	0	140,100
Deborah M Sanford VP Org Effectiv	0 00 50 00			X				68,449	93,371	28,567
Richard W Freeman MD Sr VP/CTO	50 00 0 00			X				321,774	0	1,436
Michael Crowley VP/CPO, EMHSF	50 00 0 00			X				180,601	0	26,052
Jean MMellett VP CapPlng	50 00 0 00			X				144,410	0	36,176
Glenn Martin VP Gen Cnsl/Sec	50 00 0 00			X				298,749	0	43,740
Lisa Harvey-McPherson VP Con Care/CAO	50 00 0 00			X				180,227	0	25,270
Philip A Johnson VP, HR	50 00 0 00			X				277,183	0	36,992
Catherine J Bruno VP/CIO	50 00 0 00			X				279,040	0	36,394
Patrick J Whalen VP Bus Devel	50 00 0 00			X				280,158	0	42,196
Erik N Steele DO SrVP/CMO	50 00 0 00			X				362,861	0	51,056
Victoria A Alexander-Lane Sr V P , SVH	50 50 00			X				0	256,410	31,355
Sylvia S Getman Sr V P , TAMC	50 50 00			X				0	329,787	129,901
Eugene F Murray Sr V P ,CADean	50 50 00			X				0	174,771	46,413
Gregory E Roraff Sr V P , BHMH	50 00 0 00			X				274,248	0	29,435
John D Dalton Sr V P ,Inland	50 50 00			X				0	270,497	75,363
Derrick Hollings Sr VP, CFO/Tre	50 00 0 00			X				301,549	0	15,022
Deborah C Johnson RN Sr V P , EMMC	50 00 0 00			X				521,048	0	472,548
Daniel B Coffey SrVP,AHC	50 00 0 00			X				453,414	0	46,664
Ralph W Swain Dir-IS Application	50 00 0 00					X		294,418	0	18,651
George Pelissier Dir-Materiel Mgmt	50 00 0 00					X		153,472	0	21,058
Christine B Worthen Assist Gen Cnsle	50 00 0 00					X		192,724	0	9,411
April Giard Dir of Nursing	50 00 0 00					X		168,493	0	34,864
Cynthia Olivier Dir-PatAcctSrvs	50 00 0 00					X		178,431	0	20,715

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 (list any hours for related organizations below dotted line)	(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			
David Peterson Former SR VP, TAMC	0 00 0 00						X	0	106,977	0
John May Former Sr VP, SVH	0 00 0 00						X	0	136,534	0

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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

2012

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS

Employer identification number
01-0527066

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

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

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

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

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

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

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

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

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

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

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

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

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☑ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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 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?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
See Additional Data Table									
Total									47,703,641

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a 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—2012.** 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—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

Additional Data

Software ID: 12000229
Software Version: 2012v2.0
EIN: 01-0527066
Name: EASTERN MAINE HEALTHCARE SYSTEMS

Form 990, Sch A, Part I, Line 11h - 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)	(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	
Beacon Health LLC	452967056	11		No	Yes		Yes		216790
Norumbega Medical Specialists LTD	010465231	9		No	Yes		Yes		40405
The Aroostook Medical Center	010372148	3		No	Yes		Yes		1538982
Eastern Maine HomeCare	010328442	9		No	Yes		Yes		120493
Blue Hill Memorial Hospital	010227195	3		No	Yes		Yes		1748885
Me Inst for Human Genetics & Hlth	550894346	9		No	Yes		Yes		24881
Sebasticook Valley Health	010263628	3		No	Yes		Yes		406136
Lakewood A Continuing Care Center	010421234	3		No	Yes		Yes		185732
Inland Hospital	010217211	3		No	Yes		Yes		1510047
CA Dean Memorial Hospital	043341666	3		No	Yes		Yes		705689
Acadia Healthcare Inc	223183888	9		No	Yes		Yes		75086
Acadia Hospital Corp	010459837	3		No	Yes		Yes		3557618
EMHS Foundation	222514163	11		No	Yes		Yes		195376
EMMC Auxiliary	010377901	9		No	Yes		Yes		1000
Eastern Maine Medical Center	010211501	3		No	Yes		Yes		37376521

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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

