Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

► **Do not enter social security numbers on this form as it may be made public.**
► Information about Form 990-PF and its separate instructions is at ***www.irs.gov/form990pf.***

OMB No 1545 0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 9/27 **, 2015, and ending** 9/24 **, 2016**

Rosscare
43 Whiting Hill Road, Suite 400
Brewer, ME 04412

A Employer identification number
01-0391038

B Telephone number (see instructions)
207 973-9081

C If exemption application is pending, check here ► ☐

D 1 Foreign organizations, check here ► ☐
2 Foreign organizations meeting the 85% test, check here and attach computation ► ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ► ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year *(from Part II, column (c), line 16)* ► $ 14,781,271.

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) *(Part I, column (d) must be on cash basis)*

Part I Analysis of Revenue and Expenses *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE	1 Contributions, gifts, grants, etc, received (attach schedule)	262,361.			
	2 Ck ► ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	3,620.	3,620.	3,620.	
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-3,097,567.			
	b Gross sales price for all assets on line 6a 18,762,056.				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule) See Statement 1	2,302,398.		2,302,398.	
	12 **Total.** Add lines 1 through 11	-529,188.	3,620.	2,306,018.	
ADMINISTRATIVE EXPENSES	13 Compensation of officers, directors, trustees, etc	0.			
	14 Other employee salaries and wages	866,822.		866,822.	
	15 Pension plans, employee benefits	235,462.		235,462.	
	16a Legal fees (attach schedule) See St 2	53,921.			
	b Accounting fees (attach sch) See St 3	7,695.			
	c Other prof fees (attach sch) See St 4	127,453.		127,453.	
	17 Interest	380,813.		380,813.	
	18 Taxes (attach schedule)(see instrs) See Stm 5	156,836.			55,236.
	19 Depreciation (attach schedule) and depletion	244,276.		244,276.	
	20 Occupancy	198,798.		198,798.	
	21 Travel, conferences, and meetings	12,920.			12,303.
	22 Printing and publications	970.			970.
	23 Other expenses (attach schedule) See Statement 6	682,134.	3,080.	252,394.	404,324.
	24 **Total operating and administrative expenses.** Add lines 13 through 23	2,968,100.	3,080.	2,306,018.	472,833.
	25 Contributions, gifts, grants paid Part XV	221,877.			221,108.
	26 **Total expenses and disbursements.** Add lines 24 and 25	3,189,977.	3,080.	2,306,018.	693,941.
	27 Subtract line 26 from line 12:				
	a **Excess of revenue over expenses and disbursements**	-3,719,165.			
	b **Net investment income** (if negative, enter -0)		540.		
	c **Adjusted net income** (if negative, enter 0)			0.	

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

			Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1	Cash – non-interest-bearing	938.	974,894.	974,894.
	2	Savings and temporary cash investments	2,048,388.	672,020.	672,020.
	3	Accounts receivable ► 8,006.			
		Less allowance for doubtful accounts ► 3,821.	124,902.	4,185.	4,185.
	4	Pledges receivable ►			
		Less. allowance for doubtful accounts ►			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch) ►			
		Less· allowance for doubtful accounts ►			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	194,826.	472.	472.
	10a	Investments – U S and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule)			
	c	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis ►			
		Less· accumulated depreciation (attach schedule) ►			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis ► 301,984.			
		Less accumulated depreciation (attach schedule) See Stmt 7 ► 233,818.	14,375,812.	68,166.	68,166.
	15	Other assets (describe ► See Statement 8)	13,842,061.	13,061,534.	13,061,534.
	16	**Total assets** (to be completed by all filers – see the instructions Also, see page 1, item I)	30,586,927.	14,781,271.	14,781,271.
LIABILITIES	17	Accounts payable and accrued expenses	611,627.	114,465.	
	18	Grants payable			
	19	Deferred revenue	117,589.	7,351.	
	20	Loans from officers, directors, trustees, & other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) Stmt 9	26,375,234.	6,196,582.	
	22	Other liabilities (describe ► See Statement 10)	55,805.	51,263.	
	23	**Total liabilities** (add lines 17 through 22)	27,160,255.	6,369,661.	
NET ASSETS OR FUND BALANCES		**Foundations that follow SFAS 117, check here ► [X] and complete lines 24 through 26 and lines 30 and 31.**			
	24	Unrestricted	-3,443,609.	1,296,930.	
	25	Temporarily restricted	20,646.	31,574.	
	26	Permanently restricted	6,849,635.	7,083,106.	
		Foundations that do not follow SFAS 117, check here ► [ ] and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	**Total net assets or fund balances** (see instructions)	3,426,672.	8,411,610.	
	31	**Total liabilities and net assets/fund balances** (see instructions)	30,586,927.	14,781,271.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3,426,672.
2	Enter amount from Part I, line 27a	2	-3,719,165.
3	Other increases not included in line 2 (itemize) ► See Statement 11	3	8,743,582.
4	Add lines 1, 2, and 3	4	8,451,089.
5	Decreases not included in line 2 (itemize) ► See Statement 12	5	39,479.
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	8,411,610.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	Sale of Dirigo Pines Inn, LLC	P	Various	2/01/16
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	18,762,056.		21,859,623.	-3,097,567.
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				-3,097,567.
b				
c				
d				
e				

