DLN: 93493317000090

Department of the 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

OMB No. 1545-0047

Open to Public Inspection

A F	or the 2019		eginning 01-01-2019 , and endi	ng 12-31	-2019					
	ck if applicable	: C Name of organization Penobscot Community Health C	enter			D Employ	er identifi	ication number		
	dress change	,				01-051	4750			
	me change tial return	Doing business as								
☐ Fin-	al return/terminat	ed				E Talanha	ne number			
	nended return	103 Maino Avonuo PO Boy 1359	if mail is not delivered to street address)	Room/suit	Э					
⊔ Ар	plication pendi	ng				(207) 9	92-9200			
		Bangor, ME 04401	country, and ZIP or foreign postal code			0.0000000000000000000000000000000000000		1 553 704		
		F Name and address of prir	-in-1 - <i>ff</i> :				eceipts \$ 84	1,552,704		
		Lori L Dwyer	cipal officer:			this a group re	turn for			
		103 Maine Avenue PO Box 1	358			ubordinates? re all subordina	tes	□Yes ☑No		
	x-exempt statı	Bangor, ME 04401		\neg	`´in	cluded?		☐ Yes ☐No		
	<u> </u>	№ 501(c)(3)) ◀ (insert no.)	J 527		"No," attach a	•	•		
J W	ebsite:► V	VWW.PCHC.COM			n(c) G	roup exemptior	number	•		
K Eorr	n of organizati	on: 🗹 Corporation 🗌 Trust 🗍	Association Other •		L Year of f	ormation: 1997	M State	of legal domicile: ME		
K FOII	ii oi oigailizati	on. 🗷 corporation 🗀 must 🗀	Association							
Pa		mmary								
		describe the organization's missi-	on or most significant activities: primary health care services for all to	improve	the healt	h and wellbein	a of our n	ationts and the		
gy.		ommunities we serve.	offinally fleath care services for all to	miprove	tile lleait	in and wellbeing	y or our p	atients and the		
ance										
Ë										
Governance	2 Check	this hox • if the organization	n discontinued its operations or dispo	sed of mo	re than 1	25% of its net :	essets			
ণ্ড স			erning body (Part VI, line 1a)			•	з	14		
Activities &	4 Numbe	er of independent voting membe	rs of the governing body (Part VI, line	e 1b) .			4	14		
Ħ,	5 Total n	umber of individuals employed i		5	1,018					
Ę	6 Total n	umber of volunteers (estimate i		6	14					
⋖	7a Total u	nrelated business revenue from	Part VIII, column (C), line 12				7a	26		
	b Net un	related business taxable income	from Form 990-T, line 39				7b	-9,994		
						Prior Year		Current Year		
Q)	8 Contrib	outions and grants (Part VIII, line	1h)			10,139,	108	11,919,851		
Ravenue	9 Progra	m service revenue (Part VIII, line		63,272,	582	72,275,292				
λċ	10 Investr	ment income (Part VIII, column (18,	467	35,905					
ш.	11 Other i	revenue (Part VIII, column (A), li	-8,	575	30,480					
	12 Total re	evenue—add lines 8 through 11		73,421,	582	84,261,528				
	13 Grants	and similar amounts paid (Part	X, column (A), lines 1–3)				0	0		
	14 Benefit	s paid to or for members (Part I	K, column (A), line 4)	•			0	0		
83	15 Salarie	s, other compensation, employe	e benefits (Part IX, column (A), lines	5-10)		54,204,	971	56,453,077		
Expenses	16a Profes	sional fundraising fees (Part IX, o	column (A), line 11e)	•			0	56,379		
œ x	b Total fur	ndraising expenses (Part IX, column	(D), line 25) ▶ <u>60,603</u>							
ш	17 Other 6	expenses (Part IX, column (A), li	nes 11a-11d, 11f-24e)			22,042,	258	25,441,167		
	18 Total e	xpenses. Add lines 13–17 (must	equal Part IX, column (A), line 25)			76,247,	229	81,950,623		
	19 Revenu	ue less expenses. Subtract line 1	8 from line 12			-2,825,	647	2,310,905		
C 6 8					Beginn	ning of Current \	rear	End of Year		
sets	20 Total a	ssets (Part X, line 16)				36,465,	781	38,016,277		
AB d		abilities (Part X, line 26)		•		24,776,		24,015,697		
Net Assets or Fund Balances		sets or fund balances. Subtract I	ine 21 from line 20			11,689,		14,000,580		
Pa		nature Block								
Unde	penalties of	perjury, I declare that I have e	xamined this return, including accom							
	ledge and be nowledge.	lief, it is true, correct, and comp	lete. Declaration of preparer (other t	than office	r) is base	ed on all inform	iation of v	which preparer has		
	***	*** lature of officer				2020-09-24 Date				
Sign		acare or officer				Dute				
Here	LOIT	L Dwyer President & CEO or print name and title								
	 1,7 Pt	Print/Type preparer's name	Preparer's signature	Da	1		PTIN			
Da:-	4	Trang Type preparer's Hairle	Check $igsqcup$ if	P01712842	2					
Paid		Firm's name Berry Dunn McNei	I & Parker LLC			self-employed Firm's EIN ► 01	-0523282			
	parer Only	·								
USE	Oilly	Firm's address ► 1000 Elm Street 4	th Floor			Phone no. (603)	669-7337			
		Manchester, NH(3101							
			shown above? (see instructions) .		· · ·		. <u>V</u>	es 🗆 No		
For P	aperwork F	Reduction Act Notice, see the	separate instructions.		Cat. N	lo. 11282Y		Form 990 (2019)		