2012

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 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 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 function 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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		15,507
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		1,686
i	Other activities?		No	
j	Total Add lines 1c through 1i			17,193
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 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 1045 (Budget Session)LD 448 "An Act to Authorize the State Employee Health Commission's Preferred Provider Program"LD 882 "An Act to Amend the Laws Governing Confidentiality of Health Care Information to Enhance Public Safety"LD 1230 "An Act to Improve Access to Oral Health Care"LD 1134 "An Act to Allow Collaborative Practice Agreements Between Authorized Practitioners and Pharmacists"LD 1006 "An Act to Clarify Transparency of Medical Provider Profiling Programs Used by Insurance Companies and Other Providers of Health Insurance"LR 1046 Biennial BudgetLD 1509 "An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2014 and June 30, 2015"LD 951 "An Act to Repeal the 2-year Limit on Methadone and Suboxone Treatments under MaineCare"LD 802 "An Act to Encourage Alternative Forms of Treatment for Opiate or Opioid Addiction by Prohibiting MaineCare Coverage for Medication-assisted Treatment for Addiction"LD 908 "An Act to Limit MaineCare Reimbursement for Suboxone and Methadone Treatment"LD 534 "An Act to Improve Care Coordination for Persons with Mental Illness"LD 1326 "An Act to Prevent Youth Tobacco Use"LD 1406 "An Act to Reduce Youth Smoking and Improve Public Heallth by Increasing Revenue from the Cigarette Tax to the Fund for a Healthy Maine and to Pay Debts Owed to Health Care Providers"LD 1367 "An Act to Require Health Insurnace Carriers and the MaineCare Program to Cover the Cost of Transition Services to Bridge the Gap between High School and Independence"LD 1031 "An Act to Require a Mandatory Peer Review Process for the Restraint and Seclusion of Children in a Hospital or Children's Home"LD 1555 "An Act to Strengthen Maine's Hospitals and to Provide for a New Spirits Contract"LD 1066 "An Act to Increase Access to Health Coverage and Qualify Maine for Federal Funding"Non-deductible portion of dues

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(b) (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	38,066	33,039	28,268	20,256	8,577
b	Contributions	500	1,000	5,500	5,346	10,154
c	Net investment earnings, gains, and losses	4,055	5,394	-114	2,666	1,525
d	Grants or scholarships					
e	Other expenditures for facilities and programs	1,196	1,367	615		
f	Administrative expenses					
g	End of year balance	41,425	38,066	33,039	28,268	20,256

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 45 700 %
- b Permanent endowment ▶ 54 300 %
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII 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		2,389,833		2,389,833
b Buildings		42,504,786	16,047,557	26,457,229
c Leasehold improvements		12,792	7,431	5,361
d Equipment		38,799,661	29,780,048	9,019,613
e Other		8,244,274	4,699,630	3,544,644
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				41,416,680

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) must 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) must 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	52,210,425
(2) Org costs & other long term investments	3,105,394
(3) Investment in subsidiaries	-457,197
(4) Interest in net assets held at EMHSF	85,366
(5) Board designated funds - other	19,562
(6) Board designated funded depreciation	29,660,497
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	84,624,047

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
Changes in Fair Value of Swap	1,351,513
Accrued Self Insurance Reserves	31,971,094
Accrued Post Retirement Benefits	19,096,463
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	52,419,070

2. Fin 48 (ASC 740) Footnote In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	140,361,708
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-3,088,867		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	65,996,404		
e	Add lines **2a** through **2d**			2e	62,907,537
3	Subtract line **2e** from line **1**			3	77,454,171
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 XIII)	4b	1,693,812		
c	Add lines **4a** and **4b**			4c	1,693,812
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	79,147,983

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

1	Total expenses and losses per audited financial statements			1	136,865,151
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 XIII)	2d	-1,498,600		
e	Add lines **2a** through **2d**			2e	-1,498,600
3	Subtract line **2e** from line **1**			3	138,363,751
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 XIII)	4b	-65,930,525		
c	Add lines **4a** and **4b**			4c	-65,930,525
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	72,433,226