2	Capital gain net income or (net capital loss). If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	-3,097,567.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	0.

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If 'Yes,' the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	734,541.	1,970,970.	0.372680
2013	5,555,507.	1,992,732.	2.787885
2012	5,377,663.	1,120,674.	4.798597
2011	5,887,354.	994,977.	5.917075
2010	6,107,545.	592,543.	10.307345

2	**Total** of line 1, column (d)	2	24.183582
3	Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	4.836716
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	1,868,668.
5	Multiply line 4 by line 3	5	9,038,216.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	5.
7	Add lines 5 and 6	7	9,038,221.
8	Enter qualifying distributions from Part XII, line 4	8	727,375.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 — see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ► ☐ and enter 'N/A' on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary — see instrs)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► ☐ and enter 1% of Part I, line 27b	1	11.
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
3	Add lines 1 and 2	3	11.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	11.
6	Credits/Payments		
a	2015 estimated tax pmts and 2014 overpayment credited to 2015 — 6a: 472.		
b	Exempt foreign organizations — tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments. Add lines 6a through 6d	7	472.
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ►	9	0.
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ►	10	461.
11	Enter the amount of line 10 to be: **Credited to 2016 estimated tax** ► 461. **Refunded** ►	11	0.

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b		X
	*If the answer is 'Yes' to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ► $ 0. (2) On foundation managers ► $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If 'Yes,' attach a detailed description of the activities*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If 'Yes,' attach a conformed copy of the changes*	3	X	
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If 'Yes,' attach the statement required by General Instruction T*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If 'Yes,' complete Part II, col. (c), and Part XV*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► ME			
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If 'No,' attach explanation*	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? *If 'Yes,' complete Part XIV*	9	X	
10	Did any persons become substantial contributors during the tax year? *If 'Yes,' attach a schedule listing their names and addresses*	10		X

Part VII-A Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions) See Statement 13	11	X	
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ► www.emhs.org/Rosscare

14 The books are in care of ► John J. Doyle Telephone no ► 207 973-9081

Located at ► 43 Whiting Hill Road Brewer ME ZIP + 4 ► 04412

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** – Check here N/A ► ☐

and enter the amount of tax-exempt interest received or accrued during the year ► 15 N/A

16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	Yes	No
		16	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country ►		

