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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 09-29-2013 , 2013, and ending 09-27-2014

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 province, country, and ZIP or foreign postal code
BREWER, ME 04412

D Employer identification number
01-0527066

E Telephone number
(207) 973-9081

G Gross receipts $ 109,660,262

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

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 5247

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

J Website: ▶ www emhs org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1999

M State of legal domicile ME

Part I Summary

1 Briefly describe the organization's mission or most significant activities
EMHS,a supporting organization for healthcare affiliates, maintains and improves the health and well-being of the people of Maine through a well-organized network of local health care providers who together offer high quality, cost-effective services to their communities

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	663
6	Total number of volunteers (estimate if necessary)	**6**	36
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	4,107,317
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	3,193,185	654,893
9	Program service revenue (Part VIII, line 2g)	68,132,677	87,348,605
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,634,319	1,807,865
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	187,802	253,914
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	79,147,983	90,065,277
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)	46,733,460	62,974,060
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)	25,699,766	27,172,278
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	72,433,226	90,146,338
19	Revenue less expenses Subtract line 18 from line 12	6,714,757	-81,061

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	178,432,574	219,865,695
21	Total liabilities (Part X, line 26)	105,915,672	125,238,175
22	Net assets or fund balances Subtract line 21 from line 20	72,516,902	94,627,520

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

****** | 2015-08-12
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 or note to any line 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 $ 89,843,523 including grants of $) (Revenue $ 87,358,187)

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,Mercy 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 8 hospitals which is applied uniformly to most of the hospitals EMHS hospitals provided cumulative charity care of $30,727,517(at cost) and other uncompensated care of $34,065,169(at cost) for a total uncompensated care of $64,792,686 The EMHS hospitals had a Medicare shortfall of $89,287,574 and a Medicaid shortfall of $66,495,159

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 $)

Each year in the EMHS Annual Report, we present relevant topics, the important work going on throughout our system, and the continuing transformation of the healthcare landscape As we pause to reflect on 2014, the dominate theme that resounds from Presque Isle to Portland and Blue Hill to Waterville is captured in one wordchange At EMHS, in the past few years, we have reinvented leadership and governance structures and decision-making processes to better address the remarkable evolution of healthcare delivery and reimbursement that is predominant in our present environment This restructuring is critical to ensure our system is well poised to provide the people of Maine with the right care, at the right time, and in the right place Below are just a few highlights from this past year of initiatives that we believe are symbolic of the progress we continue to make EMHS continues to make healthcare transformation and population health come to life Through our Difference in Care report (released in October), we share timely statistical improvement as well as show how we are energizing and engaging employees, patients, providers, and communities in this challenging effort We continue to work collaboratively at the national level, looking at not only making a difference in healthcare in Maine, but to be a change leader throughout the country The Northern New England Accountable Care Collaborative is creating resources necessary to propel the reinvention of our care model In addition, our work in the High Value Healthcare Collaborative (co-owned with Dartmouth, MaineHealth, and the University of Vermont Medical Center) this past year has been focused on sepsis care and prevention, patient engagement, and shared decision-making pilot projects In mid-2014, EMHS completed a Community Health Needs Assessment of the northern two-thirds of Maineincluding the counties of Aroostook, Cumberland, Hancock, Kennebec, Penobscot, Piscataquis, Somerset, and Washington This report is foundational and imperative to achieving our mission of improving the health and well-being of the communities we serve, and we are busy building work plans with partners in each of these counties to address the findings of the assessment In addition, our community health work will advance as we embark on a three-year initiative to improve the health of Maines population in the seven most northern counties This opportunity is made possible through a $4 05 million cooperative agreement with the Centers for Disease Control and Prevention where EMHS will lead a collaborative of eleven Healthy Maine Partnerships and other strategic community partners to reduce barriers that affect health, such as improving access to healthy foods, increasing opportunities for physical activity, preventing and managing chronic diseases, and educating and empowering people to lead healthy lives This great work would not be possible without the efforts of the thousands of dedicated individuals who bring their talents and skills to EMHS sites of service across Maine In addition, our team is superbly supported by more than 100 volunteer board members who give countless hours of guidance on behalf of their communities Change is never easy, but all of us at EMHS are determined to create a healthcare delivery system of the future as we pursue our 2020 vision to be a nationally recognized model of excellence in healthcare M Michelle Hood, FACHEEMHS President and CEO Evelyn S Silver, PhDEMHS Board Chair

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 89,843,523

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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or government 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 or 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 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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**	Yes	
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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	134		
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	663		
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" to line 3b, 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 or note to any line 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	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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 ▶

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

▶John J Doyle 43 Whiting Hill Rd
Brewer, ME 04412 (207) 973-9081

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

Check if Schedule O contains a response or note to any line 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			

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)** ▶								10,956,956	4,241,148	2,058,011

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 ▶ 75

			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
Cerner Corporation PO Box 410451 Kansas City MO 64141	Software Support	5,677,117
Siemens Medical Solutions USA Inc Dept 0733 Dallas TX 753120733	Hosting Services	1,658,412
Ropes & Gray LLP PO Box 414265 Boston MA 022414265	Legal Services	675,818
River City Commercial Cleaning PO Box 56 Bangor ME 044020056	Cleaning Services	674,688
Raymond James & Associates Inc 630 Fifth Avenue New York NY 10111	Consulting Services	637,402

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 ▶ 52

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	14,781			
	e	Government grants (contributions)	1e	447,573			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	192,539			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f			654,893		
Program Service Revenue			Business Code				
	2a	Clinical Software Sales	541519	1,002,395	1,002,395		
	b	Exempt Affiliate Rental	532000	3,547,699	3,547,699		
	c	Supporting Org Revenue	561000	82,798,511	78,700,776	4,097,735	
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		87,348,605			
	3	Investment income (including dividends, interest, and other similar amounts)		873,964		-4,026	877,990
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross rents	868,011 /				
	b	Less rental expenses	637,296 /				
	c	Rental income or (loss)	230,715 /				
	d	Net rental income or (loss)		230,715		13,608	217,107
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	19,884,575 / 7,015				
	b	Less cost or other basis and sales expenses	18,950,674 / 7,015				
	c	Gain or (loss)	933,901 /				
	d	Net gain or (loss)		933,901			933,901
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	23,199			23,199
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		23,199			
	12	**Total revenue.** See Instructions		90,065,277	83,250,870	4,107,317	2,052,197