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part XI, Line 4b	Part XI, Line 4b Other revenue amounts included on 990 but not included in F/S	Rental Expenses reclass to Line 6b $-596596 Restricted contributions to fund balance $195212 Bad Debt expenses reclassed to revenue $2095196
Part XI, Line 2d	Part XI, Line 2d Other revenue amounts included in F/S but not included on form 990	Reimbursement of expenses reclass to exp $65996404 Donation of services removed $0
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 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

2012

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 or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	**(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 as deferred in prior Form 990
	(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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
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	Jeffrey Sanford, officer received a gift certificate for length of service with the organization for $25 with a $13 85 gross-up payment Cynthia Olivier, highest compensated employee, received a gift certificate for length of service with the organization for $20 with a $1 20 gross-up payment Michael Donahue, officer received a gift certificate for length of service with the organization for $50 with a $27 70 gross-up payment All employees of the organization are honored with a gift certificate for specific years of length of service, 5, 10, 15, etc

Additional Data

Return to Form

Software ID: 12000229
Software Version: 2012v2.0
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)	244,548	4,000	1,277	19,700	27,734	297,259	
Victoria A Alexander-Lane	(I)							
	(II)	217,648	22,762	16,000	8,750	22,605	287,765	
Theresa P Vieira	(I)							
	(II)	157,789		23,798	6,629	18,825	207,041	
Sylvia S Getman	(I)							
	(II)	243,047	46,289	40,451	105,257	24,644	459,688	
Scott A Oxley	(I)							
	(II)	210,233	32,872	35,810	18,532	22,710	320,157	
Richard W Freeman MD	(I)	315,432		6,342		1,436	323,210	
	(II)							
Ralph W Swain	(I)	88,320	161,190	44,908	14,190	4,461	313,069	
	(II)							
Philip A Johnson	(I)	249,965	22,844	4,374	16,665	20,327	314,175	
	(II)							
Patrick J Whalen	(I)	220,589	44,189	15,380	21,415	20,781	322,354	
	(II)							
Miles Theeman	(I)	256,556	45,882	18,704	116,027	24,073	461,242	
	(II)							
Michael P Donahue	(I)	221,605	33,671	9,858	21,350	10,339	296,823	
	(II)	23,543		960	486	889	25,878	
Michael E Palumbo DO	(I)							
	(II)	249,654		18,438	4,497	23,262	295,851	
Michael Crowley	(I)	163,559	14,887	2,155	15,596	10,456	206,653	
	(II)							
Mary M Hood	(I)	691,048	140,786	12,420	225,828	22,211	1,092,293	
	(II)							
Lisa Harvey-McPherson	(I)	158,917	18,394	2,916	14,418	10,852	205,497	
	(II)							
Kathleen J OberMD	(I)							
	(II)	423,012		26,444	5,425	25,830	480,711	
John May	(I)							
	(II)			136,534			136,534	136,534
John D Dalton	(I)							
	(II)	248,457		22,040	60,246	15,117	345,860	
Jeffrey A Sanford	(I)	170,628	8,827	1,705	10,433	9,886	201,479	
	(II)							
Jean MMellett	(I)	134,604	8,707	1,099	13,296	22,880	180,586	
	(II)							

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				
Gregory E Roraff	(I) (II)	221,495	42,480	10,273	5,000	24,435	303,683	
Glenn Martin	(I) (II)	272,493	23,574	2,682	17,250	26,490	342,489	
George Pelissier	(I) (II)	140,584	10,550	2,338	11,031	10,027	174,530	
Eugene F Murray	(I) (II)	146,078	10,000	18,693	17,412	29,001	221,184	
Erik N Steele DO	(I) (II)	302,402	52,382	8,077	22,150	28,906	413,917	
Derrick Hollings	(I) (II)	269,077	965	31,507		15,022	316,571	
Deborah M Sanford	(I) (II)	67,353 91,894		1,096 1,477	1,388 10,023	7,258 9,898	77,095 113,292	
Deborah C Johnson RN	(I) (II)	450,098	58,036	12,914	448,056	24,492	993,596	
David Peterson	(I) (II)			106,977			106,977	106,977
Daniel B Coffey	(I) (II)	366,860	65,272	21,282	29,600	17,064	500,078	
Cynthia Olivier	(I) (II)	165,741	10,167	2,523	12,246	8,469	199,146	
Christine B Worthen	(I) (II)	177,885	13,197	1,642	6,679	2,732	202,135	
Catherine J Bruno	(I) (II)	242,283	31,920	4,837	19,357	17,037	315,434	
April Giard	(I) (II)	128,168	38,370	1,955	9,015	25,849	203,357	