Form	990 (2019)					Page 2						
Pa	rt III Statement	t of Program Servi	ce Accomplis	hments								
	Check if Sch	edule O contains a resp	onse or note to a	any line in this Part III		🗹						
1	Briefly describe the	organization's mission:		•								
See S	Schedule O											
2	Did the organization	_										
	the prior Form 990	or 990-EZ?				🗌 Yes 🗹 No						
	If "Yes," describe th	ese new services on Sc	hedule O.									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program											
	services?					🗌 Yes 🗹 No						
	If "Yes," describe th	ese changes on Schedu	le O.									
4	Section 501(c)(3) ar		ons are required	to report the amount	largest program services, as mea of grants and allocations to others							
4a	(Code:) (Expenses \$	38,110,802	including grants of \$) (Revenue \$	46,366,109)						
	See Additional Data											
4b	(Code:) (Expenses \$	6,546,992	including grants of \$) (Revenue \$	7,967,611)						
	See Additional Data											
4c	(Code:) (Expenses \$	16,855,536	including grants of \$) (Revenue \$	17,941,572)						
	See Additional Data											
4d	Other program serv	ices (Describe in Sched	ule O.)			_						
	(Expenses \$	inc	luding grants of	\$) (Revenue \$)						
4e	Total program ser	vice expenses ►	61,513,3	30								

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Par	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)? <i>If "Yes," complete Schedule A</i>	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 "S	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 2	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 2	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 2	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III 2	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? <i>If "Yes," complete Schedule D, Part V</i>	10		No
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	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 2	11b		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦	11e	Yes	
	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	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	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	Yes	
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	Yes	
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
	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

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Par	Checklist of Required Schedules (continued)			
			Yes	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		_
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	
Par	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
4 -	Enter the number reported in Boy 2 of Form 1006. Enter 0, if not applicable 14-1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 150 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	

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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
	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	
	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)? If "Yes," enter the name of the foreign country:	4a		No
5.5	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 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?	5c 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).			
	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
ь	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			
е	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
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	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			
Б	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		140
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	,	onse to l	ines
Se	ection 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 14			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
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		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	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?			
	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).			
	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		No
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		
	List the states with which a copy of this Form 990 is required to be filed			
17 18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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: Christine McLaughlin 103 Maine Avenue PO Box 1358 Bangor, ME 04402 (207) 992-9200			
		F	orm 99 6	0 (2019)