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly).		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		☐ Yes	☒ No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		☐ Yes	☒ No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		☐ Yes	☒ No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		☐ Yes	☒ No
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?		☐ Yes	☒ No
	(6) Agree to pay money or property to a government official? (**Exception.** Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)		☐ Yes	☒ No
b	If any answer is 'Yes' to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here ► ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?		☐ Yes	☒ No
	If 'Yes,' list the years ► 20__ , 20__ , 20__ , 20__			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer 'No' and attach statement – see instructions)	2b	N/A	
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ► 20__ , 20__ , 20__ , 20__.			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		☐ Yes	☒ No
b	If 'Yes,' did it have excess business holdings in 2015 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015)*	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No		
	(4) Provide a grant to an organization other than a charitable, etc, organization described in section 4945(d)(4)(A)? (see instructions)	☐ Yes ☒ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No		
b	If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?		5b	N/A
	Organizations relying on a current notice regarding disaster assistance check here ► ☐			
c	If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A ☐ Yes ☐ No		
	If 'Yes,' attach the statement required by Regulations section 53 4945-5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	X
	If 'Yes' to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No		
b	If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 **List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 14		0.	0.	0.

2 **Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'**

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Jennifer Maskala 885 Union Street, Suite 221 Bangor, ME 04401	Manager 40	58,761.	3,033.	0.

Total number of other employees paid over $50,000 ► 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over $50,000 for professional services ►		0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 SYLVIA ROSS LEGACY PROGRAM-Assistance to qualified applicants to reduce the cost of residency at the Sylvia Ross Home, assisted living apartments located on the campus of Ross Manor in Bangor.	230,156.
2 CONTINUING CARE INFO CENTER-Resource for anyone who has questions about available hospital and community health programs	460,932.
3 LIVESAFE-Home health care monitors worn by participants which signals help when activated	250,546.
4 See Statement 15	2,245,044.

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments See instructions 3	
Total. Add lines 1 through 3 ►	0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes		
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	1,897,125.
c	Fair market value of all other assets (see instructions)	1c	
d	**Total** (add lines 1a, b, and c)	1d	1,897,125.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,897,125.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	28,457.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,868,668.
6	**Minimum investment return.** Enter 5% of line 5	6	93,177.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ► [X] and do not complete this part.)

1	Minimum investment return from Part X, line 6 N/A		1	
2a	Tax on investment income for 2015 from Part VI, line 5	2a		
b	Income tax for 2015 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	
3	Distributable amount before adjustments Subtract line 2c from line 1		3	
4	Recoveries of amounts treated as qualifying distributions		4	
5	Add lines 3 and 4		5	
6	Deduction from distributable amount (see instructions)		6	
7	**Distributable amount** as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1		7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes.		
a	Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	693,941.
b	Program-related investments — total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	33,434.
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	727,375.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	727,375.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

N/A

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only				
b Total for prior years 20 ___, 20 ___, 20 ___				
3 Excess distributions carryover, if any, to 2015.				
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f **Total** of lines 3a through e				
4 Qualifying distributions for 2015 from Part XII, line 4 ► $				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2015 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2015 *(If an amount appears in column (d), the same amount must be shown in column (a).)*				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount – see instructions				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount – see instructions				
f Undistributed income for 2015 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2016				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required – see instructions)				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)				
9 **Excess distributions carryover to 2016.** Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling ►

b Check box to indicate whether the foundation is a private operating foundation described in section [X] 4942(j)(3) or [ ] 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2015	Prior 3 years (b) 2014	(c) 2013	(d) 2012	(e) Total
	0.				0.
b 85% of line 2a					0.
c Qualifying distributions from Part XII, line 4 for each year listed	727,375.	734,541.	5,555,507.	5,377,663.	12,395,086.
d Amounts included in line 2c not used directly for active conduct of exempt activities					0.
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	727,375.	734,541.	5,555,507.	5,377,663.	12,395,086.
3 Complete 3a, b, or c for the alternative test relied upon.					
a 'Assets' alternative test – enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	62,118.	65,518.	66,242.	37,152.	231,030.
c 'Support' alternative test – enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year – see instructions.)

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

None

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

None

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:**

Check here ► [X] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Ross Manor 758 Broadway Bangor ME 04401	N/A	509(a)(2)	Provide financial assistance to qualified residents for assisted living at Sylvia Ross Home at Ross Manor	221,108.
Total			► 3a	221,108.
b *Approved for future payment*				
Total			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclu-sion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue					
a Administrative support					44,382.
b LiveSAFE units rental					231,514.
c Specialized elderly hous					2,026,502.
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments	485000		14	3,620.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	-3,097,567.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				-3,093,947.	2,302,398.
13 **Total.** Add line 12, columns (b), (d), and (e)				13	-791,549.