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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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS

Employer identification number
01-0527066

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	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 assistance	(d) Type of assistance	(e) Purpose 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) Marianne Lynch	brd mem=brd	216,986	prop tax & land rent		No
(2) Mary M Hood	offcer=bd me	128,695	AHA membership dues		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
		Mary M Hood, officer is board member of American Hospital Health Care Systems Governing Council Marianne Lynch, director is board member of City of Bangor, Board of Assessment and Review

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS

Employer identification number
01-0527066

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Decreases	Interest in Net Assets Held at EMHS Foundation = -$47271

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Decreases	Interest in Beacon Health, LLC = -$3601955

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Inland Hospital = $524314

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Blue Hill Memorial Hospital = $270675

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Decreases	Contributions of Capital to Eastern Maine Medical Center = -$1000

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Decreases	Contributions of Capital to Eastern Maine Home Care = -$77143

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from The Aroostook Medical Center = $755274

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Sebasticook Valley Hospital = $260503

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Eastern Maine Medical Center = $4775612

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Eastern Maine Home Care = $77143

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from CADean Hospital = $104339

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Acadia Hospital = $352421

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Increases	Adjustment to Apply Recognition Provisions of FASB Statement = $2890548

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 15a	Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	The EMHS Executive Performance Management Committee (the Committee) is responsible to monitor and evaluate the performance of the EMHS President, to set compensation of the EMHS President, and to review recommendations of the EMHS President with respect to compensation of the Chief Executive Officer of the direct subsidiaries, and other direct reports to the President The Committee is comprised entirely of independent Directors per EMHS bylaws Process The Committee meets regularly throughout the fiscal year at the discretion of the Committee chair as well as on call of the Chair of the EMHS board In carrying out its duties pursuant to the Bylaws, the Committee -Assures that the executive compensation program is administered in a manner consistent with the EMHS executive compensation philosophy -Reviews and updates the EMHS executive compensation philosophy which serves as the foundation on which all current and future executive compensation decisions are made -Assures that value of compensation provided by EMHS does not exceed the value of services provided by the executive -Reviews annual incentive compensation criteria for eligible executives, as defined by the EMHS President -Reviews periodic compensation survey information and provides expert input to proposed changes to the executive compensation program -Assures that a formal and timely performance management system is in place for executives -Reviews incentive compensation criteria scoring and associated pay schedules for officers and key employees -Provides any public statements regarding executive compensation practices at EMHS deemed appropriate -Maintains minutes of the meetings and communicates actions to the EMHS Board of Directors To accomplish this, the committee uses an external consultant with access to comparative data from independent sources and include national as well as regional data points The EMHS President reviews all direct report compensation actions with the committee In addition, the EMHS President ensures that any subsidiary policies and practices governing executive compensation are consistent with the committee's philosophy and practices statement

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 11b	Form 990, Part VI, Line 11b 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

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	Approval of the members is required to ratify any amendment adopted by the Board of Directors to the Articles of Incorporation or the Bylaws changing the number, geographic distribution, qualifications, organization or election of members, or changing the election of Directors, or to ratify any merger, consolidation or dissolution of the Corporation

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 125 and not more than 250 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	In December 2012 Eastern Maine Healthcare Systems (EMHS) and its subsidiary corporations modernized their governance structure by replacing a traditional reserved powers model for EMHS control over its subsidiaries with a joint initiatory powers model of control Under the traditional reserved powers model, in addition to the EMHS CEO having exclusive authority to appoint and remove the CEO of the subsidiaries, EMHS exercised control exclusively through approval rights over important subsidiary action The new joint initiatory powers model gives EMHS authority not only to approve or disapprove important subsidiary action, but also to `actually initiate action on behalf of the subsidiaries with respect to the following matters I amendments to the corporations Articles of Incorporation or Bylaws,II changes in legal form of organization of the Corporation,III election of the Directors/Trustees of the Corporation,IV action concerning the Corporations operating budget and capital expenditures,V the Corporations acquisition of assets or assumption of liabilities of an unaffiliated third party,VI transfer of 5% or more of the assets of the Corporation,VII financing transactions concerning the Corporation, VIII merger, consolidation, sale, lease, mortgage, pledge or other disposition of all or substantially all assets of the Corporation, IX add or revise a health care service of the Corporation,X discontinue or close a health care service of the Corporation,XI action concerning the Corporations role in the EMHS Strategic Plan,XII action concerning the Corporations participation in key strategic affiliations with third parties not affiliated with EMHS, andXIII dissolution of the Corporation