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. 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 below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (C) Average hours per week (list any hours per week list any hours per week lis	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization and any related organizations for the order in which to list the persons above. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per below dotted line line average hours per below dotted line line line line average hours per below dot	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ 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, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ 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 freportable compensation 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. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organi	year.		•						, ,		-	n's ta	Κ
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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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Organization or													
■ 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. See instructions for the order in which to list the persons above. 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 below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization organization organization and related organizations.													
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(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (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) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		, ,	related	ated	
	See Additional Data Table												
													—
													—

Part VII Section A. Officers, Direct	tors, Trustees	s, Key I	Empl	loye	es,	and	Higł	nest Compensate	d Employees	(conti	nued)		
(A) Name and title	(B) Average hours per week (list any hours	than o	one bo	ox, u n off tor/t	t ch inle: fice:	randa :ee)	son	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation from the organization and		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	(W-2/1099- MISC)		related organizations		
See Additional Data Table						-							
		<u> </u>	<u> </u>										
			<u> </u>							_			
1b Sub-Total			<u></u>			<u> </u> ▶				\perp			
c Total from continuation sheets to P		Α.		·		•				<u> </u>			
d Total (add lines 1b and 1c)	<u> </u>					<u> </u>		2,474,418		0		290,727	
Total number of individuals (including of reportable compensation from the			e liste	ed al	bov	e) who	rece	eived more than \$1	00,000				
											Yes	No	
3 Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .	J for such individ	dual .	•	•	•		•	·		3		No	
For any individual listed on line 1a, is organization and related organization individual									n the	4	Yes		
5 Did any person listed on line 1a recei services rendered to the organization									vidual for	5	. = =	No	
Section B. Independent Contract									,				
Complete this table for your five high from the organization. Report competents	nsation for the c								n's tax year.	npens			
	(A) and business addre	ess							(B) ription of services		(C Comper	sation	
GEVerience PO Box 840952								EMR				722,161	
Dallas, TX 752840952 Dunbar & Brawn Construction								Construction	,			213,061	
223 Hildreth St North								Construction.	ı			213,001	
Bangor, ME 04401 OI Infusion Services LLC								Infusion Ser	vices			174,972	
111 New Hampshire Ave 200 Portsmouth, NH 03801													
TAC Architectual Group								Architectura	l Services			134,954	
40 Summer St Ste 4 Bangor, ME 04401													
Niamh Holohan MD, 336 Mt Hope Ave Bangor, ME 04401								Medical Serv	vices			121,680	
2 Total number of independent contractor compensation from the organization ▶		not lim	ited t	o th	ose	listed	abov	/e) who received m	ore than \$100,00	00 of			
											Form 99	0 (2019)	

