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

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 09-25-2016 , and ending 09-30-2017

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final 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 $ 260,928,401

F Name and address of principal officer
John J Doyle
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**	17
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	1,164
6	Total number of volunteers (estimate if necessary)	**6**	17
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	7,030,568
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,819,801	2,151,456
9	Program service revenue (Part VIII, line 2g)	132,168,052	135,692,714
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,738,089	3,577,689
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	281,892	281,523
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	138,007,834	141,703,382
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)	90,180,066	91,394,550
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)	69,982,421	75,028,108
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	160,162,487	166,422,658
19	Revenue less expenses Subtract line 18 from line 12	-22,154,653	-24,719,276

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	458,813,309	688,214,356
21	Total liabilities (Part X, line 26)	372,221,878	366,969,296
22	Net assets or fund balances Subtract line 21 from line 20	86,591,431	321,245,060

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

****** 2018-08-08
Signature of officer Date

John J Doyle EMHS VP of Finance
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 $ 164,084,935 including grants of $) (Revenue $ 135,701,485)
See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)
See Additional Data

4c (Code) (Expenses $ including grants of $) (Revenue $)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 164,084,935

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	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**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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**	Yes	
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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	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**	Yes	
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	143		
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	1,164		
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		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			No
b	Did the sponsoring 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	17		
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	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ ME

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								16,520,680	1,450,841	2,425,807

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 ▶ 167

			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 412702 Kansas City, MO 641410000	Software Support	12,360,205
BE Smith Dept 300 PO Box 219241 Kansas City, MO 641219241	Consulting Services	2,896,805
Accenture LLP PO Box 70629 Chicago, IL 606730629	Consulting Services	2,486,911
Hewlett Packard Company 11311 Chinden Blvd MS305 Boise, ID 837140021	Printer Support	1,305,370
Cerner Health Services Inc PO Box 959167 St Louis, MO 631959167	Software Support	1,108,788

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 ▶ 76

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				
	e Government grants (contributions)	1e	2,010,849			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	140,607			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		2,151,456			
Program Service Revenue		Business Code				
	2a Exempt Affiliate Rental	532000	3,461,577	3,461,577		
	b Occupational Health Servi	621400	110,850	110,850		
	c Supply Chain Services	423000	131,250	131,250		
	d Supporting Org Revenue	561000	131,989,037	124,967,240	7,021,797	
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		135,692,714			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		-525,984			-525,984
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
		(i) Real	(ii) Personal			
	6a Gross rents	772,195				
	b Less rental expenses	516,163				
	c Rental income or (loss)	256,032				
	d Net rental income or (loss)		256,032		8,771	247,261
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	121,464,963	1,347,566			
	b Less cost or other basis and sales expenses	117,014,489	1,694,367			
	c Gain or (loss)	4,450,474	-346,801			
	d Net gain or (loss)		4,103,673			4,103,673
	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	25,491			25,491
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		25,491			
	12 Total revenue. See Instructions		141,703,382	128,670,917	7,030,568	3,850,441

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	15,132,013	15,132,013		
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	57,570,508	57,570,508		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,973,598	4,973,598		
9 Other employee benefits	8,827,705	8,827,705		
10 Payroll taxes	4,890,726	4,890,726		
11 Fees for services (non-employees)				
a Management	2,414,873	2,414,873		
b Legal	2,102,537		2,102,537	
c Accounting	230,388		230,388	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	364,343	364,343		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	15,776,527	15,776,527		
12 Advertising and promotion	144,932	144,932		
13 Office expenses	3,421,162	3,417,329	3,833	
14 Information technology	23,355,626	23,355,626		
15 Royalties	0			
16 Occupancy	4,242,814	4,242,814		
17 Travel	737,462	737,462		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	416,521	416,521		
20 Interest	2,954,065	2,954,065		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	5,172,139	5,172,139		
23 Insurance	11,125,317	11,125,317		
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	1,206,798	1,206,798		
b Contractual Allowances	400,000	400,000		
c Employee Events Expense	308,193	308,193		
d Repairs & Maintenance	241,236	241,236		
e All other expenses	413,175	412,210	965	
25 **Total functional expenses.** Add lines 1 through 24e	166,422,658	164,084,935	2,337,723	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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	2,174,327	1	57,691,099
	2	Savings and temporary cash investments	31,581,117	2	9,791,702
	3	Pledges and grants receivable, net	242,797	3	294,676
	4	Accounts receivable, net	61,175,499	4	18,095,525
	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	213,388,560	7	212,564,331
	8	Inventories for sale or use		8	0
	9	Prepaid expenses and deferred charges	5,856,844	9	4,714,594
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 117,969,803			
	b	Less accumulated depreciation — 10b: 65,372,674	51,549,226	10c	52,597,129
	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	92,844,939	15	332,465,300
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	458,813,309	16	688,214,356
Liabilities	17	Accounts payable and accrued expenses	34,246,319	17	27,111,772
	18	Grants payable		18	
	19	Deferred revenue	308,698	19	20,611
	20	Tax-exempt bond liabilities	187,679,452	20	187,037,449
	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	78,521,017	23	77,870,537
	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	71,466,392	25	74,928,927
	26	**Total liabilities.** Add lines 17 through 25	372,221,878	26	366,969,296
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	86,546,519	27	321,203,844
	28	Temporarily restricted net assets	21,712	28	17,816
	29	Permanently restricted net assets	23,200	29	23,400
		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	86,591,431	33	321,245,060
	34	Total liabilities and net assets/fund balances	458,813,309	34	688,214,356

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	141,703,382
2	Total expenses (must equal Part IX, column (A), line 25)	2	166,422,658
3	Revenue less expenses Subtract line 2 from line 1	3	-24,719,276
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	86,591,431
5	Net unrealized gains (losses) on investments	5	11,682,590
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	247,690,315
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	321,245,060

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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID: 16000303
Software Version: 2016v3.0
EIN: 01-0527066
Name: EASTERN MAINE HEALTHCARE SYSTEMS

Form 990, Part III, Line 4a:

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, Maine Coast Memorial Hospital, and Blue Hill Memorial Hospital EMHS performed standardization of practices, strategic planning, and capital allocation functions EMHS board established and oversees the charity care policy of the 9 hospitals which is applied uniformly to all of the hospitals EMHS hospitals provided cumulative charity care of $26,658,000(at cost) and other uncompensated care of $37,187,568(at cost) for a total uncompensated care of $63,845,568 The EMHS hospitals had a Medicare shortfall of $113,268,613 and a Medicaid shortfall of $63,345,769

Form 990, Part III, Line 4b:

In Schedule O please see the following excerpt from the EMHS Annual Report to the Community for details of community benefit projects at EMHS members

Form 990, Part III, Line 4c:

See Schedule O

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			
Mary M Hood President & CEO	50 00 0 00	X		X				885,839	0	271,712
Gavin Ducker Board Member	1 00 40 00	X						0	293,075	44,211
Michael L McInnis Board Member	1 40 0 00	X						0	0	0
Stephen B Rich AIA Brd Mbr/V-Chair	2 10 0 00	X		X				0	0	0
Kathy Corey Board Member	1 30 0 00	X						0	0	0
David L Small Board Member	1 10 0 00	X						0	0	0
Lynn M Lombard Board Member	0 46 0 00	X						0	0	0
Danielle Ripich PhD Board Member	0 60 0 00	X						0	0	0
Nichi Farnham Board Member	1 30 0 00	X						0	0	0
Daniel P Thornton Board Member	0 46 0 00	X						0	0	0