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 or note to any line 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	10,738,253	10,738,253		
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	39,798,553	39,798,553		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,997,870	2,997,870		
9 Other employee benefits	6,019,523	6,019,523		
10 Payroll taxes	3,419,861	3,419,861		
11 Fees for services (non-employees)				
a Management	3,040,133	3,040,133		
b Legal	225,550		225,550	
c Accounting	77,265		77,265	
d Lobbying	8,388	8,388		
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	264,415	264,415		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,122,290	9,122,290		
12 Advertising and promotion	224,911	224,911		
13 Office expenses	1,133,136	1,133,136		
14 Information technology	2,330,016	2,330,016		
15 Royalties . .	0			
16 Occupancy	3,041,333	3,041,333		
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	526,119	526,119		
19 Conferences, conventions, and meetings	374,625	374,625		
20 Interest	1,298,928	1,298,928		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	3,883,273	3,883,273		
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 Dues & Subscriptions	868,553	868,553		
b Repairs & Maintenance	363,833	363,833		
c Provider Health Information	155,070	155,070		
d Employee Events Expense	110,811	110,811		
e All other expenses	123,629	123,629		
25 **Total functional expenses.** Add lines 1 through 24e	90,146,338	89,843,523	302,815	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 or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		124,491	1	152,504
	2	Savings and temporary cash investments		29,189,517	2	42,495,949
	3	Pledges and grants receivable, net		101,211	3	143,816
	4	Accounts receivable, net		9,839,070	4	21,196,655
	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		10,744,710	7	17,328,429
	8	Inventories for sale or use		98,668	8	133,996
	9	Prepaid expenses and deferred charges		2,294,180	9	2,210,269
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 95,150,242			
	b	Less accumulated depreciation	10b 54,702,259	41,416,680	10c	40,447,983
	11	Investments—publicly traded securities			11	0
	12	Investments—other securities See Part IV, line 11			12	0
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11		84,624,047	15	95,756,094
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		178,432,574	16	219,865,695
Liabilities	17	Accounts payable and accrued expenses		12,669,729	17	18,889,759
	18	Grants payable			18	
	19	Deferred revenue		12,528,131	19	9,892,838
	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		28,298,742	23	42,395,034
	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		52,419,070	25	54,060,544
	26	**Total liabilities.** Add lines 17 through 25		105,915,672	26	125,238,175
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		72,431,536	27	94,553,482
	28	Temporarily restricted net assets		67,866	28	51,238
	29	Permanently restricted net assets		17,500	29	22,800
		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		72,516,902	33	94,627,520
	34	Total liabilities and net assets/fund balances		178,432,574	34	219,865,695

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	90,065,277
2	Total expenses (must equal Part IX, column (A), line 25)	2	90,146,338
3	Revenue less expenses Subtract line 2 from line 1	3	-81,061
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	72,516,902
5	Net unrealized gains (losses) on investments	5	2,739,001
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	19,452,678
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	94,627,520

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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		No
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		

Additional Data

Software ID: 13000170
Software Version: 2013v4.0
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			
EE comp is for admin svcs not brd respons	0 00 0 00	X						0	0	0
Mary M Hood President & CEO	50 00 0 00	X		X				897,311	0	250,922
Michael L McInnis Board Member	1 06 0 00	X						0	0	0
Stephen Rich AIA Board Member	1 14 0 00	X						0	0	0
Kathleen J OberMD Board Member	64 50 00	X						0	420,558	43,349
P James Nicholson CPA Board Member	2 41 0 00	X						0	0	0
Betty Kent-Conant Board Member	43 0 00	X						0	0	0
Stanley S Bergen Jr MD Board Member	1 54 0 00	X						0	0	0
Danielle Ripich PhD Board Member	80 0 00	X						0	0	0
Nichi Farnham Board Member	1 40 0 00	X						0	0	0
Carl Flora Board Member	86 0 00	X						0	0	0
Joyce Hedlund EdD Board Member	1 29 0 00	X						0	0	0
John D Lafayette III Board Member	1 04 0 00	X						0	0	0
Michael D Lynch Board Member	1 87 0 00	X						0	0	0
Barry McCrum Brd Mbr/V-Chair	79 0 00	X		X				0	0	0
Michael E Palumbo DO Board Member	96 50 00	X						0	273,664	27,740
Michael S Pancoe MD Board Member	1 17 0 00	X						0	0	0
Anne Perry Board Member	70 0 00	X						0	0	0
Evelyn S Silver PhD Brd Mbr/Chair	1 96 0 00	X		X				0	0	0
John Simpson Board Member	89 0 00	X						0	0	0
Charles E Hewett PhD Board Member	48 0 00	X						0	0	0
Marianne Lynch Esq Board Member	1 15 0 00	X						0	0	0
James Donnelly Board Member	77 0 00	X						0	0	0
Daniel B Coffey SrVP,AHC	50 00 0 00			X				477,525	0	48,033
Deborah C Johnson RN Sr V P , EMMC	50 00 0 00			X				3,299,946	0	56,187

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			
Derrick Hollings Sr VP, CFO/Tre	50 00 0 00			X				501,117	0	176,102
John D Dalton Sr V P ,Inland	50 50 00			X				0	283,962	76,180
Gregory E Roraff Sr V P , BHMH	50 00 0 00			X				270,592	0	44,996
Eugene F Murray Sr V P ,CADean	50 50 00			X				0	164,239	57,140
Sylvia S Getman Sr V P , TAMC	50 50 00			X				0	357,415	85,394
Teresa P Vieira Sr V P , SVH	50 50 00			X				0	214,169	25,742
Robert Thompson MD SrVP/CMO	50 00 0 00			X				0	0	0
Patrick J Whalen VP Bus Devel	50 00 0 00			X				297,481	0	42,865
Catherine J Bruno VP/CIO	50 00 0 00			X				302,216	0	38,880
Philip A Johnson VP, Chief HRO	50 00 0 00			X				309,777	0	73,904
Lisa Harvey-McPherson VP Con Care/CAO	50 00 0 00			X				188,708	0	52,823
Glenn Martin VP Gen Cnsl/Sec	50 00 0 00			X				323,949	0	86,699
Jean MMellett VP CapPlng	50 00 0 00			X				191,610	0	36,018
Michael Crowley VP/CPO, EMHSF	50 00 0 00			X				186,937	0	26,441
Richard W Freeman MD Sr VP/CTO	50 00 0 00			X				439,074	0	6,558
Deborah M Sanford VP Org Effectiv	50 00 0 00			X				177,887	0	41,897
Miles Theeman VP, AHS	50 00 0 00			X				314,309	0	53,504
Eileen Skinner Sr VP, Mercy	50 50 00			X				80,012	855,940	97,793
Scott A Oxley VP/Corp Srvs	50 00 0 00			X				133,853	108,420	73,037
Jeffrey A Sanford VP & Sys Contrl	50 00 0 00			X				237,147	0	23,899
Yoosuf Joe Siddiqui VP-HR, NE	0 00 50 00			X				0	75,259	24,107
Michael P Donahue VP Netwk Develp	50 00 0 00			X				301,213	0	34,257
Paul Bolin VP-HR, East	0 00 50 00			X				0	112,945	32,575
Peter Close VP-HR,Operation	50 00 0 00			X				166,411	0	6,009
Ted Helberg VP-HR, South	0 00 50 00			X				0	155,001	21,319