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Nichi Farnham, board member and Stephen Rich, board member are board members of Bangor Nursing and Rehab Center Charles E Hewitt, board member is vice chair of Bangor Savings Bank board, Stephen Rich, board member is corporator of Bangor Savings Bank, and Scott Oxley, officer is board member of Bangor Savings Bank.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, and Miles Theeman, officer is a board member of University of Maine Board of Visitors 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 and Deborah C Johnson, officer are board members of Husson University

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 MercyLeadership Eileen Skinner, FACHE, President and CEO, Mercy , Colleen Hilton, CEO, VNA Home Health Hospice, Thomas Yoder, Jr , Board ChairDescription Mercy Hospital is a Catholic healthcare organization sponsored by the Sisters of Mercy an d has served the greater Portland area since 1918 with acute care and outpatient services, Mercy community-oriented programs include McAuley Residence, Garys House, and The Recover y Center Mercys affiliate and partner, VNA Home Health Hospice, provides care in home-bas ed settings Employees 2,116 (includes VNA)Location Portland, with primary care services also located in Falmouth, West Falmouth, Gorham, Westbrook, Standish, Windham, and Yarmout hOn October 4, 2013, EMHS officially w elcomed Mercy Hospital and VNA Home Health Hospice i nto the EMHS family Mercy will continue to deliver the high-quality, compassionate care t hey are know n for in the Portland area, but now as part of an extensive Maine-based health care system Patients will experience the same standard of quality and safety, but will al so benefit from EMHS leading-edge health information technology EMHS will benefit from Me rcys extensive w ork on the development of an ambulatory netw ork and VNAs extensive home-ba sed care systems, w hich are central to improving the health of our communities We are ver y excited by the advantages our patients and communities will gain from this new relations hip and look forw ard to the year ahead as w e more fully integrate Mercy and VNA into EMHS EMHS (Home Office)Leadership M Michelle Hood, FACHE, President and CEO, P James Nichols on, CPA, Board ChairDescription EMHS provides Maine communities w ith access to the right care, at the right time, and in right place, w hile striving for efficiencies to control co sts The Home Office of EMHS w orks in support of more than 10,000 employees throughout the system, including eight hospitals, emergency transport companies, home health agencies, a nd numerous long-term care and assisted living facilities Employees 584Location BrewerEMHS (Home Office) Highlights-Named a Best Place to Work in Maine by the Society for Human R esource Management w ith the distinction of being one of only 13 large companies (250+ empl oyees) in Maine to be recognized -Successfully led a Bangor area community-w ide emergency preparedness drill in June along w ith other system members and community organizations -C elebrated the close of the three-year, multimillion dollar federal grant for the Bangor Be acon Community in March, leading the w ay for EMHS Pioneer accountable care w ork through Be acon Health -Broke ground on the Dougherty Recreational Complex, a joint project w ith the city of Brew er to develop a new park aimed at providing Brew er citizens w ith a safe and a ccessible w ay to enjoy the outdoors -Hired Miles Theeman as EMHS vice president and chief sales and marketing officer, transitioned Scott Oxley to vice president of EMHS Corporate Services, hired Doug Michael as chief community health and grants officer, and promoted S uzanne Spruce to chief communications officer all moves made in anticipation of the retire ment of EMHS vice president of Business Development, Jerry Whalen -Welcomed George F Eato n, II, Esquire, as associate general counsel and senior governance advisor OTHER PROGRAM SERVICES 5 EMHS (System-w ide) Highlights-Mercy hospital and VNA Home Health Hospice becam e the new est EMHS members -Joined the elite national High Value Healthcare Collaborative comprised of 19 health systems representing 200 hospitals and 70 million patients across t he country to improve care and low er costs -One of five health organizations nationally t o receive the 2013 NOVA aw ard by the American Hospital Association for the Bangor Beacon C ommunity, a community-w ide collaborative program focused on improving community health -Te rri Vieira became a senior vice president of EMHS after being appointed president and CEO of SVH -For the first time in EMHS history, the system had a public bond offering based on its ow n credit rating, the offering raised $155 million by selling $144 million in tax-ex empt bonds for Phase 1 of the EMMC Modernization project ($197M), more than a billion doll ars in orders w ere received from investment firms and Maine retail investors purchased $12 M of the bonds -Leadership Reinvented, EMHS business strategy to create a new model of EM HS that will better serve our communities, makes strides in areas such as shared services, productivity, quality, safety, and service Acadia HospitalLeadership Daniel B Coffey, President and CEO, Michael T Shea, Board ChairDescription Acadia Hospital is Maines comp rehensive resource for information and treatment of mental illness and chemical dependency Acadia Hospital is empow ering people to improve their lives Employees 638Location Bang orAcadia Hospital Highlights-Dedicated the Anita Leonard Healing Garden -Raised $43,165 in support of Acadia Youth Services at the Battle of