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			
Joyce B Hedlund EdD Board Member	1 30 0 00	X						0	0	0
John D Lafayette III Board Member	1 50 0 00	X						0	0	0
Barry D McCrum Brd Mbr/Chair	1 60 0 00	X		X				0	0	0
Michael S Pancoe MD Board Member	1 00 0 00	X						0	0	0
Anne Perry Board Member	0 48 0 00	X						0	0	0
Evelyn S Silver PhD Brd Mbr/Chair	2 60 0 00	X		X				0	0	0
John L Simpson Board Member	1 50 0 00	X						0	0	0
Charles E Hewett PhD Board Member	1 00 0 00	X						0	0	0
Marianne Lynch Esq Board Member	1 20 0 00	X						0	0	0
Julie Dawson Williams Board Member	0 40 0 00	X						0	0	0

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			
Peter StJohn Board Member	1 30 0 00	X						0	0	0
James Donnelly Board Member	0 92 0 00	X						0	0	0
Jay Eckersley SrVP & COO	50 00 0 00			X				427,064	0	0
Daniel B Coffey SrVP,AHC	50 00 0 00			X				473,958	0	50,967
Deborah C Johnson RN Sr V P , EMMC	50 00 0 00			X				540,190	0	54,103
John D Dalton Sr V P ,Inland	50 00 0 00			X				759,102	0	38,569
Jason Tankel VP-Chief Compli	50 00 0 00			X				167,654	0	40,284
Eugene F Murray Sr V P ,CADean	50 00 0 00			X				196,601	0	71,638
Ali Worster VP, HR-East	50 00 0 00			X				0	0	0
Teresa P Vieira Sr VP-SVH&CAD	50 00 0 00			X				259,177	0	87,366

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			
Robert Thompson MD SrVP/CMO	50 00 0 00			X				456,163	0	74,151
Greg LaFrancois Sr VP-TAMC	50 00 0 00			X				34,708	0	198
Lisa Harvey-McPhersonRN VP Govnment Rel	50 00 0 00			X				239,554	0	64,881
Glenn Martin Esq VP Gen Cnsl/Sec	50 00 0 00			X				368,621	0	90,480
Donna Russell-Cook FACHE SrVP-Pres EMMC	0 00 50 00			X				0	371,829	34,653
Matthew Weed VP,Chief Strat	50 00 0 00			X				402,060	0	79,634
Anthony J Filer Sr VP&Treasurer	50 00 0 00			X				177,611	0	2,703
Glenda Dwyer SrVP,TAMC	0 00 50 00			X				0	240,039	23,286
Michael R Crowley VP/CPO, EMHSF	50 00 0 00			X				182,031	0	26,473
Claire DeSelle VP,Innov & Org	50 00 0 00			X				217,681	0	20,818

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			
Michael F Whelan VP,Facilities	50 00 0 00			X				274,107	0	22,750
Richard W Freeman MD Sr VP/CTO	50 00 0 00			X				480,114	0	26,037
James Puffenberger SrVP,Treas/CFO	50 00 0 00			X				389,994	0	0
Miles Theeman VP,Special Proj	50 00 0 00			X				72,866	0	24,116
Steve Howell VP-CapPlng-Trea	50 00 0 00			X				350,227	0	0
Yoosuf Joe Siddiqui VP-HR, NE	50 00 0 00			X				126,728	0	32,816
Michael P Donahue Sr VP, CEO BHL	50 00 0 00			X				356,891	0	37,842
Paul Bolin VP & Chief HRO	50 00 0 00			X				197,240	0	42,346
Peter Close VP-HR,Operation	50 00 0 00			X				203,427	0	20,374
Michelle Lauria MD VP-CMIO	50 00 0 00			X				391,737	0	24,630

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			
Steve Berkowitz MD Sr VP & CMO	50 00 0 00			X				0	0	0
Colleen Hilton VP, VNA/Hospice	50 00 0 00			X				227,916	0	38,479
Greg Howat VP-HR, East E	50 00 0 00			X				277,920	0	52,393
Kyle L Johnson VP & CIO	50 00 0 00			X				370,932	0	70,983
Catharine MacLaren VP-HR, Talent	50 00 0 00			X				163,470	0	20,901
Lee Martin VP-HR,Empl Rel	50 00 0 00			X				188,254	0	34,381
John Ronan Sr VP-BHMH&MCMH	50 00 0 00			X				264,063	0	51,928
George Eaton VP-Depty GenCou	50 00 0 00			X				225,196	0	36,069
Jeffrey Doran VP-Clinical Srv	50 00 0 00			X				340,627	0	20,313
John J Doyle VP,Finance	50 00 0 00			X				336,668	0	31,912

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			
Nancee Bender VP-ClinclPerfom	50 00 0 00			X				243,332	0	20,243
Amy Cotton VP-Chief Pt Off	50 00 0 00			X				170,002	0	41,629
April Giard VP-CNIO	50 00 0 00			X				224,138	0	46,593
Timothy J Dentry Sr VP & COO	50 00 0 00			X				25,096	0	0
Teri Hohentanner VP-IS Applicati	50 00 0 00			X				257,489	0	15,972
George Pelissier VP-Supply Chain	50 00 0 00			X				204,293	0	33,816
Iyad Sabbagh MD VP-CQO	50 00 0 00			X				336,119	0	46,639
Tori Gaetani VP/Care Coord	50 00 0 00			X				146,111	0	37,575
Jacqueline J Ferriera VP, IS PMO	50 00 0 00			X				214,679	0	34,565
Charles Therrien SrVP,Mercy	50 00 0 00			X				385,615	0	59,469

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			
Claus Hamann VP-Population Hlth	50 00 0 00					X		329,238	0	13,374
Howard Jones Med Dir , Occ Hlth	50 00 0 00					X		303,821	0	46,372
David A Valcik CIO,EMHC/BHMH/AHC	50 00 0 00					X		230,024	0	16,874
Charles E Randall Dtr, Fin Planning	50 00 0 00					X		235,041	0	24,367
Jeffrey A Sanford VP-Finance, Beacon	50 00 0 00					X		254,544	0	33,160
Jean M Mellett Former VP Capital Planning	50 00 0 00						X	182,280	0	45,870
Scott Oxley Former VP, CPP	0 00 50 00						X	0	294,371	49,192
Karen M Rossbach Former Int VP & System Controller	50 00 0 00						X	189,701	0	37,280
Deborah M Sanford Former VP, Organizational Eff	0 00 50 00						X	0	251,527	33,386
Mohammad Omer Awan Former Sen VP-Reg CIO	50 00 0 00						X	513,928	0	23,324

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			
Eileen Skinner Former Sr VP-Mercy	50 00 0 00						X	487,131	0	23,886
Jon Hilton Former VP-IS Infrastructure	50 00 0 00						X	207,951	0	23,837
Theodore Helberg III Former VP-HR South	50 00 0 00						X	173,037	0	24,799
Sylvia S Getman Former Sr VP-TAMC	50 00 0 00						X	180,719	0	29,188

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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.**

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

OMB No 1545-0047

2016

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 12, 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 (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

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

12 ☑ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☑ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations 14

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 14					117,120,928	0

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** 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 VI 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 10 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		No