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			
Colleen Hilton VP, VNA/Hospice	0 00 50 00			X				0	288,976	40,125
Greg Howat VP-HR, East E	0 00 50 00			X				0	272,883	47,917
Kyle L Johnson VP & CIO	50 00 0 00			X				0	0	0
Catharine MacLaren VP-HR, Talent	0 00 50 00			X				0	90,247	15,567
Lee Martin VP-HR,Empl Rel	50 00 0 00			X				79,040	66,964	47,915
John Ronan Sr VP-BHMH	50 00 0 00			X				133,072	47,177	22,062
Karen M Rossbach Int VP&SysContr	50 00 0 00			X				133,695	0	20,474
Howard Margolskee Physician	50 00 0 00					X		259,841	0	36,059
Iyad Sabbagh Chief Quality Offi	50 00 0 00					X		237,995	24,635	43,586
Christine B Worthen Assoc Gen Cnsle	50 00 0 00					X		194,353	0	12,055
George Pellissier Dir-Materiel Mgmt	50 00 0 00					X		158,951	0	25,110
April Giard CNIO	50 00 0 00					X		157,888	0	38,891
David Peterson Former SR VP, TAMC	0 00 0 00						X	0	114,961	0
V Alexander-Lane Former Sr V P , SVH	0 00 50 00						X	0	313,733	10,673
Erik N Steele DO Former SrVP/CMO	50 00 0 00						X	303,889	0	33,207
Ralph Swain Former Highly Compensated Employee	40 00 0 00						X	201,157	0	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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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									58,095,624

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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		
Return Reference	Explanation	

Additional Data

Software ID: 13000170
Software Version: 2013v4.0
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	
(A) Eastern Maine Medical Center	010211501	3		No	Yes		Yes		39570061
(A) EMMC Auxiliary	010377901	9		No	Yes		Yes		1000
(B) EMHS Foundation	222514163	11		No	Yes		Yes		208905
(C) Acadia Hospital Corp	010459837	3		No	Yes		Yes		4035730
(D) Acadia Healthcare Inc	223183888	9		No	Yes		Yes		75912
(E) CA Dean Memorial Hospital	043341666	3		No	Yes		Yes		847646
(F) Inland Hospital	010217211	3		No	Yes		Yes		1827085
(G) Lakewood A Continuing Care Center	010421234	3		No	Yes		Yes		195469
(H) Sebasticook Valley Health	010263628	3		No	Yes		Yes		457162
(I) Me Inst for Human Genetics & Hlth	550894346	9		No	Yes		Yes		3129
(J) Blue Hill Memorial Hospital	010227195	3		No	Yes		Yes		1933316
(K) Eastern Maine HomeCare	010328442	9		No	Yes		Yes		150166
(L) The Aroostook Medical Center	010372148	3		No	Yes		Yes		2131187
(M) Norumbega Medical Specialists LTD	010465231	9		No	Yes		Yes		42152
(N) Beacon Health LLC	452967056	11		No	Yes		Yes		190079

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	
(P) Mercy Hospital	010211534	3		No	Yes		Yes		6425763
(A) VNA Home Health & Hospice	010246804	9		No	Yes		Yes		862

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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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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) 2010	(b) 2011	(c) 2012	(d) 2013	(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		17,376
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		27,342
i	Other activities?		No	
j	Total Add lines 1c through 1i			44,718
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

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

Return Reference	Explanation
Part II-B, Line 1i - Other Activities Description	Member Organization legislative updates, Issue MaineCare ExpansionIssue FY15 BudgetLD 936 "An Act To Authorize Municipalities To Impose Service Charges on Tax-exempt Property Owned by Certain Nonprofit Organizations"LD 1066 "An Act to Increase Access to Health Coverage and Qualify Maine for Federal Funding"LD 1487 "An Act To Implement Managed Care in the MaineCare Program"LD 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 1578 "An Act To Increase Health Security by Expanding Federally Funded Health Care for Maine People"LD 1593 "Resolve, To Eliminate Financial Inequality in MaineCare Reimbursement for Community-based Behavioral Health Services"LD 1596 "Resolve, Directing the Department of Health and Human Services To Amend MaineCare Rules as They Pertain to the Delivery of Covered Services via Telecommunications Technology"LD 1664 "An Act to Encourage Charitable Contributions to Nonprofit Organizations"LD 1749 "An Act to Create Greater Cost Efficiency and Improve Health Outcomes by Incorporating Increased Access to Dental Services for Adults through MaineCare's Care Management and Coordination Initiatives"LD 1760 "An Act to Implement the Recommendations of the Commission to Study Transparency, Costs and Accountability of Health Care System Financing"LD 1766 "An Act To Clarify and Update a Nurse's Authority to Administer Medication"Non-deductible portion of dues

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	41,425	38,066	33,039	28,268	20,256
b	Contributions	5,300	500	1,000	5,500	5,346
c	Net investment earnings, gains, and losses	2,829	4,055	5,394	-114	2,666
d	Grants or scholarships					
e	Other expenditures for facilities and programs	1,744	1,196	1,367	615	
f	Administrative expenses					
g	End of year balance	47,810	41,425	38,066	33,039	28,268