orm 9		,								Page 9
Part	VIII	Statement Check if Scheo			respo	onse or note to any	line in this Part VIII			🗆
		Check ii Schee	Juic	o contains a	1000	inse of flote to unit	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
(0	1a	Federated campa	aigns	s	1a			revenue		312 - 314
unts	Ŀ	Membership dues	s.	. [1 b					
Gra mo	6	: Fundraising even	its .	[1c	457,307				
Ę, Š	c	Related organiza	tions	s [1d					
ni Gi	6	Government grants	(con	tributions)	1e	8,597,318				
Sin	f	All other contribution								
Contributions, Gifts, Grants and Other Similar Amounts	١,	above Noncash contribution		L	1f	2,865,226				
	5	lines 1a - 1f:\$			1 g	2,015,879				
S E	ŀ	n Total. Add lines	1a-1	f		•	11,919,851			
						Business Code				
	2a	Net Patient Revenue				621110	59,985,146	59,985,146		
enne	b	Low Cost Pharmaceut	ticals	i		446110	5,442,234	5,442,234		
e Re	c	Care Management Re	evenu	ie		621110	4,797,295	4,797,295		
Servic	d	Other Program Incom	ne			621110	2,050,617	2,050,617		
Program Service Revenue	e									
δĒ	-									
	f	All other program	serv	ice revenue.						
		Total. Add lines 2				72,275,292	1	T		
		investment income imilar amounts) .			nds, i	nterest, and other	35,90	5		35,905
	4 I	ncome from invest	mer	nt of tax-exen	npt bo	ond proceeds	•			
	5 F	Royalties	_			•	•			
				(i) Real		(ii) Personal	_			
	6a	Gross rents	6a	1.	34,306	5				
	b Less: rental expenses 6b		1:	24,430						
		c Rental income		,						
		or (loss)	6 c		9,876	I .		6 0.054	20	
	a	Net rental income	or	(i) Securit	· ·	(ii) Other	9,07	9,850	26	
	7a	Gross amount			lies_	(II) Other	_			
		from sales of assets other than inventory								
	_	Less: cost or other basis and sales expenses	7b							
		Gain or (loss)	7c							
	d	Net gain or (loss)	•							
a l		Gross income from fu (not including \$	ındra	ising events 457,307 of						
e e		contributions reported See Part IV, line 18		line 1c).						
ev.					8a 8b	166,746				
Other Revenue		Less: direct expen Net income or (los					<u>' </u>	6		-166,746
ĕ		•	•							
ľ		Gross income from See Part IV, line 19			9a					
	b	Less: direct expen	ses		9b					
	c	Net income or (los	s) fr	rom gaming a	activiti	ies				
	10~	Gross sales of inve	nto	ny loss						
		returns and allowa			10a					
	b	Less: cost of good	s so	ld	10b					
	С	Net income or (los			nvent		_			
ŀ	11.	Miscellaneo		evenue		Business Code 90009	9 187,35	0		187,350
		a Forgiveness of De	זטב			30009	107,33			137,550
	b									
	c									
	d	All other revenue	•							
	е	Total. Add lines 1	1a-:	11d		•	187,35	0		
	12	Total revenue. S	ee ir	nstructions .			84,261,52	72,285,14	2 26	56,509
								·		Form 990 (2019)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must	complete all columns.	All other organizatio	ns must complete colu	mn (A).
Check if Schedule O contains a response or note to a	ny line in this Part IX			🗆
Do not include amounts reported on lines 6b, 'b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,671,570		1,671,570	
6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages	43,776,518	34,910,748	8,865,770	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	706,417	585,767	120,650	
9 Other employee benefits	7,108,701	5,482,575	1,626,126	
	3,189,871	2,568,824	621,047	
11 Fees for services (non-employees):				
a Management				
b Legal	237,305		237,305	
c Accounting	53,975		53,975	
d Lobbying	212		212	
e Professional fundraising services. See Part IV, line 17	56,379			56,37
f Investment management fees	·			· · ·
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,175,951	851,426	324,525	
L2 Advertising and promotion	201,579	1,184	200,395	
.3 Office expenses	1,093,550	590,968	502,582	
.4 Information technology	1,293,850	176,030	1,117,820	
L5 Royalties				
.6 Occupancy	3,704,948	1,223,685	2,481,263	
L 7 Travel	116,742	75,127	41,615	
1.8 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
L9 Conferences, conventions, and meetings				
20 Interest	663,391	404	662,987	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,035,094	571,581	1,463,513	
23 Insurance	192,239	26,953	165,286	
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.)	12.054.500	12.022.464	21.342	
a Program Supplies	12,954,503	12,933,161	,	
b Other Expenses	1,713,604	1,514,897	198,707	
c Fundraising	4,224			4,22
<u>d</u>				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	81,950,623	61,513,330	20,376,690	60,60
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).				