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
1a-1f	All activities contributed importantly to the exempt purpose to provide treatment and housing to elderly persons in need of long term nursing care. A telephone reassurance program (Telecare) and emergency response service (LiveSAFE) as well as educational programs were provided. Rosscare provided elderly apartment living with varying levels of care and services, including full assisted living services, meals, activities, and 24-hour emergency response. During FY2016, the elderly apartment living (DPI) closed on the sale of operations, real property, fixtures and improvement to CPF Senior Living Acquisitions, LLC.

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a (1)		X
	(2) Other assets	1a (2)		X
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b (1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b (2)		X
	(3) Rental of facilities, equipment, or other assets	1b (3)		X
	(4) Reimbursement arrangements	1b (4)		X
	(5) Loans or loan guarantees	1b (5)		X
	(6) Performance of services or membership or fundraising solicitations	1b (6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [X] Yes [ ] No

b If 'Yes,' complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
EMH Real Estate	501(c)(2)	Sister organization Holds title to real property
TAMC Title Corp	501(c)(2)	Sister organization Holds title to real property

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge

Signature of officer or trustee | Date: 9/21/17 | Title: System Controller

May the IRS discuss this return with the preparer shown below (see instructions)? [ ] Yes [X] No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Barbara J. McGuan, CPA	Barbara J. McGuan	06/19/17	[X]	P00219457

Firm's name ▶ Berry Dunn McNeil & Parker, LLC | Firm's EIN ▶ 01-0523282

Firm's address ▶ PO Box 1100, Portland, ME 04104-1100 | Phone no. (207) 775-2387

Schedule B
(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
► **Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at *www.irs.gov/form990.***

OMB No 1545 0047

2015

Name of the organization
Rosscare

Employer identification number
01-0391038

Organization type (check one)

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (**1**) $5,000 or (**2**) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year ► $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: Rosscare

Employer identification number: 01-0391038

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Sylvia Ross Trust PO Box 923 Bangor, ME 04402-0923	$ 254,674.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
2	EMHS Foundation 43 Whiting Hill Road, Ste 400 Brewer, ME 04412	$ 6,171.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)

Name of organization: Rosscare

Employer identification number: 01-0391038

Part II **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization	Employer identification number
Rosscare '	01-0391038

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e)** and the following line entry For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **$1,000 or less** for the year (Enter this information once See instructions) ► $ N/A
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Statement 1
Form 990-PF, Part I, Line 11
Other Income

	(a) Revenue per Books	(b) Net Investment Income	(c) Adjusted Net Income
Administrative support	$ 44,382.		$ 44,382.
LiveSAFE units rental	231,514.		231,514.
Specialized elderly hous	2,026,502.		2,026,502.
Total	$ 2,302,398.	$ 0.	$ 2,302,398.

Statement 2
Form 990-PF, Part I, Line 16a
Legal Fees

	(a) Expenses Per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Byrne, Costello & Picard P.C.	$ 20,646.			
Eastern Maine Healthcare Systems	7,970.			
Eaton Peabody	25,305.			
Total	$ 53,921.	$ 0.	$ 0.	$ 0.

Statement 3
Form 990-PF, Part I, Line 16b
Accounting Fees

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Berry Dunn	$ 7,695.			
Total	$ 7,695.	$ 0.	$ 0.	$ 0.

Statement 4
Form 990-PF, Part I, Line 16c
Other Professional Fees

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
LiveSAFE monitoring service	$ 61,080.		$ 61,080.	
Other Professional Fees	32,074.		32,074.	
Recruiting	2,123.		2,123.	
Temporary Staffing	32,176.		32,176.	
Total	$ 127,453.	$ 0.	$ 127,453.	$ 0.