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

- a Board designated or quasi-endowment ▶ 40 460 %
- b Permanent endowment ▶ 59 540 %
- 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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		42,569,476	17,364,386	25,205,090
c Leasehold improvements		27,173	10,434	16,739
d Equipment		41,653,139	32,213,839	9,439,300
e Other		8,510,621	5,113,600	3,397,021
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				40,447,983

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Board designated funded depreciation	22,542,061
(2) Board designated funds - other	20,812
(3) Interest in net assets held at EMHSF	74,038
(4) Investment in subsidiaries	6,276,663
(5) Org costs & other long term investments	3,073,005
(6) Self-Insurance Funds Held by Trustee	63,769,515
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	95,756,094

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Accrued Post Retirement Benefits	22,531,944
Accrued Self Insurance Reserves	30,533,325
Changes in Fair Value of Swap	995,275
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	54,060,544

2. Liability for uncertain tax positions 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 Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	176,550,063
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	2,739,001		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	83,108,490		
e	Add lines **2a** through **2d**			2e	85,847,491
3	Subtract line **2e** from line **1**			3	90,702,572
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	-637,295		
c	Add lines **4a** and **4b**			4c	-637,295
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	90,065,277

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	173,892,124
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	637,296		
e	Add lines **2a** through **2d**			2e	637,296
3	Subtract line **2e** from line **1**			3	173,254,828
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	-83,108,490		
c	Add lines **4a** and **4b**			4c	-83,108,490
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	90,146,338

Part XIII Supplemental Information

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

Return Reference	Explanation
Part V, Line 4 Intended uses of the endowment fund	Endowment funds are designated for purposes that align within this organization's exempt purpose
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 (the 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 XI, Line 2d Other revenue amounts included in F/S but not included on form 990	Reimbursement of expenses reclass to exp $83108490
Part XII, Line 2d Other expenses and losses per audited F/S	Rental Expenses reclass to Line 6b $637296 Bad Debt expense relass to revenue $0

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in 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

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

Return Reference	Explanation

Additional Data

Software ID: 13000170
Software Version: 2013v4.0
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				
April Giard CNIO	(i)	146,620	9,059	2,209	12,957	25,934	196,779	
	(ii)							
Catherine J Bruno VP/CIO	(i)	242,377	32,904	26,935	19,745	19,135	341,096	
	(ii)							
Christine B Worthen Assoc Gen Cnsle	(i)	132,356	15,151	46,846	10,474	1,581	206,408	
	(ii)							
Colleen Hilton VP, VNA/Hospice	(i)							
	(ii)	160,754	91,134	37,088	14,444	25,681	329,101	
Daniel B Coffey SrVP,AHC	(i)	380,562	72,300	24,663	30,200	17,833	525,558	
	(ii)							
David Peterson Former SR VP, TAMC	(i)							
	(ii)			114,961			114,961	114,961
Deborah C Johnson RN Sr V P , EMMC	(i)	463,347	89,222	2,747,377	30,200	25,987	3,356,133	2,734,463
	(ii)							
Deborah M Sanford VP Org Effectiv	(i)	158,879	15,949	3,059	23,590	18,307	219,784	
	(ii)							
Derrick Hollings Sr VP, CFO/Tre	(i)	407,711	81,393	12,013	152,134	23,968	677,219	
	(ii)							
Eileen Skinner Sr VP, Mercy	(i)	76,799		3,213	57,400	3,947	141,359	
	(ii)	325,821	407,804	122,315	11,475	24,971	892,386	
Erik N Steele DO Former SrVP/CMO	(i)	133,360	68,936	101,593	21,660	11,547	337,096	
	(ii)							
Eugene F Murray Sr V P ,CADean	(i)							
	(ii)	143,668	7,500	13,071	26,827	30,313	221,379	
George Pellissier Dir-Materiel Mgmt	(i)	145,966	10,500	2,485	13,956	11,154	184,061	
	(ii)							
Glenn Martin VP Gen Cnsl/Sec	(i)	299,530	21,640	2,779	60,231	26,468	410,648	
	(ii)							
Greg Howat VP-HR, East E	(i)							
	(ii)	237,782	27,000	8,101	21,457	26,460	320,800	
Gregory E Roraff Sr V P , BHMH	(i)	220,217	37,234	13,141	19,066	25,930	315,588	
	(ii)							
Howard Margolskee Physician	(i)	234,694	15,840	9,307	17,562	18,497	295,900	
	(ii)							
Iyad Sabbagh Chief Quality Offi	(i)	224,753	12,261	981	15,650	24,245	277,890	
	(ii)	24,409		226	503	3,188	28,326	
Jean MMellett VP CapPlng	(i)	179,840	9,959	1,811	10,372	25,646	227,628	
	(ii)							
Jeffrey A Sanford VP & Sys Contrl	(i)	218,885	16,381	1,881	13,437	10,462	261,046	
	(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				
John D Dalton Sr V P ,Inland	(I) (II)	 261,227		 22,735	 60,353	 15,827	 360,142	
John Ronan Sr VP- BHMH	(I) (II)	131,118 46,247		1,954 930	12,715 942	5,864 2,541	151,651 50,660	
Karen M Rossbach Int VP&SysContr	(I) (II)	123,371	8,533	1,791	10,658	9,816	154,169	
Kathleen J OberMD Board Member	(I) (II)	 413,648	 4,000	 2,910	 18,025	 25,324	 463,907	
Lee Martin VP- HR,Empl Rel	(I) (II)	75,396 50,178	 14,480	3,644 2,306	13,983 2,853	17,968 13,111	110,991 82,928	
Lisa Harvey-McPherson VP Con Care/CAO	(I) (II)	167,426	17,980	3,302	41,484	11,339	241,531	
Mary M Hood President & CEO	(I) (II)	712,895	171,996	12,420	232,431	18,491	1,148,233	
Michael Crowley VP/CPO, EMHSF	(I) (II)	167,481	17,293	2,163	15,527	10,914	213,378	
Michael E Palumbo DO Board Member	(I) (II)	 254,708		 18,956	 4,587	 23,153	 301,404	
Michael P Donahue VP Netwk Develp	(I) (II)	256,564	29,697	14,952	22,014	12,243	335,470	
Miles Theeman VP, AHS	(I) (II)	256,635	39,130	18,544	30,045	23,459	367,813	
Patrick J Whalen VP Bus Devel	(I) (II)	233,856	48,119	15,506	21,770	21,095	340,346	
Peter Close VP- HR,Operation	(I) (II)	157,092	7,249	2,070	1,372	4,637	172,420	
Philip A Johnson VP, Chief HRO	(I) (II)	279,437	24,927	5,413	56,461	17,443	383,681	
Ralph Swain Former Highly Compensated Employee	(I) (II)	201,157					201,157	
Richard W Freeman MD Sr VP/CTO	(I) (II)	368,490	63,843	6,741	5,100	1,458	445,632	
Scott A Oxley VP/Corp Srvs	(I) (II)	132,697 80,193	 23,817	1,156 4,410	49,353 133	13,673 9,878	196,879 118,431	
Sylvia S Getman Sr V P ,TAMC	(I) (II)	 250,837	 63,668	 42,910	 59,750	 25,644	 442,809	
Ted Helberg VP-HR, South	(I) (II)	 138,803	 12,600	 3,598	 10,150	 11,169	 176,320	
Teresa P Vieira Sr V P , SVH	(I) (II)	 194,034	 6,000	 14,135	 7,719	 18,023	 239,911	