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		No

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Part IV, Section A, Line 1 Description Of How Supported Organizations Are Desigated	The supporting organizations of EMHS consist of the related organizations which are Sectio n 509(a)(1) and 509(a)(2) organizations and their controlled subsidiaries that are also Se ction 509(a)(1) and 509(a)(2) organization EMHS is the parent organization of these relat ed organizations See Schedule A, Part1, Line 12 for listing of organizations

990 Schedule A, Supplemental Information

Return Reference	Explanation
Part IV, Section C, Line 1 Control Or Management Of Supported Orgs	The Eastern Maine Healthcare Systems Restated Articles of Incorporation and Bylaws have ti ghtly integrated the supported organization and EMHS board governance structure into a uni fied and cohesive governance system in which the EMHS board has ultimate authority over th e supported organizations with respect to nearly all governance domains Thus, Eastern Mai ne Healthcare Systems board authority goes far beyond traditional powers of appointment an d reserved powers of approval typical of many healthcare system governance models and actu ally vests authority in the Eastern Maine Healthcare Systems board to initiate and direct action on the part of any one or more supported organizations, in essence acting itself as the supported organization board, thus establishing the presence of common supervision or control among the governing bodies of all organizations involved Type II supporting orga nization status for Eastern Maine Healthcare Systems was confirmed by the IRS on March 8, 2016, in response to a request filed on form 8940 on September 28, 2015

Additional Data

Software ID: 16000303
Software Version: 2016v3.0
EIN: 01-0527066
Name: EASTERN MAINE HEALTHCARE SYSTEMS

Form 990, Sch A, Part I, Line 12g - 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) Eastern Maine Medical Center	010211501	3		No	72,998,419	0
(A) Eastern Maine Medical Center	010211501	3		No	72,998,419	0
(A) EMMC Auxiliary	010377901	10		No	1,096	0
(A) EMMC Auxiliary	010377901	10		No	1,096	0
(B) Acadia Hospital Corp	010459837	3		No	4,755,869	0
(B) Acadia Hospital Corp	010459837	3		No	4,755,869	0
(C) Acadia Healthcare Inc	223183888	10		No	210,124	0
(C) Acadia Healthcare Inc	223183888	10		No	210,124	0
(D) CA Dean Memorial Hospital	043341666	3		No	1,157,124	0
(D) CA Dean Memorial Hospital	043341666	3		No	1,157,124	0
(E) Inland Hospital	010217211	3		No	5,009,182	0
(E) Inland Hospital	010217211	3		No	5,009,182	0
(F) Lakewood	010421234	3		No	532,598	0
(F) Lakewood	010421234	3		No	532,598	0
(G) Sebasticook Valley Health	010263628	3		No	2,604,484	0
(G) Sebasticook Valley Health	010263628	3		No	2,604,484	0
(H) Blue Hill Memorial Hospital	010227195	3		No	3,142,085	0
(H) Blue Hill Memorial Hospital	010227195	3		No	3,142,085	0
(I) Maine Coast Memorial Hospital	010198331	3		No	1,859,764	0
(I) Maine Coast Memorial Hospital	010198331	3		No	1,859,764	0
(J) The Aroostook Medical Center	010372148	3		No	6,182,582	0
(J) The Aroostook Medical Center	010372148	3		No	6,182,582	0
(K) Mercy Hospital	010211534	3		No	16,941,244	0
(K) Mercy Hospital	010211534	3		No	16,941,244	0
(L) VNA Home Health & Hospice	010246804	10		No	1,683,240	0
(L) VNA Home Health & Hospice	010246804	10		No	1,683,240	0
(M) Restoration Healthcare LLC	352449986	10		No	43,117	0
(M) Restoration Healthcare LLC	352449986	10		No	43,117	0

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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-
2				
3				
4				
5				
6				

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(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 on 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		37,621
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		2,521
i	Other activities?		No	
j	Total Add lines 1c through 1i			40,142
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, lines 1 and 2 (see instructions), 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	ACTIVITIES STATE LEGISLATIVE LD107 An Act To Increase the Effectiveness of Opioid Addiction TherapyLD153 An Act Regarding Transportation of Methadone PatientsLD173 An Act To Reduce Food InsecurityLD249 An Act To Fund and Enhance the Maine Diversion Alert ProgramLD273 An Act To Add an Exception to Prescription Monitoring Program RequirementsLD337 An Act To Protect Jobs and the Maine Economy by Eliminating the 3% Income Tax Surcharge Imposed on Mainers and the Fund To Advance Public Kindergarten to Grade 12 EducationLD390 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 StateLD401 An Act To Require Reimbursement to Hospitals for Patients Awaiting Placement in Nursing FacilitiesLD482 An Act To Repeal the Maine Certificate of Need Act of 2002LD487 An Act To Promote Keeping Workers in MaineLD572 An Act To Amend the Laws Governing the Practice of PharmacyLD605 An Act To Support Evidence-based Treatment for Opioid Use DisorderLD692 Resolve, To Provide Meals to Homebound IndividualsLD801 An Act To Allow a Physical Therapist To Administer Certain Coagulation Tests in a Patient's HomeLD836 An Act To Authorize a General Fund Bond Issue To Build Maine's Workforce Development Capacity by Modernizing and Improving the Facilities and Infrastructure of Maine's Public UniversitiesLD842 Resolve, To Support Home Health ServicesLD911 An Act To Prohibit Certain Gifts to Health Care PractitionersLD945 An Act To Reduce the Burden of Tobacco-related Illness by Increasing Revenue from the Cigarette Tax for Use for Tobacco CessationLD949 An Act Regarding TelehealthLD952 An Act To Ensure access to Opiate Addiction Treatment in MaineLD1006 An Act Regarding Housing Insecurity of Older CitizensLD1008 An Act To Restore Public Health Nursing ServicesLD1134 An Act To Amend the Laws Governing Nursing Facilities To Permit Nurse Practitioners, Clinical Nurse Specialists and Physician Assistants To Perform Certain Physician TasksLD1170 An Act To Reduce Youth Access to Tobacco ProductsLD1301 An Act To Improve Access to Preventive, Cost-saving Dental ServicesLD1314 Resolve, To Improve Access to Neurobehavioral ServicesLD1363 Resolve, Regarding Legislative Review of Portions of Chapter 11, Rules Governing the Controlled Substances Prescription Monitoring Program and Prescription of Opioid Medications, a Late-filed Major Substantive Rule of the Department of Health and Human ServicesLD1410 An Act To Adopt the Nurse Licensure CompactLD1413 Resolve, Regarding Sober Living Transitional AssistanceLD1430 An Act To Develop a Statewide Resource and Referral Center and Develop Hub- and-spoke Models To Improve Access, Treatment and Recovery for Those with Substance Use DisorderLD1485 An Act Regarding MaineCare Coverage for Telehealth ServicesLD1521 An Act To Amend the Property Tax LawsLD1619 An Act To Report Limited Information to the Controlled Substances Prescription Monitoring Program Concerning Methadone ACTIVITIES FEDERAL ADVOCACY ISSUESAffordable Care ActMedicaidHome CareHospitals340bAccountable Care OrganizationsTelemedicineVA Payments for EMHS servicesNon-deductible portion of dues