Statement 5
Form 990-PF, Part I, Line 18
Taxes

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Corporate taxes and licenses	$ 180.			$ 180.
Employee Credential/Licenses	19.			19.
Property Taxes	155,589.			53,989.
Sales & Excise Taxes	1,048.			1,048.
Total	$ 156,836.	$ 0.	$ 0.	$ 55,236.

Statement 6
Form 990-PF, Part I, Line 23
Other Expenses

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Advertising	$ 13,565.			$ 13,010.
Banking Services	21,425.	$ 2,514.		
Dues & Subscriptions	2,432.			1,979.
Equipment Rental	12,989.			12,989.
Food	115,059.		$ 115,059.	-10.
Insurance	40,771.			40,771.
Miscellaneous	17,380.			17,380.
Postage	1,749.			1,749.
Provision for bad debts	2,405.			
Repairs	81,957.			81,957.
Shared Services Expense	293,873.	566.	58,806.	234,499.
Supplies	78,529.		78,529.	
Total	$ 682,134.	$ 3,080.	$ 252,394.	$ 404,324.

Statement 7
Form 990-PF, Part II, Line 14
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value	Fair Market Value
Machinery and Equipment	$ 294,094.	$ 227,769.	$ 66,325.	$ 66,325.
Miscellaneous	7,890.	6,049.	1,841.	1,841.
Total	$ 301,984.	$ 233,818.	$ 68,166.	$ 68,166.

Statement 8
Form 990-PF, Part II, Line 15
Other Assets

	Book Value	Fair Market Value
Beneficial Interest in Perpetual Trusts	$ 7,077,756.	$ 7,077,756.
Interest in net assets held at EMHSF	36,924.	36,924.
Investment in Subsidiaries	5,946,825.	5,946,825.
Self insurance funds held by trustee	29.	29.
Total	$ 13,061,534.	$ 13,061,534.

Statement 9
Form 990-PF, Part II, Line 21
Mortgages and Other Notes Payable

Other Notes Payable		Balance Due
Lender's Name:	Eastern Maine Healthcare Syste	
Relationship of Lender:	Parent Company	
Date of Note:	7/13/2016	
Maturity Date:	7/01/2036	
Repayment Terms:	Monthly interest	
Interest Rate:	7.90%	
Security Provided:	None	
Purpose of Loan:	Working capital	
Desc. of Consideration:	None	
FMV of Consideration:	0.	
Original Amount:	6,279,490.	
Balance Due:		$ 6,196,582.
	Total Other Notes Payable	$ 6,196,582.

Statement 10
Form 990-PF, Part II, Line 22
Other Liabilities

Reserve for Retiree Health Benefits	$ 51,263.
Total	$ 51,263.

Statement 11
Form 990-PF, Part III, Line 3
Other Increases

Book vs tax difference - Investment in DPI	$ 7,159,686.
Change in Unrealized Gain or Loss	233,470.
Interest in Net Assets Held at EMHS Foundation	10,928.
Transfer from Subsidiary	1,339,498.
Total	$ 8,743,582.

Statement 12
Form 990-PF, Part III, Line 5
Other Decreases

Pension Liab FAS158	$	8,621.
Post Retirement Health Benefit FAS158		7,914.
Transfer to exempt parent-Eastern Maine Healthcare Systems		22,944.
Total	$	39,479.