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				
V Alexander-Lane Former Sr V P , SVH	(I) (II)	109,527	25,325	178,881	3,906	6,767	324,406	

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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.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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) Mary Hood Daniel Coffey	offcer=bd me	131,116	AHA membership dues		No
(2) Marianne Lynch Paul Bol	brd mem=brd	302,296	prop tax & land rent		No
(3) Tracy Ronan	fam mem=offi	106,466	compensation		No
(4) John Canders Partner	fam mem=offi	108,630	legal svc-Eaton Peab		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
Schedule L, Part V Supplemental Information	Mary M Hood, officer and Daniel B Coffey, officer are board members of American Hospital Health Care Systems Governing Council Marianne Lynch, director and Paul Bolin, officer are board members of City of Bangor boards Tracy Ronan is the spouse of an officer and is an employee by Eastern Maine Healthcare Systems John Canders is a family member of an officer and is a partner at Eaton Peabody in which Eastern Maine Healthcare Systems purchased legal services

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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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Return Reference	Explanation	
	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 EMHS (Home Office)Leadership President and CEO M Michelle Hood, FACHE, Board Chair Evelyn S Silver, PhDDescription EMHS provides Maine communities with access to the right care, at the right time, and in the right place, while striving for efficiencies to control costs The Home Office of EMHS works in support of the more than 10,000 employees throughout the system, including eight hospitals, emergency transport companies, home health agencies, and numerous long-term care and assisted living facilities Home Office Employees 797Locations Brewer, Bangor, Orono (employees are also located at member organizations statewide)Highlights Awarded a $4 05 million cooperative agreement by the Centers for Disease Control and Prevention, which will go towards leading a collaborative of strategic partners to serve seven northern Maine communities in a three-year initiative to improve population health Welcomed Kyle Johnson as EMHS system vice president and chief information officer and Robert Thompson, MD, as EMHS senior vice president and chief medical officer EMHS Move and ImproveOne of four statewide recipients recognized by the Wellness Council of Maine with the Empower Award for empowering employees to reach their full potential through wellness during the Maine Wellness Leadership Summit held in September Under the Office of the Chief Medical Officer, promoted April Giard, APRN, previously EMHS system director of Information Systems Applications and Nursing Informatics, as EMHS chief nursing information officer and is in the process of hiring a chief medical information officer (both positions will advance communication and collaboration among physicians, mid-level providers, and nurses) Renewed focus on consistency, quality, and patient experience by promoting two long-time employees to the senior leadership team Iyad Sabbagh, MD, vice president, chief quality officer, and associate chief medical officer and Amy Cotton, FNP, vice president, EMHS Patient Engagement, a vice president of EMHS Clinical Performance will join this team to complete the clinical leadership dyad Elected Evelyn Silver, PhD, of Dedham, as new board chaira retired senior advisor to the president of the University of Maine and previously vice chair for the EMHS Board from 2011 to 2014EMHS (System-wide)Systemwide Employees 10,421Highlights Reported by Moodys, a national financial rating service, as having a Baa1 long- term rating Entered into a Letter of Intent with Maine Coast Memorial Hospital in August, allowing both organizations to explore and evaluate a structure for a closer relationship Elevated quality, efficiency, and patient experience, as well as further standardized care across the system through continued EMHS Reinvented team initiatives, notable achievements include, the Core Practice team launching their first pilot at TAMC, a systemwide rollout of a patient and family advisory kit, the creation of systemwide leadership individual development plans, and the development of more efficient and effective service lines Continued participation with the High Value Healthcare Collaborative EMHS teams are currently involved in both a national sepsis performance improvement pilot project and a patient engagement, shared decision-making pilot project Promoted John Ronan as president and CEO of Blue Hill Memorial Hospital and a senior vice president of EMHS (he was previously the hospitals chief operating officer/chief strategy officer) and Colleen Hilton, RN, president and CEO of VNA, also became president and CEO of Eastern Maine HomeCare Hosted first annual Physician Leadership Summit in May, which brought physician leaders from across EMHS together to address current care delivery challenges and how, together, we can break down barriers to improving the health of even our most chronically ill patients OTHER PROGRAM SERVICES 5 Inland HospitalLeadership President and CEO John Dalton, Board Chair John FortierDescription A dynamic healthcare organization with a 48-bed community hospital in Waterville, a 105-bed continuing care center on the hospital campus, and 21 primary and specialty care physician practices in Waterville and five surrounding communities Employees 707Locations Waterville, Fairfield, Oakland, North Anson, Augusta, Unity, MadisonHighlights Awarded an A grade for safety and quality (second time in two years), and named as a Top Rural Hospital (fourth time in five years) by The Leapfrog Group, a national coalition of independent purchasers of healthcare Lakewood Continuing Care Center, located on the Inland campusReceived the 2014 American Health Association Bronze Award for Commitment to Quality Received Avatar Award for Exceeding Patient Expectations (eighth year in a row) and Most Wired Hospital Award (second year in a row) More than 300 families in central Maine participated in the Lets Go! Family Fun Series event, which is part of Inlands commitment to fight childhood obesity