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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" on 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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" on 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, for escrow or custodial account liability? ☐ 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" on 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	48,022	45,804	47,810	41,425	38,066
b Contributions	200		400	5,300	500
c Net investment earnings, gains, and losses	3,801	4,164	-355	2,829	4,055
d Grants or scholarships					
e Other expenditures for facilities and programs	2,262	1,946	2,051	1,744	1,196
f Administrative expenses					
g End of year balance	49,761	48,022	45,804	47,810	41,425

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

- a Board designated or quasi-endowment ▶ 39 960 %
- b Permanent endowment ▶ 60 040 %
- c Temporarily restricted endowment ▶

The percentages on 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" on 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' on 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		2,163,230		2,163,230
b Buildings		41,436,242	19,644,537	21,791,705
c Leasehold improvements		202,491	47,758	154,733
d Equipment		55,833,743	39,711,736	16,122,007
e Other		18,334,097	5,968,643	12,365,454
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				52,597,129

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on 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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Board designated funded depreciation	198,412,789
(2) Board designated funds - other	78,871,614
(3) Funds Held by Bond Trustee	527,706
(4) Interest in net assets held at EMHSF	41,216
(5) Investment in subsidiaries	9,523,690
(6) Org costs & other long term investments	2,183,960
(7) Self-Insurance Funds Held by Trustee	42,904,325
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	332,465,300

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Accrued Post Retirement Benefits	20,891,256
Accrued Self Insurance Reserves	53,948,142
Liability Under Cap Lease Obligation	89,529
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	74,928,927

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	285,303,987
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	11,682,590		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	131,401,852		
e	Add lines **2a** through **2d**			2e	143,084,442
3	Subtract line **2e** from line **1**			3	142,219,545
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	-516,163		
c	Add lines **4a** and **4b**			4c	-516,163
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	141,703,382

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	298,340,672
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	516,163		
e	Add lines **2a** through **2d**			2e	516,163
3	Subtract line **2e** from line **1**			3	297,824,509
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	-131,401,851		
c	Add lines **4a** and **4b**			4c	-131,401,851
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	166,422,658

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000303
Software Version: 2016v3.0
EIN: 01-0527066
Name: EASTERN MAINE HEALTHCARE SYSTEMS

Supplemental 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

Supplemental Information

Return Reference	Explanation
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 exem pt from federal income taxes on related income pursuant to Section 501(a) of the Code Acc ordingly, no provision for federal income taxes has been recorded in the accompanying cons olidated 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 i ncome or tax status Under guidance issued by the Financial Accounting Standards Board (FA SB), 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 Estima ted 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 Cer tain of the System's affiliates are taxable entities Deferred taxes related to these enti ties are based on the difference between the financial statement and tax basis of assets a nd 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

Supplemental Information

Return Reference	Explanation
Part XI, Line 2d Other revenue amounts included in F/S but not included on form 990	Reimbursement of expenses reclass to exp $131801852 Contractual Allowance reclass to exp $-400000

Supplemental Information

Return Reference	Explanation
Part XII, Line 2d Other expenses and losses per audited F/S	Rental Expenses reclass to Line 6b $516163

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on 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," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on 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" on 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 on 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 in column(B) reported as deferred on 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
Part I, Line 1a Relevant information in regards to selections on 1a	The following received a wellness program incentive Paul Bolin, officer $407Claire Deselle, officer 375Michael Donahue, officer 325George Eaton, officer 357Jacqueline Ferriera, officer 232Tori Gaetani, officer 122Sylvia Getman, former officer 157April Giard, officer 147Claus Hamann, highest compensated employee 272Colleen Hilton, officer 70Mary Hood, board member/officer 147Howard Jones, highest compensated employee 157Greg Lafrancois, officer 15Michelle Lauria, officer 357Jean Mellett, former officer 322Eugene Murray, officer 47George Pelissier, officer 47John Ronan, officer 275Jeffrey Sanford, highest compensated employee 200Yoosuf Siddiqui, officer 47Jason Tankel, officer 357David Valcik, highest compensated employee 62Theresa Vieira, officer 197The EMHS Total Health VP is a comprehensive on-line wellness program available for all full- and part-time benefit eligible employees and their spouses/domestic partners Eugene Murray, officer, received a gift certificate for $20

Additional Data

Software ID: 16000303
Software Version: 2016v3.0
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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1Amy CottonVP-Chief Pt Off	(I)	166,670		3,332	15,289	26,340	211,631	
	(II)					-	-	
1Anthony J Filer Sr VP&Treasurer	(I)	57,284		120,327		2,703	180,314	
	(II)					-	-	
2April GiardVP-CNIO	(I)	220,158		3,980	17,642	28,951	270,731	
	(II)					-	-	
3Catharine MacLaren VP-HR, Talent	(I)	161,097		2,373	11,585	9,316	184,371	
	(II)					-	-	
4Charles E Randall Dtr, Fin Planning	(I)	144,128		90,913	1,343	23,024	259,408	
	(II)					-	-	
5Charles ThemenSrVP,Mercy	(I)	330,190	51,666	3,759	48,700	10,769	445,084	
	(II)					-	-	
6Claire DeSelle VP,Innov & Org	(I)	213,575		4,106	11,212	9,606	238,499	
	(II)					-	-	
7Claus Hamann VP-Population Hlth	(I)	316,810		12,428	3,163	10,211	342,612	
	(II)					-	-	
8Colleen Hilton VP, VNA/Hospice	(I)	210,159	13,104	4,653	16,675	21,804	266,395	
	(II)					-	-	
9Daniel B CoffeySrVP,AHC	(I)	434,325	22,081	17,552	31,800	19,167	524,925	
	(II)					-	-	
10David A Valcik CIO,EMHC/BHMH/AHC	(I)	220,762		9,262	4,444	12,430	246,898	
	(II)					-	-	
11Deborah C Johnson RN Sr V P , EMMC	(I)	496,131	30,607	13,452	31,800	22,303	594,293	
	(II)					-	-	
12Deborah M Sanford Former VP, Organizational Eff	(I)					-	-	
	(II)	237,929	8,201	5,397	20,483	12,903	284,913	
13 Donna Russell-Cook FACHE SrVP-Pres EMMC	(I)					-	-	
	(II)	369,032		2,797	6,438	28,215	406,482	
14Eileen Skinner Former Sr VP-Mercy	(I)	112,183		374,948	17,840	6,046	511,017	
	(II)					-	-	
15Eugene F Murray Sr V P ,CADean	(I)	181,151	9,885	5,565	44,962	26,676	268,239	
	(II)					-	-	
16Gavin Ducker Board Member	(I)					-	-	
	(II)	255,929	33,940	3,206	15,459	28,752	337,286	
17George Eaton VP-Depty GenCou	(I)	216,457		8,739	16,181	19,888	261,265	
	(II)					-	-	
18George Pelissier VP-Supply Chain	(I)	196,853		7,440	17,735	16,081	238,109	
	(II)					-	-	
19Glenda DwyerSrVP,TAMC	(I)					-	-	
	(II)	216,014	7,596	16,429	11,870	11,416	263,325	