Form 990 (2019)

ō 29

30

33

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building or equipment fund . . .

End of year

Page **11**

Check if Schedule O contains a response or note to any line in this Part IX	

1	Cash-non-interest-bearing	377,132	1	821,633
2	Savings and temporary cash investments	3,012,262	2	3,688,676
3	Pledges and grants receivable, net	442,829	3	750,262
4	Accounts receivable, net	6,844,917	4	5,955,485
l				

Beginning of year

29

30

33

38,016,277

Form 990 (2019)

36,465,781

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6

7 Notes and loans receivable, net 993.021 Inventories for sale or use

Assets 1.047.910 Prepaid expenses and deferred charges . 354,833 9 10a Land, buildings, and equipment: cost or other 10a 47.527,469 basis. Complete Part VI of Schedule D 10b 22,276,158 24,440,787 10c b Less: accumulated depreciation

501,000 25,251,311 11 Investments—publicly traded securities . 11 12 Investments—other securities. See Part IV, line 11 . 12 13 13 Investments-program-related. See Part IV, line 11

14 14 Intangible assets . 15 15 Other assets. See Part IV, line 11 . . . 36,465,781 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . 17 Accounts payable and accrued expenses 6,062,417 17

18 18 Grants payable . 19 19

38,016,277 6,652,379 Deferred revenue . . . 20 Tax-exempt bond liabilities . . . 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D

Liabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 22 16,998,735 15,669,608 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 1,714,954 1,693,710 25 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

24,776,106 26 24.015.697 26 Total liabilities. Add lines 17 through 25 . . Organizations that follow FASB ASC 958, check here <a> \square and

Fund Balances complete lines 27, 28, 32, and 33. 27 11,515,002 27 13,864,407 Net assets without donor restrictions 28 174,673 28 136,173 Net assets with donor restrictions .

Organizations that do not follow FASB ASC 958, check here ightharpoonup and complete lines 29 through 33.

Assets 31 31 Retained earnings, endowment, accumulated income, or other funds

32 11,689,675 32 14,000,580 Total net assets or fund balances

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.

Form 990 (2019)

Additional Data

Software Version: **EIN:** 01-0514750

Name: Penobscot Community Health Center

Software ID:

Form 990 (2019)

Form 990, Part III, Line 4a:

PCHC's Family Medicine Services provided 218,193 patient visits in 2019.

Form 990, Part III, Line 4b: PCHC's Dental Services provided 44,098 patient visits in 2019.

Form 990, Part III, Line 4c: All other services as described in Line 1, including 26,427 other visits in 2019.

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Director

Director

Director

Director

Director

Julie Patchell

Alan DuPlessis

Jennifer Eastman Esq

Monique Gautreau

	any hours					ustee)		organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Mark Woodward Chair	1.00	х		x				0	0	0
Chris Winstead Vice Chair	1.00	х		х				0	0	0
Frin Deveaths	1.00									

Chris Winstead	1.00	X	X		0	0
Vice Chair		*	Λ.		7	3
Erin Doucette	1.00	~	<		0	C
Treasurer		Χ	Х		J	0
Robert P Allen MD	1.00	V				
Director		Х			U	0

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vice chair							
Erin Doucette	1.00	~	Х		0	0	0
Treasurer		^	^				
Robert P Allen MD	1.00	V					
Director		Х			0	U	0
Aaron Ballman	1.00	v			0	0	0
Director		^			١	0	
Rev Mark Doty PhD	1.00						

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Chris Winstead	1.00	х	x		0	0	0
Vice Chair			,				Ĭ
Erin Doucette	1.00		X		0	0	0
Treasurer			^		Ĭ		Ĭ
Robert P Allen MD	1.00	v			0	0	0
Director		^					Ĭ
A B II	1.00						

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	family Hours	and a director/trustee)						Organization	(W. 2/1000	overnientien and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Ned Robertson DMD Director	1.00	Х						0	0	0	
Kelly Strout PhD RN Director	1.00	Х						0	0	0	
Carin Sychterz Director	1.00	Х						0	0	0	

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234,341

161,985

27,691

27,422

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Director
Carin Sychterz
Director
Jacques W Weinstein MBA
Director

......