Statement 13
Form 990-PF, Part VII-A, Line 11
Controlled Entity Transfers

Transfers To Controlled Entity

Controlled Entity Name:	Eastern Maine Medical Center		
Address:	489 State Street, PO Box 404		
Address:	Bangor, ME 04402-0404		
Federal EIN:	01-0211501		
Description of Transfer:	Fees for services		
Amount of Transfer:		$	1,882.
Controlled Entity Name:	M. Drug, LLC		
Address:	PO Box 1779		
Address:	Bangor, ME 04402-1779		
Federal EIN:	27-2175482		
Description of Transfer:	Purchase of supplies		
Amount of Transfer:		$	334.
Controlled Entity Name:	Affiliated Healthcare Management		
Address:	PO Box 811		
Address:	Bangor, ME 04402-0811		
Federal EIN:	01-0349339		
Description of Transfer:	Fees for services		
Amount of Transfer:		$	742.
Controlled Entity Name:	Affiliated Healthcare Managment		
Address:	PO Box 811		
Address:	Bangor, ME 04402-0811		
Federal EIN:	01-0349339		
Description of Transfer:	Leases		
Amount of Transfer:		$	4,370.
Controlled Entity Name:	EMHS Foundation		
Address:	43 Whiting Hill Road, Suite 400		
Address:	Brewer, ME 04412		
Federal EIN:	22-2514163		
Description of Transfer:	Fees for services		
Amount of Transfer:		$	7,500.
Controlled Entity Name:	The Aroostook Medical Center (TAMC)		
Address:	PO Box 151,140 Academy Street		
Address:	Presque Isle, ME 04769-0151		
Federal EIN:	01-0372148		
Description of Transfer:	Fees for services		
Amount of Transfer:		$	61,080.
Controlled Entity Name:	Eastern Maine Healthcare Systems		
Address:	43 Whiting Hill Road, Suite 400		

Statement 13 (continued)
Form 990-PF, Part VII-A, Line 11
Controlled Entity Transfers

Address:	Brewer, ME 04412	
Federal EIN:	01-0527066	
Description of Transfer:	Fees for services	
Amount of Transfer:		$ 277,652.
Controlled Entity Name:	Eastern Maine Healthcare Systems	
Address:	43 Whiting Hill Road, Suite 400	
Address:	Brewer, ME 04412	
Federal EIN:	01-0527066	
Description of Transfer:	Self-insurance Premiums	
Amount of Transfer:		$ 55,210.
Controlled Entity Name:	Eastern Maine Healthcare Systems	
Address:	43 Whiting Hill Road, Suite 400	
Address:	Brewer, ME 04412	
Federal EIN:	01-0527066	
Description of Transfer:	Leases	
Amount of Transfer:		$ 25,740.
Controlled Entity Name:	Eastern Maine Healthcare Systems	
Address:	43 Whiting Hill Road, Suite 400	
Address:	Brewer, ME 04412	
Federal EIN:	01-0527066	
Description of Transfer:	Equity transfer	
Amount of Transfer:		$ 22,944.
Controlled Entity Name:	Eastern Maine Healthcare Systems	
Address:	43 Whiting Hill Road, Suite 400	
Address:	Brewer, ME 04412	
Federal EIN:	01-0527066	
Description of Transfer:	Interest	
Amount of Transfer:		$ 102,663.
Controlled Entity Name:	WorkHealth, LLC	
Address:	43 Whiting Hill Road, Suite 400	
Address:	Brewer, ME 04412	
Federal EIN:	47-4315094	
Description of Transfer:	Fees for services	
Amount of Transfer:		$ 4,722.
	Total	$ 564,839.

Transfers From Controlled Entity

Controlled Entity Name:	EMHS Foundation	
Address:	43 Whiting Hill Road, Suite 400	
Address:	Brewer, ME 04412	
Federal EIN:	22-2514163	
Description of Transfer:	Restricted contributions	
Amount of Transfer:		$ 6,171.
Controlled Entity Name:	Rosscare Nursing Homes, Inc.	
Address:	43 Whiting Hill Road,Suite 400	
Address:	Brewer, ME 04412	
Federal EIN:	01-0430751	
Description of Transfer:	Distribution from nursing homes	

Statement 13 (continued)
Form 990-PF, Part VII-A, Line 11
Controlled Entity Transfers

Amount of Transfer:		$ 1,250,000.
Controlled Entity Name:	Dirigo Pines Development	
Address:	43 Whiting Hill Road, Suite 400	
Address:	Brewer, ME 04412	
Federal EIN:	02-0547749	
Description of Transfer:	Fees for services	
Amount of Transfer:		$ 20,650.
Controlled Entity Name:	VNA Home Health & Hospice	
Address:	50 Foden Road	
Address:	South Portland, ME 04106	
Federal EIN:	01-0246804	
Description of Transfer:	Fees for services	
Amount of Transfer:		$ 414.
	Total	$ 1,277,235.