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
21 Glenn Martin Esq VP Gen Cnsl/Sec	(I)	362,009		6,612	69,889	20,591	459,101	
	(II)					-	-	
1 Greg HowatVP-HR, East E	(I)	249,420	15,962	12,538	22,773	29,620	330,313	
	(II)					-	-	
2 Howard Jones Med Dir , Occ Hlth	(I)	298,213	175	5,433	18,550	27,822	350,193	
	(II)					-	-	
3 Iyad Sabbagh MDVP-CQO	(I)	334,334		1,785	16,702	29,937	382,758	
	(II)					-	-	
4 Jacqueline J Ferriera VP, IS PMO	(I)	159,148		55,531	11,430	23,135	249,244	
	(II)					-	-	
5 James Puffenberger SrVP,Treas/CFO	(I)	389,994					389,994	
	(II)					-	-	
6 Jason Tankel VP-Chief Compli	(I)	165,590		2,064	11,650	28,634	207,938	
	(II)					-	-	
7 Jay EckersleySrVP & COO	(I)	427,064					427,064	
	(II)					-	-	
8 Jean M Mellett Former VP Capital Planning	(I)	179,715		2,565	19,707	26,163	228,150	
	(II)					-	-	
9 Jeffrey A Sanford VP-Finance, Beacon	(I)	250,055		4,489	21,286	11,874	287,704	
	(II)					-	-	
10 Jeffrey Doran VP-Clinical Srv	(I)	319,694	15,000	5,933		20,313	360,940	
	(II)					-	-	
11 John D Dalton Sr V P ,Inland	(I)	280,230	14,979	463,893	21,200	17,369	797,671	450,000
	(II)					-	-	
12 John J DoyleVP,Finance	(I)	330,039		6,629	5,300	26,612	368,580	
	(II)					-	-	
13 John Ronan Sr VP-BHMH&MCMH	(I)	240,123	12,037	11,903	41,654	10,274	315,991	
	(II)					-	-	
14 Jon Hilton Former VP-IS Infrastructure	(I)	58,263		149,688	10,917	12,920	231,788	
	(II)					-	-	
15 Karen M Rossbach Former Int VP & System Controller	(I)	186,657		3,044	18,743	18,537	226,981	
	(II)					-	-	
16 Kyle L JohnsonVP & CIO	(I)	365,950		4,982	51,398	19,585	441,915	
	(II)					-	-	
17 Lee MartinVP-HR,Empl Rel	(I)	134,034	800	53,420	19,694	14,687	222,635	
	(II)					-	-	
18 Lisa Harvey-McPhersonRN VP Govnment Rel	(I)	233,859	175	5,520	54,622	10,259	304,435	
	(II)					-	-	
19 Mary M Hood President & CEO	(I)	870,512		15,327	250,857	20,855	1,157,551	
	(II)					-	-	

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
41 Matthew Weed VP,Chief Strat	(I)	358,392	20,000	23,668	53,984	25,650	481,694	
	(II)					-	-	
1 Michael F Whelan VP,Facilities	(I)	244,678		29,429		22,750	296,857	
	(II)					-	-	
2 Michael P Donahue Sr VP, CEO BHL	(I)	293,408	43,065	20,418	25,260	12,582	394,733	
	(II)					-	-	
3 Michael R Crowley VP/CPO, EMHSF	(I)	177,605		4,426	16,356	10,117	208,504	
	(II)					-	-	
4 Michelle Lauria MDVP-CMIO	(I)	387,769		3,968	2,986	21,644	416,367	
	(II)					-	-	
5 Mohammad Omer Awan Former Sen VP-Reg CIO	(I)	208,012		305,916	3,372	19,952	537,252	
	(II)					-	-	
6 Nancee Bender VP-ClinclPerfom	(I)	234,851		8,481	2,224	18,019	263,575	
	(II)					-	-	
7 Paul BolinVP & Chief HRO	(I)	192,976		4,264	13,113	29,233	239,586	
	(II)					-	-	
8 Peter CloseVP-HR,Operation	(I)	199,681		3,746	16,986	3,388	223,801	
	(II)					-	-	
9 Richard W Freeman MD Sr VP/CTO	(I)	415,446	57,810	6,858	23,850	2,187	506,151	
	(II)					-	-	
10 Robert Thompson MD SrVP/CMO	(I)	448,087		8,076	54,056	20,095	530,314	
	(II)					-	-	
11 Scott Oxley Former VP, CPP	(I)					-	-	
	(II)	268,908	21,610	3,853	23,850	25,342	343,563	
12 Steve Howell VP-CapPlng-Trea	(I)	350,227					350,227	
	(II)					-	-	
13 Sylvia S Getman Former Sr VP-TAMC	(I)	140,668	14,941	25,110	16,890	12,298	209,907	
	(II)					-	-	
14 Teresa P Vieira Sr VP-SVH&CAD	(I)	234,551	13,190	11,436	67,540	19,826	346,543	
	(II)					-	-	
15 Teri Hohentanner VP-IS Applicati	(I)	250,661		6,828	3,815	12,157	273,461	
	(II)					-	-	
16 Theodore Helberg III Former VP-HR South	(I)	141,244		31,793	16,230	8,569	197,836	
	(II)					-	-	
17 Tori Gaetani VP/Care Coord	(I)	142,771		3,340	10,104	27,471	183,686	
	(II)					-	-	
18 Yoosuf Joe Siddiqui VP-HR, NE	(I)	124,953		1,775	7,957	24,859	159,544	
	(II)					-	-	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS

Employer identification number
01-0527066

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Me Hlth&Higher Educ Facil	01-0314384	56042RFJ6	07-01-2016	189,730,059	Finance & Refinance Project		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	196,003,998			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	8,599,384			
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,915,040			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	117,364,421			
11	Other spent proceeds				
12	Other unspent proceeds	68,125,153			
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?								
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider	NA							
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider	NA							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Part VI	Part II, Line 3, column A, does not equal Part I, Line A, column E as a result of other sources of funds from contributions from EMHS Philanthropy totaling $6,273,939 Part IV, Line 7, The issuer (MHHEFA) has established written procedures to monitor the requirements of Section 148 The organization has entered into a tax regulatory agreement with the issuer that requires the organization to comply with the requirements of Section 148

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

OMB No 1545-0047

2016

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), section 501(c)(4), and 501(c)(29) 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 Benefiting 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
See Additional Data Table					

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 is trustee of Vizient New England which EMHS purchases consulting and group purchasing services Tracy Ronan is the spouse of an officer and is an employee of Eastern Maine Healthcare Systems Kristin Martin is the spouse of an officer and is an employee of Eastern Maine Healthcare Systems Mary M Hood, officer is trustee of American Hospital Association which EMHS pays membership dues and participates with policy, legislative and regulatory advocacy

Additional Data

Software ID: 16000303
Software Version: 2016v3.0
EIN: 01-0527066
Name: EASTERN MAINE HEALTHCARE SYSTEMS

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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**
Mary Hood	officer=trustee	691,690	Vizient-consult svc		No
Tracy Ronan	fam mem of officer	121,255	compensation		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
Kristin Martin	fam mem of officer	67,479	compensation		No
Mary Hood	officer=brd member	207,181	AHA membership dues		No

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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 990-EZ 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