Return Reference	Explanation	
	Form 990, Part III, Line 4d Other Program Services Description	Welcomed new providers to the Inland staff Denise Bouchard, family nurse practitioner, Alicia Brown, DO, family physician, Linda Kelly, nurse practitioner, Neurology, Mark Klemperer, MD, OB/GYN, Syed Rahmatullah, MD, cardiologist, Richard Samson, DPM, podiatrist, Barbara Segal, MD, rheumatologist, and Gloria Simms, MD, neurologist Inland Hospital and Sebasticook Valley Hospital (Pittsfield) collaborated to enhance diabetes, OB/GYN, and surgical services for our communitiesMercy HospitalLeadership President and CEO Eileen Skinner, Board Chair Tom YoderDescription Mercy Health System includes Mercy Hospital, Garys House, McAuley Residence, Mercy Recovery Center, and VNA Home Health Hospice Mercy Health System provides a broad range of medical and surgical services, as well as nine primary care locations, five express care locations, and 17 sub-specialty physician practices ranging from thoracic and spine surgery to ear, nose, and throat and cancer care Employees 1,870Locations Portland, Westbrook, Gorham, Windham, Yarmouth, Standish, South Portland, Falmouth, West FalmouthHighlights Maintained an A safety score from The Leapfrog Group, became re certified by The Joint Commission in the Total Hip/Knee Program and the Spine Surgery Program, and earned a full, three-year National Accreditation Program for Breast Center (NAPBC) from the American College of SurgeonsMercy also continues to exceed goals for patient satisfaction for the hospital survey The Orthopaedic InstituteIncreased volume by 39 percent since 2010, making up 41 percent of all surgical cases Successfully opened Mercys Express Care+ at the Fore River location in Portland, Maine, increasing the total number of express care facilities Mercy offers to the southern Maine population to five, also, opened Mercy Primary Care South, located in South Portland Selected as one of 35 hospitals nationwide to participate in the American College of Cardiology Patient Navigator Program, providing personalized services to heart disease patients to avoid a readmission to the hospital Continued to work closely with each member of the medical neighborhood, a MeHAF grant-funded payment reform initiative Amistad, Healthcare for the Homeless, Opportunity Alliance, Portland Public Health, and Portland Community Health Center to include referrals and ancillary services Presented with a grant from the Tyler Family Foundation to build the Tyler Suite at the State Street location, providing a welcoming and peaceful space for patients and families facing life-threatening and terminal illness OTHER PROGRAM SERVICES 6 Acadia HospitalLeadership President and CEO Daniel B Coffey, Board Chair Michael T SheaDescription Acadia Hospital operates a 100-bed acute care, regional, psychiatric hospital located in Bangor, Maine The hospital is the sole corporate member of Acadia Healthcare that provides a substance use treatment program, case management services, and other outpatient mental health services in Penobscot, Waldo, and Knox counties Acadia Healthcare is the sole member of Restorative Health, LLC that operates an outpatient mental health clinic in Bangor Employees 618Location BangorHighlights Collaborated with the Bangor Symphony Orchestra to develop a music and wellness program for patients with performances by the Juniper String Quartet Dedicated the Cyr Interfaith Chapel, made possible by a gift from Sue and Joe Cyr Expanded mental health services into primary care practices and hospital emergency departments, in part through televideo (telepsychiatry) technology Continued to fund and provide an experienced certified mental health rehabilitation technician (MHRT) to the Bangor Police Department to assist in community outreach and mental health interventions Implemented a new case management program known as a behavioral health home Began offering school-based services in Knox CountyEastern Maine HomeCareLeadership President and CEO Colleen Hilton, RN, BSN, Board Chair

Return Reference	Explanation
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 a member 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, and James Donnelly, board member, are board members 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 Daniel Coffey, officer, are board members of Maine Hospital Association board. Daniel Coffey, officer, is also a member of the MHA Council on Mental Health Daniel B. Coffey, officer and Deborah C. Johnson, officer are board members of Husson University Marianne Lynch, board member, and Paul Bolin, officer, are board members of the City of Bangor Mary M. Hood, board member/officer, and Daniel Coffey, officer, are members of the American Hospital Association Health Care Systems Governing Council P. James Nicholson, board member, and John Dalton, officer, are board members of Waterville Development Corporation Stephen Rich, board member, and Eileen Skinner, officer, are board members of Maine State Chamber of Commerce

Return Reference	Explanation
Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	SUMMARY OF CHANGES TO EMHS BYLAWSINCORPORATED INTO RESTATED BYLAWS ADOPTED 12/18/20131 Article II - Membership (Corporators) This Article was changed to a Increase the maximum number of Corporators from 200 to 250 to accommodate the southern Maine market (Section 1) b Change the month of the Annual Meeting to June (Section 2) c Section 9 (Balloting) -now refers to the EMHS Nominating Committee, rather than the Governance Committee 2 Article IV - Board a Mercy Hospital was added to the roster of rotating Integrated Member Organizations from whose medical staff the physician director is selected3 Article V - Officers a Section 1 of Article V imposes a limit on the number of terms the Chair and the Vice Chair can serve to three (3) consecutive one-year terms The previous EMHS Bylaws imposed a five-year term limit on the Chair and the Vice Chair 4 Article VI - Committees a The nominating function of the Governance Committee has been removed from the jurisdiction of the Governance Committee and there is now a standing Nominating Committee (Section 15) b Section 16 (Integration of Board Committee Membership), is amended to realign corporator regions into northwestern, eastern and southern Section 16 provides that the Board Chair shall ensure that one or more members from the Boards of Integrated Member Organization based in the northwestern, eastern and southern regions be appointed as members to the Nominating Committee, the Finance Committee and the Strategic Planning Committee 5 Article VII - Fiduciary Duty, Prohibited Transactions, Divided Loyalty, IndependenceA new Section 4 (Disqualification) was added under VII This section provides that an individual shall be deemed disqualified to serve as a Director in the event that the Board of Directors determines at any time the individual has failed to comply with the Corporation's Code of Conduct, Compliance Plan, Conflict of Interest Policy, or any other Board policy binding on Directors

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	Form 990 is reviewed by the System Director of Financial Services, System Assistant System Controller, and/or CFO 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

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Adjustment to Apply Recognition Provisions of FASB Statement = -$375389

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contribution of Capital from AHI = $17449

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contribution of Capital from Beacon Health = $6007

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contribution of Capital from EMMC Aux = $35

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contribution of Capital from Lakewood = $6840

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contribution of Capital from Mercy Hospital = $2691953

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contribution of Capital from MIHGH = $334815