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	the Bands fundraising event, which more than 500 people attended -Recognized by the Ameri can Hospital Association as being a Most Wired hospital in the small and rural hospital ca tegory -Awarded best student film at the Lewiston-Auburn Film Festival, The Road Back was also featured in an article in the June, 2013 edition of Boys Life magazine and reached ne arly 30,000 views on Acadias YouTube channel -Achieved improvement in core quality indicat ors -Continued to exhibit patient artwork through Acadias Artisan Project, select pieces w ere also exhibited in the Eastern Maine Community College library OTHER PROGRAM SERVICES 6 Affiliated Healthcare SystemsLeadership Miles U Theeman, President and CEO, Richard I Stone, Board ChairDescription Affiliated is a taxable company with the primary mission to enhance the clinical care delivery systems within EMHS by providing cost-effective, int egrated support services for its member organizations and pursuing profitable, sustainable growth opportunities Employees 428Location Bangor, Portland, and Rutland, VermontAffili ated Healthcare Systems Highlights-Affiliated Materiel Services (non-acute division) achie ved its seventh consecutive year of record gross revenues more than doubling its revenue f rom sales to governmental organizations, as well as increasing the total orders processed to more than 100 contracts with these organizations -Affiliated Materiel Services logistic s division completed the one warehouse concept whereby all receiving, picking, and shippin g are streamlined and housed under common management -Lighthouse Web Solutions provided se rvices to EMHS member organizations that resulted in more than $200,000 in cost savings an d earned three eHealthcare Leadership Awards -Affiliated completed the conversion of accou nts receivable collections and medical transcription services from wholly owned companies to joint venture partnerships with other Maine-based organizations -Capital Ambulance upgr aded its fleet of patient monitoring/defibrillators to the newest lifesaving technology -A ffiliated employees demonstrated their commitment to their community by donating to the Un ited Way Pantry Project with more than 1,600 pounds of food items collected for distributi on by the Good Shepherd Food Bank. AHS was the top contributor in the greater Bangor area Beacon HealthLeadership M Michelle Hood, FACHE, President and CEO, P James Nicholson, C PA, Board ChairDescription Beacon Health is a statewide network of providers and nurse ca re coordinators who provide high quality care tailored to the needs of the community and p atient Beacon Health is committed to being innovative and inclusive in delivering care th at helps our family and friends lead full, healthy lives Employees 49Location BrewerBeac on Health Highlights-Earned distinction as one of the top five Pioneer Accountable Care Or ganizations in the nation (out of 32 Pioneers) -The cost to care for Medicare patients dow n 4 9 percent, hospital readmission rates down 13 2 percent-Ninety-three percent of our pa tients said they are satisfied with their provider and healthcare team -Nurse care coordin ators followed up with patients who were recently cared for in hospitals, skilled nursing facilities, or seen in emergency departments or walk-in care clinics -Contract signed with State of Maine Employee Health Commission to cover more than 5,000 State of Maine employe es and their dependents through the Beacon Health network, providing access to more than 6 00 primary care providers in nearly 100 practices OTHER PROGRAM SERVICES 7 Blue Hill Mem orial HospitalLeadership Gregory Roraff, FACHE, President and CEO, Frank Wanning, Board C hairDescription Blue Hill Memorial Hospital is a 25-bed critical access hospital We are dedicated to improving the health and wellness of our communities by providing primary and specialty healthcare of outstanding quality and caring for patients with respect and comp assion Employees 334Location Blue Hill