2016

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS

Employer identification number

01-0527066

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Coming together is a beginning, keeping together is progress, wo rking together is success The man who spoke these words understood the value of teamwork He embraced technology in a way that nobody else had before him His vision, passion, and innovation revolutionized the world He made it possible for families to feel more connec ted despite living long distances apart In many ways, EMHS shares the same goals champion ed 100 years ago by industrialist and automaker, Henry Ford Like Ford, we know that we are succeeding by working together Our new integrated, systemwide electronic health record (EHR) will allow all our hospitals, primary care practices, and other members within the EM HS family to share information seamlessly Using this system, we can collaborate more effe ctively and improve patient care By mass-producing the automobile, Ford helped rural Ameri cans feel connected We are connecting people through technology, too People who live in rural communities can talk one-on-one through a computer screen with doctors who may be se veral states away, thanks to our investments in telemedicine Patients have access to spec ialists that would have been out of reach without this technology Ford was an innovator W e too are embracing innovation in the way we deliver care Our partnership with Dana-Farbe r Cancer Institute affords opportunities for cancer patients to access clinical trials clo ser to home at our Lafayette Family Cancer Center in Brewer We are using paramedics to ma ke routine house calls in our rural communities to perform wellness checks This service i s helping patients avoid trips to the hospital or doctors office while getting compassiona te care in the comfort of their own homes OTHER PROGRAM SERVICES 5 Of course, all of the se initiatives require dedicated people who are committed to teamwork Its the very reason why we take extraordinary measures to recruit and retain our employees We have added a n ew nurse residency program, which is already showing signs of success in addressing a crit ical statewide nursing shortage and providing our nurses the tools they need to thrive By working together, we can continue to do great things To borrow another line from Henry Fo rd, If everyone is moving forward together, then success takes care of itself In the page s that follow are numerous testaments to the innovative spirit underscoring many successes this past year throughout our system While the hard work will continue, we are pleased t o share with you the progress we are making towards achieving our vision to be a nationall y recognized model of excellence in healthcare OTHER PROGRAM SERVICES 6 M Michelle Hood , FACHEEMHS President and CEOBarry McCrumEMHS Board ChairCONNECTING WORLD CLASS CARETerry White longs for the day that she can return to the sandy shores of Myrtle Beach to feel th e warm Carolina sunshine on her face and the ocean waves splashing upon her feet She has plans to go back to visit fami

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	ly and wont let cancer slow her down My journey is not over just because I have this dise ase, Terry said It doesnt mean life doesnt go on I definitely have a lot of life to live Terry was diagnosed with breast cancer a decade ago I was 38 when I found a lump in my b reast in the shower one morning and immediately called my primary care physician Unfortun ately, the cancer became metastatic, meaning it spread to other parts of her body I went from being a survivor to a lifer because I live with OTHER PROGRAM SERVICES 7 cancer ever y day, and Ill live with it every day until the end, she said Terry has gone through seve ral treatments of radiation and chemotherapy over the years During a recent visit to EMMC Cancer Care at the Lafayette Family Cancer Center in Brewer, she was comfortably dressed i n jeans and a maroon blouse, and wore a hat on her head Because the cancer spread to the bone marrow in her leg, she wore a knee brace to alleviate pain Whats remarkable about Te rry is how she projects a positive attitude A powerful storm that day was toppling trees and knocking down power lines outsideit wasnt enough to stop her from making the 30-minute ride to the treatment center from her home in Pittsfield or to diminish her optimism Res earch today has given us treatments that are light years ahead of what we used to have, sh e said Terry is hopeful because she is taking part in a clinical trial thanks to a collabo rative partnership between Dana-Farber Cancer Institute in Boston and EMMC Cancer Care Sh e is taking an experimental drug under the coordinated care of her medical team in Brewer and the Dana-Farber specialists in Boston The treatment I come for is administered by a s yringe I dont have to sit there for four hours waiting for this to be over and waiting fo r the side effects, she said OTHER PROGRAM SERVICES 8 Eric Winer, MD, is chief clinical strategy officer at Dana-Farber and director of the Breast Oncology Center He and other m embers of the Dana-Farber team visited EMMC Cancer Care last fall for a tour Dana-Farber only partners with cancer centers that already deliver excellent care, Dr Winer said The goal of the collaborative for Dana-Farber is to extend its reach and bring clinical trial s to people living in rural areas When people participate in clinical trials, the hope is that they will do better than they might with standard care, but no matter what, they are contributing to the future of cancer care, he said The staff at EMMC Cancer Care also ben efits by being in the collaborative They have more educational opportunities and access t o medical specialists at Dana-Farber for rapid consultation on complex cases Dana-Farber clinical care is provided in Boston and this collaborative brings their expertise to the h eart of Maine, explained Thomas Openshaw, MD, medical director, Oncology Research at EMMC Cancer Care The staff at EMMC and Dana-Farber have a firm resolve to help not only curren t patients, but also future pa

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	tients to live better lives Our whole goal is to try to cure whatever patients can be cur ed, and thats a large proportion of patients, and for the others to give them the best and the longest life that they can have, Dr Winer said OTHER PROGRAM SERVICES 9 That seems to be working for Terry White, whos already making travel plans to Myrtle Beach It gives you a reason to go through what youre going through Weve got to learn from it for the fu ture, she said, adding, I want to be healthy for my family, I want to participate in life with my family and my friends, and continue to enjoy life CONNECTING WITH TECHNOLOGYCharle s A Dean Memorial Hospital (CA Dean) in Greenville sits along the scenic shores of Mooseh ead Lake, one of Maines most treasured natural resources Its a peaceful, idyllic spot tha t draws tourists from far and away who are eager to get away from the hustle and bustle of their daily grind But beneath the hum of motorboats cruising along Moosehead Lake in the summer, or the snowmobiles skirting across its icy surface in winter, beneath the laughte r of kids splashing in the water on a hot August day or pulling a trophy trout through the ice on a frigid February morning, there is a rural health problem that those visitors do not see To be fair, it affects communities throughout Maine but has been more problematic in those towns and hamlets tucked far away from urban centers OTHER PROGRAM SERVICES 10 There is very little rural mental health period, explains Joseph Babbitt, MD, an emergenc y room physician and hospitalist at CA Dean Historically people in rural communities have had to travel hours to access psychiatric services If they showed up at any rural hospit al emergency room with a mental health crisis, they had to wait hours for an evaluation Y ouve got an emotionally unstable patient who is in a very disruptive emergency waiting roo m environment, waiting 18 hours to have a mental health professional come assess them Tha t doesnt help anyone, Dr Babbitt said But technology is bridging the gap and allowing tho se who live in rural communities to have the same access to psychiatric services as their urban counterparts Telemedicine is a medium that connects a patient with a practitioner v ia a screen, explained Gavin Ducker, MD, chief medical officer at Inland Hospital in Water ville Inland Hospital and CA Dean use telemedicine to provide psychiatric services to pati ents through Acadia Hospital, which offers telepsychiatry services to 15 rural emergency d epartments and 12 rural primary care practices across the state CA Dean uses telemedicine for behavioral health in its emergency department Inland does, too, but also offers the service through its primary care practices Our goal has been to deliver the care on site, in a place theyre familiar with, comfortable with, and would feel more relaxed, and hopef ully in a more timely manner Telemedicine has allowed us to do just that, Dr Ducker said OTHER PROGRAM SERVICES 11 I

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Charles E Hewitt, board member, Scott Oxley, former officer, and George Eaton, officer are board members of Bangor Savings Bank Mary M Hood, board member/officer, and James Donnelly, board member, are board members of University of Maine Systems board Mary M Hood, board member/officer and Charles Therrien, officer are board members of Maine Hospital Association (MHA) and John Dalton, officer is, committee member of MHA Public Policy Council