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contribution of Capital from Norumbega = $1475

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	contribution of Capital from Rosscare = $14306

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Acadia Hospital = $699127

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from CADean Hospital = $367919

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Eastern Maine Home Care = $98512

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Eastern Maine Medical Center = $15049685

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Sebasticook Valley Hospital = $644225

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from The Aroostook Medical Center = $2777278

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Contributions of Capital to Eastern Maine Home Care = -$81362

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contriibutions of Capital from Blue Hill Memorial Hospital = $1022456

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contrııbutıons of Capıtal from Inland Hospıtal = $2249951

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Interest in Beacon Health, LLC = -$6062526

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Interest in Net Assets Held at EMHS Foundation = -$10078

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS

Employer identification number
01-0527066

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

(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	-10,223,489	2,555,324		No			No	91 000 %
(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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		No
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 related 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" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID: 13000170
Software Version: 2013v4.0
EIN: 01-0527066
Name: EASTERN MAINE HEALTHCARE SYSTEMS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Eastern Maine Medical Center EMMC 489 State Street PO Box 404 Bangor, ME 044020404 01-0211501	Provide healthcare services	ME	501(c)(3)	3	Eastern Maine Healthcare Systems EMHS	Yes	
(1) Eastern Maine Healthcare Real Estate 43 Whiting Hill Road Brewer, ME 04412 01-0391036	Leases real estate	ME	501(c)(2)		EMHS	Yes	
(2) Rosscare 43 Whiting Hill Road Suite 400 Brewer, ME 04412 01-0391038	Provide services to elderly	ME	501(c)(3)	PF	EMHS	Yes	
(3) Rosscare Nursing Homes Inc 43 Whiting Hill Road Suite 400 Brewer, ME 04412 01-0430751	Operation of nursing homes	ME	501(c)(3)	9	Rosscare	Yes	
(4) Acadia Hospital Corp AHC 43 Whiting Hill Road Brewer, ME 04412 01-0459837	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
(5) Eastern Maine Medical Center Auxiliary 43 Whiting Hill Road Brewer, ME 04412 01-0377901	Fund raising for exempt EMMC	ME	501(c)(3)	9	EMMC	Yes	
(6) Acadia Healthcare Inc AHI 43 Whiting Hill Road Brewer, ME 04412 22-3183888	Provide healthcare services	ME	501(c)(3)	9	AHC	Yes	
(7) EMHS Foundation 43 Whiting Hill Road Suite 400 Brewer, ME 04412 22-2514163	Raise & manage funds for exempt orgs	ME	501(c)(3)	11, Type II	EMHS	Yes	
(8) Norumbega Medical Specialists LTD 43 Whiting Hill Road Suite 400 Brewer, ME 04412 01-0465231	Provide patient care & education	ME	501(c)(3)	9	EMMC	Yes	
(9) Inland Hospital 200 Kennedy Memorial Drive Waterville, ME 04901 01-0217211	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
(10) Lakewood A Continuing Care Center 220 Kennedy Memorial Drive Waterville, ME 04901 01-0421234	Provide skilled & long term nursing care	ME	501(c)(3)	3	Inland Hospital	Yes	
(11) CA Dean Memorial Hospital Pritham Avenue PO Box 1129 Greenville, ME 044411129 04-3341666	Provide Healthcare Services	ME	501(c)(3)	3	EMHS	Yes	
(12) Sebasticook Valley Health SVH 447 North Main Street Pittsfield, ME 04967 01-0263628	Critical care hospital	ME	501(c)(3)	3	EMHS	Yes	
(13) The Aroostook Medical Center TAMC PO Box 151 140 Academy St Presque Isle, ME 047690151 01-0372148	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
(14) TAMC Title Corp PO Box 151 140 Academy St Presque Isle, ME 047690151 01-0389226	Real estate holding company	ME	501(c)(2)		TAMC	Yes	
(15) TAMC Endowments PO Box 151 140 Academy St Presque Isle, ME 047690151 01-0389222	Raise funds for exempt orgs	ME	501(c)(3)	11, Type I	TAMC	Yes	
(16) Horizons Health Services PO Box 151 140 Academy St Presque Isle, ME 047690151 01-0504393	Provide patient care	ME	501(c)(3)	3	TAMC	Yes	
(17) Eastern Maine HomeCare PO Box 688 Caribou, ME 04736 01-0328442	Provide home health & hospice svcs	ME	501(c)(3)	9	EMHS	Yes	
(18) ME Institute for Human Genetics & Health 43 Whiting Hill Road Brewer, ME 04412 55-0894346	Biomedical research & development	ME	501(c)(3)	9	EMHS	Yes	
(19) Blue Hill Memorial Hospital 57 Water Street Blue Hill, ME 046145231 01-0227195	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(21) Meadow Wood LLC 43 Whiting Hill Road Brewer, ME 04412 27-2935243	Provide patient care	ME	501(c)(3)	9	AHI	Yes	
(1) Restorative Health LLC 43 Whiting Hill Road Brewer, ME 04412 35-2449986	Provide mental & behavioral health srvs	ME	501(c)(3)	9	AHI	Yes	
(2) Sebasticook Valley Family Practice Assoc 447 North Main Street Pittsfield, ME 04967 01-0357854	Provide patient care	ME	501(c)(3)	9	SVH	Yes	
(3) Sebasticook Valley Work Health LLC 447 North Main Street Pittsfield, ME 04967 45-3359446	Provide patient care	ME	501(c)(3)	3	SVH	Yes	
(4) Mercy Hospital 144 State Street Portland, ME 04101 01-0211534	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
(5) Mercy Health System of Maine 144 State Street Portland, ME 04101 01-0484074	Support org for hlthcare affiliates	ME	501(c)(3)	11 Type III Func Int	EMHS	Yes	