Statement 14
Form 990-PF, Part VIII, Line 1
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Jeffrey Doran EMHS, 43 Whiting Hill Road Brewer, ME 04412	President 0.50	$ 0.	$ 0.	$ 0.
Helen L. Genco, RN PO Box 658 Orono, ME 04473	Vice Chairman 0.50	0.	0.	0.
James Jarvis, ME 895 Union St.,Ste.12 Bangor, ME 04401	Director 0.50	0.	0.	0.
Lenard Kaye, PhD 25 Texas Ave. Bangor, ME 04401	Director 0.50	0.	0.	0.
Jim Puffenberger EMHS, 43 Whiting Hill Road Brewer, ME 04412-1005	Treasurer/CFO 0.50	0.	0.	0.
Cynthia Hardy 193 Broad Street, Ste 2 Bangor, ME 04401	Chairman 0.50	0.	0.	0.

Statement 14 (continued)
Form 990-PF, Part VIII, Line 1
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen-sation	Contri-bution to EBP & DC	Expense Account/ Other
Michael T. Young 35 Hildreth Street Bangor, ME 04401	Director 0.50	$ 0.	$ 0.	$ 0.
Mary M. Hood, President EMHS, 43 Whiting Hill Rd Brewer, ME 04412	Ex-Officio 0.50	0.	0.	0.
	Total	$ 0.	$ 0.	$ 0.

Statement 15
Form 990-PF, Part IX-A, Line 4
Summary of Direct Charitable Activities

Direct Charitable Activities	Expenses
DIRIGO PINES INN-Specialized elderly housing and assisted living	$ 2,245,044.

During FY2016, Dirigo Pines Inn along with other related entities closed on the sale of substantially all operations, real property, fixtures and improvement to CPF Senior Living Acquisitions, LLC.

Also see attached publication.

Community Benefit

Member Community Benefit to our Communities

Acadia Hospital
$14,055,816

Blue Hill Memorial Hospital
$5,924,444

Charles A. Dean Memorial Hospital
$2,231,010

EMHS
$2,445,915

Eastern Maine Medical Center
$89,280,406

Inland Hospital
$8,097,589

Maine Coast Memorial Hospital
$11,869,495

Mercy Hospital
$45,563,240

Sebasticook Valley Health
$2,555,995

The Aroostook Medical Center
$19,092,063

VNA Home Health Hospice
$1,446,642

Total Community Investment by Category

Community Health Improvement Services	**$3,776,388**
Health Professions Education	**$2,557,205**
Subsidized Health Services	**$729**
Research	**$2,650,258**
Cash and In-Kind Contributions	**$435,889**
Community Building Activities	**$730,944**
Community Benefit Operations	**$1,524,186**
Traditional Charity Care	**$29,053,327**
Unrecoverable Interest Cost on funds used to subsidize state MaineCare/Medicaid underpayment on $32.7M	**$1,456,773**
Unpaid Cost of Public Programs:	
Medicaid	**$59,252,997**
Medicare	**$101,137,157**
Total Systemwide	**$202,575,853**

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by visiting **emhs.org/annualreport**

CONSOLIDATED BALANCE SHEET

Years Ended September 24, 2016 and September 26, 2015

(in thousands of dollars)