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 3 Description of Delegated Duties to Management Company	Explanation Eastern Maine Healthcare Systems (EMHS) has entered into administrative and management services contracts with BE Smith under which employees provide for the positions of Interim Sr VP/Chief Operating Officer, Interim President for Mercy Hospital (part-year), Interim VP of Capital Planning & Assistant Treasurer, and Interim Sr VP, Treasurer/Chief Financial Officer (part-year) EMHS has also entered into administrative and management services contracts with Steven Berkowitz, MD for the position of Interim Sr VP/Chief Medical Officer Steve Howell, Interim VP of Capital Planning & Assistant Treasurer, is employed by BE Smith He provides services as Interim VP to EMHS for FY2017 His CY2016 compensation and benefits received from BE Smith for services provided to EMHS is $350,227 His position as Interim VP of Capital Planning & Assistant Treasurer has leadership responsibility for EMHS's financial management policies, operations and systems including direct supervisory responsibility for capital planning, treasury and budgeting James Puffenberger, Interim Sr VP, Treasurer/CFO, is employed by BE Smith He provides services as Interim Sr VP to EMHS for part of the year of FY2017 His CY2016 compensation and benefits received from BE Smith for services provided to EMHS is $389,994 His position as Interim Sr VP, Treasurer/CFO has leadership responsibility for the Systems financial management policies, operations and systems including direct supervisory of member VP, Finance and System Controller along with responsibility for patient access, health information management, budgeting, cost accounting, financial reporting, third party reimbursement Jay Eckersley, Interim Sr VP & COO and Interim President for part of the year for Mercy Hospital of FY2017, is employed by BE Smith He provides services as Interim Sr VP & COO for EMHS and as Interim President for part of the year for Mercy His CY2016 compensation and benefits received from BE Smith for services provided to EMHS and Mercy is $427,064 His position as Interim Sr VP & COO and Interim President for Mercy has leadership responsibility for both EMHS and Mercy For EMHS he is responsible in assisting the System President/CEO in analyzing opportunities for efficiencies and improved performance for the System For Mercy he was accountable for planning, organizing, and directing the hospital to ensure that quality patient care is provided and that the financial integrity of the hospital is maintained Steven Berkowitz, MD, Interim Sr VP, Chief Medical Officer provides services as Interim Sr VP to EMHS for part of the year of FY2017 He did not receive CY2016 compensation and benefits for services provided to EMHS His position as Interim Sr VP, Chief Medical Officer has leadership responsibility for the Systems physicians and overall clinical vision The position provides medical oversight, expertise and leadership to ensure the delivery of affordable quality healthcare services

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	Amended Article IV (Board), section 2 (Number and Tenure, Manner of Election, Qualifications) - to include Maine Coast Memorial Hospital in the rotation of Integrated Member Organizations who have physician members of their Active Medical Staffs serving as elected directors Amended Article V (Officers), section 6 (Secretary, Assistant Secretary) - to include keeping the records of committees having any of the authority of the Board of Directors Amended Article VI (Committees), Section 2 (Standing Committees) - to include Investment Committee Amended Article VI (Committees), Section 5 (Quorum Meetings) to change a majority of to at least fifty percent (50%) of Amended Article VI (Committees), Section 13 (Finance Committee) - to remove the investment activity responsibility Added Article VI (Committees) Section 14 (Investment Committee) to add the responsibilities of the committee

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	Form 990 is reviewed by the Assistant System Controller and System Controller It is provided to each board member either electronically or in hard copy with an opportunity to ask questions prior to filing with the IRS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 Senior Vice President 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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Adjustment to Apply Recognition Provisions of FASB Statement = $3183984

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Acadia Hospital = $26743896

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Blue Hill Memorial Hospital = $21814603

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from CADean Hospital = $533129

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Eastern Maine Medical Center = $169080982

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Inland Hospital = $8980412

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Lakewood = $1835778

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Maine Coast Memorial Hospital = $13608691

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Mercy Hospital = $1614303

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from Sebasticook Valley Hospital = $9783712

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from The Aroostook Medical Center = $830322

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Contributions of Capital from VNA = $251600

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Contributions of Capital to Mercy = -$10068897

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Contributions of Capital to VNA = -$500000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Interest in Net Assets Held at EMHS Foundation = -$2200

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

OMB No 1545-0047

2016

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
(1) WorkHealth LLC 43 Whiting Hill Road Brewer, ME 04412 47-4315094	Provide Healthcare Services	ME	-1,604,120	-2,564,182	EMHS

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.

See Additional Data Table

(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) Section 512(b)(13) controlled entity? No

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	-1,051,888	2,518,379		No			No	96 000 %
(2) Beacon Rural Health LLC 43 Whiting Hill Road Brewer, ME 04412 47-4483187	Accountable care organization	ME	EMHS	Related				No			No	
(3) Meridian Mobile Health LLC 43 Whiting Hill Road Brewer, ME 04412 01-0512673	Ambulance	ME	AHS					No			No	
(4) M Drug LLC 43 Whiting Hill Road Brewer, ME 04412 27-2175482	Pharmacy	ME	AHS					No			No	
(5) Alliance Health Documentation LLC 43 Whiting Hill Road Brewer, ME 04412 46-2751855	Transcription	ME	AHS					No			No	

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
(1) Affiliated Healthcare Systems AHS 43 Whiting Hill Road Brewer, ME 04412 01-0385322	Holding Co	ME	EMHS	C	-506,388	15,135,816	100 000 %	Yes	
(2) Affiliated Healthcare Management 43 Whiting Hill Road Brewer, ME 04412 01-0349339	Hlthcr mgmt	ME	AHS	C				Yes	
(3) Affiliated Laboratory Inc 43 Whiting Hill Road Brewer, ME 04412 01-0381283	Clinical Lab	ME	AHS	C				Yes	
(4) Affiliated Materiel Services 43 Whiting Hill Road Brewer, ME 04412 01-0381189	Purchasing	ME	AHS	C				Yes	
(5) Maine Coast Physician Affiliates 50 Union Street Ellsworth, ME 04605 01-0479952	Patient Care	ME	MCMH	C				Yes	
(6) Beacon Direct 43 Whiting Hill Road Brewer, ME 04412 37-1864965	Healthcare Self-Funded TPA	ME	EMHS	C			100 000 %	Yes	

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

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

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o		No
p	Reimbursement paid to related organization(s) for expenses	1p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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)