(6) VNA Home Health & Hospice 50 Foden road South Portland, ME 04106 01-0246804	Provide home hlth and hospice srvs	ME	501(c)(3)	9	EMHS	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Affiliated Healthcare Systems AHS PO Box 940 Bangor, ME 044020940 01-0385322	Holding Co	ME	EMHS	C	2,561,686	10,652,127	100 000 %	Yes	
Affiliated Healthcare Management PO Box 811 Bangor, ME 044020811 01-0349339	Hlthcr mgmt	ME	AHS	C				Yes	
Affiliated Laboratory Inc PO Box 638 Bangor, ME 044020638 01-0381283	Clinical Lab	ME	AHS	C				Yes	
Affiliated Materiel Services PO Box 1300 Bangor, ME 044021300 01-0381189	Purchasing	ME	AHS	C				Yes	
Affiliated Pharmacy Services 917 Union St Ste 7 Bangor, ME 04401 01-0587230	Pharmacy	ME	AHS	C				Yes	
Meridian Mobile Health LLC 931 Union St PO Box 940 Bangor, ME 044020940 01-0512673	Ambulance	ME	AHS	C				Yes	
Maine Network for Health PO Box 2813 Bangor, ME 044022813 01-0496352	Support srv	ME	EMHS	C	14,300	644,194	64 000 %	Yes	
Dirigo Pines Retirement Community LLC 9 Alumni Drive Orono, ME 04473 01-0537924	Holding co	ME	AHS	C				Yes	
Dirigo Pines Inn LLC 9 Alumni Drive Orono, ME 04473 02-0547749	Contin care	ME	Rosscare	C	-75,124	16,694,177	100 000 %	Yes	
Dirigo Funding LLC 9 Alumni Drive Orono, ME 04473 01-0599968	Prov finance	ME	AHS	C				Yes	
Dirigo Pines Development Co LLC 9 Dirigo Drive Orono, ME 04473 01-0537924	RetCottage	ME	AHS	C				Yes	
M Drug LLC PO Box 1779 Bangor, ME 044021779 27-2175482	Pharmacy	ME	AHS	C				Yes	
Alliance Health Documentation LLC 9 Central Street Ste 205 Bangor, ME 04401 46-2751855	Transcription	ME	AHS	C				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
Eastern Maine Medical Center EMMC	a	3,446,521	FMV
Eastern Maine Medical Center EMMC	e	97,500	FMV
Eastern Maine Medical Center EMMC	l	39,580,061	FMV
Eastern Maine Medical Center EMMC	m	325,789	FMV
Eastern Maine Medical Center EMMC	p	392,322	FMV
Eastern Maine Medical Center EMMC	q	48,047,454	FMV
Eastern Maine Medical Center EMMC	s	15,049,686	FMV
Rosscare	a	120,298	FMV
Rosscare	l	194,573	FMV
Rosscare	q	81,625	FMV
Acadia Hospital Corp AHC	l	4,035,730	FMV
Acadia Hospital Corp AHC	q	4,851,432	FMV
Acadia Hospital Corp AHC	s	699,127	FMV
Acadia Healthcare Inc AHI	l	75,912	FMV
Acadia Healthcare Inc AHI	q	263,180	FMV
EMHS Foundation	l	208,905	FMV
EMHS Foundation	q	2,335,958	FMV
Inland Hospital	l	1,829,106	FMV
Inland Hospital	q	4,988,146	FMV
Inland Hospital	s	2,249,951	FMV
Lakewood A Continuing Care Center	l	195,469	FMV
CA Dean Memorial Hospital	l	847,646	FMV
CA Dean Memorial Hospital	q	1,560,735	FMV
CA Dean Memorial Hospital	s	367,918	FMV
Sebasticook Valley Health SVH	l	457,162	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
Sebasticook Valley Health SVH	q	2,884,523	FMV
Sebasticook Valley Health SVH	s	644,225	FMV
The Aroostook Medical Center TAMC	a	22,390	FMV
The Aroostook Medical Center TAMC	d	4,400,000	FMV
The Aroostook Medical Center TAMC	l	2,166,956	FMV
The Aroostook Medical Center TAMC	q	7,870,437	FMV
The Aroostook Medical Center TAMC	s	2,777,278	FMV
Eastern Maine HomeCare	a	98,636	FMV
Eastern Maine HomeCare	l	150,166	FMV
Eastern Maine HomeCare	q	1,064,505	FMV
Eastern Maine HomeCare	r	81,362	FMV
Eastern Maine HomeCare	s	98,512	FMV
ME Institute for Human Genetics & Health	s	334,815	FMV
Blue Hill Memorial Hospital	l	1,934,464	FMV
Blue Hill Memorial Hospital	q	2,944,330	FMV
Blue Hill Memorial Hospital	s	1,022,456	FMV
Mercy Hospital	a	316,593	FMV
Mercy Hospital	d	69,660,678	FMV
Mercy Hospital	e	69,660,678	FMV
Mercy Hospital	l	6,425,762	FMV
Mercy Hospital	q	13,048,080	FMV
Mercy Hospital	s	2,691,954	FMV
VNA Home Health & Hospice	q	1,291,823	FMV
Beacon Health LLC	m	1,202,828	FMV
Beacon Health LLC	r	6,062,527	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
Affiliated Healthcare Systems AHS	a	12,411	FMV
Affiliated Healthcare Systems AHS	l	2,566,068	FMV
Affiliated Healthcare Management	a	34,400	FMV
Affiliated Healthcare Management	l	2,109,547	FMV
Affiliated Healthcare Management	m	270,588	FMV
Affiliated Healthcare Management	q	615,996	FMV
Affiliated Laboratory Inc	a	31,470	FMV
Affiliated Laboratory Inc	l	907,656	FMV
Affiliated Laboratory Inc	q	2,328,523	FMV
Affiliated Materiel Services	l	792,998	FMV
Affiliated Materiel Services	p	59,076	FMV
Affiliated Materiel Services	q	461,663	FMV
Meridian Mobile Health LLC	l	272,064	FMV
Meridian Mobile Health LLC	q	488,496	FMV
Maine Network for Health	m	368,023	FMV
M Drug LLC	a	71,935	FMV
M Drug LLC	l	102,019	FMV
Alliance Health Documentation LLC	a	10	FMV

Form **8868**
(Rev January 2014)

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.

► Information about Form 8868 and its instructions is at *www.irs.gov/form8868.*

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 (other than individual)	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 ► John J. Doyle

Telephone No. ► (207) 973-9081 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 15, 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 9/29, 20 13, and ending 9/27, 20 14

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 Forms 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 Forms 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 funds withdrawal (direct debit) 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 (other than individual)	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 ► John J. Doyle
  Telephone No. ► (207) 973-9081 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 15.

5 For calendar year ____, or other tax year beginning 9/29, 20 13, and ending 9/27, 20 14.

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

Signature and Verification 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 ► 4/25/15