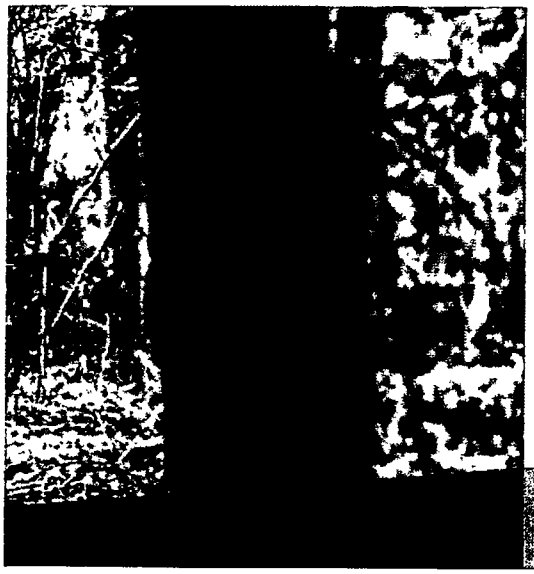
	2016	2015
ASSETS		
Total current assets	$409,713	$393,383
Assets limited as to use:		
Capital replacement and other designated uses	283,041	287,182
Self insurance funds and other trusts	222,652	116,502
Donor restricted gifts	82,005	73,277
Total assets limited as to use	587,698	476,961
Property and equipment, net	685,938	615,489
Amounts due from State of Maine (Medicaid)	26,763	16,602
Other long-term assets Total assets	23,502	23,014
[illegible]	[illegible]	[illegible]
LIABILITIES		
Total current liabilities	$234,467	$285,135
Accrued post-employment benefits	198,230	179,153
Long-term debt	556,030	345,955
Other long-term liabilities	35,446	35,861
Total liabilities	1,024,173	846,104
Total net assets	709,441	679,345
[illegible]	[illegible]	[illegible]

CONSOLIDATED STATEMENTS OF OPERATION

Years Ended September 24, 2016 and September 26, 2015

(In thousands of dollars)

	2016	2015
Net operating revenue	$1,523,941	$1,374,967
Operating expenses:		
Salaries and employee benefits	917,149	820,197
Supplies and other	641,064	560,456
Total expenses	1,558,213	1,380,653
Income from operations	(34,272)	(5,686)
Investment gains and losses	8,392	3,873
Contribution received in acquisition	36,844	-
Excess of revenue over expenses before discontinued operations	10,964	(1,813)
Discontinued operations	-	-
Excess of revenue over expenses before noncontrolling interest	10,964	(1,813)
Noncontrolling interest	(368)	(213)
Excess of revenue over expenses	$10,596	$(2,026)
Operating margin	-2.25%	-0.41%
Total margin	0.68%	-0.15%
Reinvestment in clinical equipment, technological advancements, and facilities	$131,137	$119,609



Waterville's path to wellness

Providing community members with easy, low-cost opportunities to engage in physical activity is a key component to developing life-long healthy habits. This is why it is an important part of Inland Hospital's community benefit, along with other collaborating organizations, to provide ongoing oversight and maintenance for the Inland Woods Trail. This approximately mile long trail provides a convenient connector linking the Kennedy Memorial Drive area of Waterville to several miles of trails used for biking, walking, cross-country skiing, and snowshoeing in the 144 acre city-owned Pine Ridge Recreation Area.

ROSSCARE

RESTATED BYLAWS

Adopted on December 16, 2015

ARTICLE 1

Name, Purpose, Registered Agent, Office, Seal

Section 1. Name. The name of this Corporation is Rosscare (hereinafter sometimes referred to as the "Corporation").

Section 2. Purposes and Disposition of Assets. The purposes of this Corporation and the disposition of its assets upon dissolution are as stated in its Articles of Incorporation as they may be amended or restated from time to time.

Section 3. Registered Agent. The Secretary of the Corporation shall be the registered agent of the Corporation so long as the Secretary remains a resident of Maine. In the event of the disqualification or vacancy in the office of Secretary, the President of the Member shall appoint the successor registered agent.

Section 4. Registered Office. The registered office of the Corporation in the State of Maine shall be located in the City of Brewer, County of Penobscot. The principal place of business of the Corporation shall be located in Bangor, Maine. The Corporation may have such other offices, either within or without the State of Maine, as the Board of Directors may designate or as the business of the Corporation may require.

Section 5. Corporate Seal. The Corporation shall have a circular seal containing the name of the Corporation, the year of its creation, and the word "Maine." The seal of the Corporation may, but need not, be affixed to any document executed by an authorized individual on behalf of the Corporation, and its absence therefrom shall not impair the validity of the document or of any action taken in pursuance thereof or in reliance thereon.