Additional Data

Software ID: 16000303
Software Version: 2016v3.0
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) 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) 43 Whiting Hill Road Brewer, ME 04412 01-0391036	Leases real estate	ME	501(c)(2)		EMHS	Yes	
(2) 43 Whiting Hill Road Suite 400 Brewer, ME 04412 01-0391038	Provide services to elderly	ME	501(c)(3)	PF	EMHS	Yes	
(3) 43 Whiting Hill Road Suite 400 Brewer, ME 04412 01-0430751	Operation of nursing homes	ME	501(c)(3)	10	Rosscare	Yes	
(4) 43 Whiting Hill Road Brewer, ME 04412 01-0459837	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
(5) 43 Whiting Hill Road Brewer, ME 04412 01-0377901	Fund raising for exempt EMMC	ME	501(c)(3)	10	EMMC	Yes	
(6) 43 Whiting Hill Road Brewer, ME 04412 22-3183888	Provide healthcare services	ME	501(c)(3)	10	AHC	Yes	
(7) 43 Whiting Hill Road Suite 400 Brewer, ME 04412 22-2514163	Raise & manage funds for exempt orgs	ME	501(c)(3)	12 Type II	EMHS	Yes	
(8) 43 Whiting Hill Road Suite 400 Brewer, ME 04412 01-0465231	Provide patient care & education	ME	501(c)(3)	10	EMMC	Yes	
(9) 200 Kennedy Memorial Drive Waterville, ME 04901 01-0217211	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
(10) 220 Kennedy Memorial Drive Waterville, ME 04901 01-0421234	Provide skilled & long term nursing care	ME	501(c)(3)	3	Inland Hospital	Yes	
(11) Pritham Avenue PO Box 1129 Greenville, ME 044411129 04-3341666	Provide Healthcare Services	ME	501(c)(3)	3	EMHS	Yes	
(12) 447 North Main Street Pittsfield, ME 04967 01-0263628	Critical care hospital	ME	501(c)(3)	3	EMHS	Yes	
(13) PO Box 151 140 Academy St Presque Isle, ME 047690151 01-0372148	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
(14) PO Box 151 140 Academy St Presque Isle, ME 047690151 01-0389226	Real estate holding company	ME	501(c)(2)		TAMC	Yes	
(15) PO Box 151 140 Academy St Presque Isle, ME 047690151 01-0504393	Provide patient care	ME	501(c)(3)	3	TAMC	Yes	
(16) 57 Water Street Blue Hill, ME 046145231 01-0227195	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
(17) 43 Whiting Hill Road Brewer, ME 04412 27-2935243	Provide patient care	ME	501(c)(3)	10	AHI	Yes	
(18) 43 Whiting Hill Road Brewer, ME 04412 35-2449986	Provide mental & behavioral health srvs	ME	501(c)(3)	10	AHI	Yes	
(19) 447 North Main Street Pittsfield, ME 04967 01-0357854	Provide patient care	ME	501(c)(3)	10	SVH	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) 144 State Street Portland, ME 04101 01-0211534	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
(1) 144 State Street Portland, ME 04101 01-0484074	Support org for hlthcare affiliates	ME	501(c)(3)	12 Type III Func Int	EMHS	Yes	
(2) 50 Foden Road South Portland, ME 04106 01-0246804	Provide home hlth and hospice srvs	ME	501(c)(3)	10	EMHS	Yes	
(3) 50 Union Street Ellsworth, ME 04605 22-3176167	Provide dental services	ME	501 (c) (3)	12 Type II	EMHS	Yes	
(4) 50 Union Street Ellsworth, ME 04605 01-0198331	Provide healthcare services	ME	501 (c) (3)	3	EMHS	Yes	
(5) 50 Union Street Ellsworth, ME 04605 01-0390918	Lease medical facilities	ME	501 (c) (3)	12 Type I	MCMH	Yes	
(6) 50 Foden Road South Portland, ME 04106 82-1043752	Provide home health and hospice services	ME	501(c)(3)	10	VNA	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Eastern Maine Medical Center EMMC	a	3,363,649	FMV
(1)	Eastern Maine Medical Center EMMC	l	73,512,648	FMV
(2)	Eastern Maine Medical Center EMMC	m	161,929	FMV
(3)	Eastern Maine Medical Center EMMC	p	295,990	FMV
(4)	Eastern Maine Medical Center EMMC	q	63,714,027	FMV
(5)	Eastern Maine Medical Center EMMC	s	174,787,544	FMV
(6)	Rosscare	a	16,632	FMV
(7)	Rosscare	s	290,924	FMV
(8)	Acadia Hospital Corp AHC	l	4,806,402	FMV
(9)	Acadia Hospital Corp AHC	q	6,207,540	FMV
(10)	Acadia Hospital Corp AHC	s	26,743,896	FMV
(11)	Acadia Healthcare Inc AHI	l	219,579	FMV
(12)	Acadia Healthcare Inc AHI	q	916,360	FMV
(13)	EMHS Foundation	l	304,812	FMV
(14)	Inland Hospital	l	5,022,494	FMV
(15)	Inland Hospital	q	6,288,950	FMV
(16)	Inland Hospital	s	9,302,505	FMV
(17)	Lakewood	l	533,822	FMV
(18)	Lakewood	q	606,983	FMV
(19)	Lakewood	s	1,835,778	FMV
(20)	CA Dean Memorial Hospital	l	1,158,748	FMV
(21)	CA Dean Memorial Hospital	q	2,002,480	FMV
(22)	CA Dean Memorial Hospital	s	673,693	FMV
(23)	Sebasticook Valley Health SVH	k	18,761	FMV
(24)	Sebasticook Valley Health SVH	l	2,627,767	FMV

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	Sebasticook Valley Health SVH	q	3,936,979	FMV
(1)	Sebasticook Valley Health SVH	s	9,783,712	FMV
(2)	The Aroostook Medical Center TAMC	k	55,121	FMV
(3)	The Aroostook Medical Center TAMC	l	6,302,080	FMV
(4)	The Aroostook Medical Center TAMC	q	10,471,472	FMV
(5)	The Aroostook Medical Center TAMC	s	1,655,433	FMV
(6)	Blue Hill Memorial Hospital	l	3,143,153	FMV
(7)	Blue Hill Memorial Hospital	q	3,849,610	FMV
(8)	Blue Hill Memorial Hospital	s	21,887,890	FMV
(9)	Mercy Hospital	l	17,113,888	FMV
(10)	Mercy Hospital	q	17,415,344	FMV
(11)	Mercy Hospital	r	10,068,897	FMV
(12)	Mercy Hospital	s	1,895,619	FMV
(13)	VNA Home Health & Hospice	a	81,296	FMV
(14)	VNA Home Health & Hospice	l	1,730,425	FMV
(15)	VNA Home Health & Hospice	q	4,575,953	FMV
(16)	VNA Home Health & Hospice	r	500,000	FMV
(17)	VNA Home Health & Hospice	s	251,600	FMV
(18)	Me Coast Regional Hlth FacilitiesMCMH	l	1,860,264	FMV
(19)	Me Coast Regional Hlth FacilitiesMCMH	q	8,383,118	FMV
(20)	Me Coast Regional Hlth FacilitiesMCMH	s	14,054,121	FMV
(21)	Beacon Health LLC	l	1,297,727	FMV
(22)	Beacon Health LLC	m	2,711,012	FMV
(23)	Beacon Health LLC	p	611,165	FMV
(24)	Beacon Health LLC	q	1,559,689	FMV

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51)	Meridian Mobile Health LLC	l	514,875	FMV
(1)	Meridian Mobile Health LLC	q	676,222	FMV
(2)	M Drug LLC	a	72,551	FMV
(3)	M Drug LLC	l	2,370,661	FMV
(4)	M Drug LLC	p	200,979	FMV
(5)	M Drug LLC	q	991,196	FMV
(6)	Alliance Health Documentation LLC	l	274,630	FMV
(7)	Affiliated Healthcare Systems AHS	s	506,389	FMV
(8)	Affiliated Healthcare Management	k	150,791	FMV
(9)	Affiliated Healthcare Management	l	438,980	FMV
(10)	Affiliated Healthcare Management	q	314,306	FMV
(11)	Affiliated Laboratory Inc	a	32,255	FMV
(12)	Affiliated Laboratory Inc	l	1,678,106	FMV
(13)	Affiliated Laboratory Inc	m	167,885	FMV
(14)	Affiliated Laboratory Inc	q	2,417,013	FMV
(15)	Affiliated Materiel Services	l	1,877,111	FMV
(16)	Affiliated Materiel Services	p	66,741	FMV