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493224001164

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

2012

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS

Employer identification number
01-0527066

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

(a) Name, address, and EIN (if applicable) 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" to 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 entity? Yes	(g) No
See Additional Data Table							

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Beacon Health LLC 43 Whiting Hill Road Brewer, ME 04412 45-2967056	Accountable care organization	ME	EMHS	Related	-3,488,610	5,305,748		No			No	86 960 %
(2) 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" to 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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
See Additional Data Table									

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(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 Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	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-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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 section 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	

Software ID: 12000229
Software Version: 2012v2.0
EIN: 01-0527066
Name: EASTERN MAINE HEALTHCARE SYSTEMS

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

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	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
Alliance Health Documentation LLC 9 Central St Ste 205 Bangor, ME 04401 46-2751855	Transcription	ME	AHS	C				Yes	
Miller Drug LLC PO Box 1779 Bangor, ME 044021779 27-2175482	Pharmacy	ME	AHS	C				Yes	
Dirigo Pines Development Co LLC 9 Alumni Drive Orono, ME 04473 01-0537924	RetCottage	ME	AHS	C				Yes	
Dirigo Funding LLC 9 Alumni Drive Orono, ME 04473 01-0599968	Prov finance	ME	AHS	C				Yes	
Dirigo Pines Inn LLC 9 Alumni Drive Orono, ME 04473 02-0547749	Contin care	ME	Rosscare	C	-154,270	17,405,783	100 000 %	Yes	
Dirigo Pines Retirement Community LLC 9 Alumni Drive Orono, ME 04473 01-0537924	Holding co	ME	AHS	C				Yes	
Maine Network for Health PO Box 2813 Bangor, ME 044022813 01-0496352	Support srv	ME	EMHS	C	82,207	634,891	64 000 %	Yes	
Meridian Mobile Health LLC 931 Union St PO Box 940 Bangor, ME 044020940 01-0512673	Ambulance	ME	AHS	C				Yes	
DE Collections DBA Affiliated Collect PO Box 2759 Bangor, ME 044022759 01-0366209	Collections	ME	AHS	C				Yes	
Affiliated Pharmacy Services 917 Union St Ste 7 Bangor, ME 04401 01-0587230	Pharmacy	ME	AHS	C				Yes	
Affiliated Materiel Services PO Box 1300 Bangor, ME 044021300 01-0381189	Purchasing	ME	AHS	C				Yes	
Affiliated Laboratory Inc PO Box 638 Bangor, ME 044020638 01-0381283	ClinicalLab	ME	AHS	C				Yes	
Affiliated Healthcare Management PO Box 811 Bangor, ME 044020811 01-0349339	Hlthcr mgmt	ME	AHS	C				Yes	
Affiliated Healthcare Systems AHS PO Box 940 Bangor, ME 044020940 01-0385322	Holding Co	ME	EMHS	C	-2,991,243	7,478,264	100 000 %	Yes	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Miller Drug LLC	l	62,591	FMV
Miller Drug LLC	a	23,308	FMV
Maine Network for Health	m	216,641	FMV
Meridian Mobile Health LLC	q	520,013	FMV
Meridian Mobile Health LLC	l	78,883	FMV
Affiliated Materiel Services	q	494,031	FMV
Affiliated Materiel Services	p	53,336	FMV
Affiliated Materiel Services	l	508,924	FMV
Affiliated Laboratory Inc	q	2,292,772	FMV
Affiliated Laboratory Inc	l	505,135	FMV
Affiliated Laboratory Inc	a	31,470	FMV
Affiliated Healthcare Management	q	1,034,209	FMV
Affiliated Healthcare Management	m	225,445	FMV
Affiliated Healthcare Management	l	910,178	FMV
Affiliated Healthcare Management	a	35,729	FMV
Affiliated Healthcare Systems AHS	l	2,991,241	FMV
Affiliated Healthcare Systems AHS	a	8,912	FMV
Beacon Health LLC	q	2,334,188	FMV
Beacon Health LLC	m	1,125,176	FMV
Beacon Health LLC	l	216,790	FMV
Blue Hill Memorial Hospital	s	270,675	FMV
Blue Hill Memorial Hospital	q	3,003,030	FMV
Blue Hill Memorial Hospital	l	1,748,885	FMV
Eastern Maine HomeCare	s	77,143	FMV
Eastern Maine HomeCare	r	77,143	FMV

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Eastern Maine HomeCare	q	1,108,432	FMV
Eastern Maine HomeCare	m	175,724	FMV
Eastern Maine HomeCare	l	120,493	FMV
Eastern Maine HomeCare	d	500,000	FMV
Eastern Maine HomeCare	a	92,253	FMV
The Aroostook Medical Center TAMC	s	755,274	FMV
The Aroostook Medical Center TAMC	q	7,724,508	FMV
The Aroostook Medical Center TAMC	l	1,552,954	FMV
The Aroostook Medical Center TAMC	e	2,500,000	FMV
The Aroostook Medical Center TAMC	d	2,500,000	FMV
The Aroostook Medical Center TAMC	a	13,732	FMV
Sebasticook Valley Health SVH	s	260,503	FMV
Sebasticook Valley Health SVH	q	2,710,063	FMV
Sebasticook Valley Health SVH	l	406,136	FMV
CA Dean Memorial Hospital	s	104,339	FMV
CA Dean Memorial Hospital	q	1,385,197	FMV
CA Dean Memorial Hospital	l	705,689	FMV
Lakewood A Continuing Care Center	l	185,732	FMV
Inland Hospital	s	524,314	FMV
Inland Hospital	q	5,026,197	FMV
Inland Hospital	l	1,510,336	FMV
Inland Hospital	a	815	FMV
EMHS Foundation	s	65,879	FMV
EMHS Foundation	q	1,929,478	FMV
EMHS Foundation	l	195,376	FMV

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Acadia Healthcare Inc AHI	q	215,814	FMV
Acadia Healthcare Inc AHI	l	75,086	FMV
Acadia Hospital Corp AHC	s	352,421	FMV
Acadia Hospital Corp AHC	q	4,711,710	FMV
Acadia Hospital Corp AHC	m	87,116	FMV
Acadia Hospital Corp AHC	l	3,557,618	FMV
Rosscare	l	196,495	FMV
Rosscare	a	141,426	FMV
Eastern Maine Medical Center EMMC	s	4,775,612	FMV
Eastern Maine Medical Center EMMC	q	45,570,933	FMV
Eastern Maine Medical Center EMMC	p	547,010	FMV
Eastern Maine Medical Center EMMC	m	760,214	FMV
Eastern Maine Medical Center EMMC	l	37,386,521	FMV
Eastern Maine Medical Center EMMC	e	103,100	FMV
Eastern Maine Medical Center EMMC	a	3,462,469	FMV

Form **8868**
(Rev January 2013)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

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

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

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

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

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

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

Enter filer's identifying number, see instructions

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

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

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

- The books are in the care of ► Jeffrey A. Sanford

Telephone No. ► (207) 973-7894 FAX No. ► (207) 973-7139

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [ ] calendar year 20 ____ or

► [X] tax year beginning 9/30, 20 12, and ending 9/28, 20 13.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

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

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

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

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

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

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

Enter filer's identifying number, see instructions

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

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

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

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

- The books are in care of ▶ Jeffrey A. Sanford
  Telephone No. ▶ (207) 973-7894 FAX No. ▶ (207) 973-7139
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). 5247 . If this is for the whole group, check this box . . . ▶ [ ]. If it is for part of the group, check this box ▶ [X] and attach a list with the names and EINs of all members the extension is for Eastern Maine Healthcare Systems 01-0527066

4 I request an additional 3-month extension of time until 8/15, 20 14.

5 For calendar year , or other tax year beginning 9/30, 20 12, and ending 9/28, 20 13

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return
[ ] Change in accounting period

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

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	$ 0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$ 0
c **Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	$ 0

Signature and Verification must be completed for Part II only.

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

Signature ▶ [signature] Title ▶ Treasurer Date ▶ 5/5/14