Michael Jones

Past Treasurer

Michael Aube

Past Director

Past Director

Past Director

Lori L Dwyer

CFO

President & CEO

Christine Finn-McLaughlin

Jessamine Pottle

Ryan Low

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer compensation from the from related any hours and a director/trustee) organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	arry riours	""	u un	CCCC	,,, .,	ascee,	,	(14 2 /4 2 2 2	(14/ 2/4 200		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Noah Nesin	40.00				Х			273,896	0	22,797	
Chief Medical Officer											
Dawn Cook Chief Operations Officer	40.00				х			182,884	0	29,543	
Theresa Knowles Chief Quality Officer	40.00				Х			159,136	0	20,819	

Χ

Χ

Х

Х

Χ

Х

0

0

0

0

0

0

0

163,816

234,642

232,739

210,767

239,504

225,786

26,573

15,357

19,258

27,808

31,582

28,517

13,360

Dawn Cook	40.00		х		182,884	
Chief Operations Officer			^		102,00	
Theresa Knowles	40.00		V		150.406	
Chief Quality Officer			Х		159,136	
Megan Sanders	40.00		~		154,922	
Chief HR & Legal Officer			۸		154,922	

40.00

40.00

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40.00

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and Independent Contractors

Vernon Gardner

Laura L Matones

Laurie E Yntema

Warren Shearer

Bart Eisenbarth

Andrew Fletcher

Chief Dental Officer

Physician/Internist

Physician/Internist

Physician/Medical Director

Dir. Walk in Care Services

Past Chief Psychiatric Officer

......

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efil	e GR	APHIC prii	nt - DO NOT PROCE	SS	As Filed Data -			DLN: 9	3493317000090
SCI	HED	ULE A	Dubli	ic C	harity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
	m 99		Complete if th	ne org 4 I	anization is a sect 1947(a)(1) nonexe ▶ Attach to Form !	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 90-EZ.	a section	2019
		f the Treasury	► Go to <u>www</u>	w.irs.g	<u>iov/Form990</u> for ii	nstructions and	the latest info	ormation.	Open to Public Inspection
Nam	e of th	he organiza mmunity Healt						Employer identific	ation number
		·						01-0514750	
	rt I		for Public Charity S a private foundation bec					See instructions.	
1			onvention of churches, o		•	•	• •	(A)(i).	
2		·	scribed in section 170(
3			or a cooperative hospital			,	, ,		
4		·	esearch organization op		_			-	nter the hospital's
-	Ш	name, city,		ciaca	m conjunction men	a nospital desen	isca iii scelloii i	-, o(b)(-)(x)()	mer the hospital's
5			ation operated for the be (iv). (Complete Part II.)		of a college or univer	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local governmen	nt or g	overnmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).	
7			ation that normally recei			s support from a	governmental u	init or from the gener	al public described in
8			' 0(b)(1)(A)(vi). (Comp ty trust described in sec	-	·	(Complete Part I	I.)		
9			ural research organization ant college of agricultur						ege or university or a
10	✓	from activit investment	ation that normally receities related to its exemptions of the income and unrelated because section 509(a)(2).	t funct ousines	ións—subject to cert ss taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11			ation organized and oper	-	•	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and oper By supported organization through 12d that descr	ons de	scribed in section 5	09(a)(1) or se	ction 509(a)(2). See <mark>section 509(</mark> a	
a		Type I. A so	supporting organization on n(s) the power to regula Part IV, Sections A an	operat arly ap _l	ed, supervised, or co	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	supporting organization nt of the supporting organizations plete Part IV, Sections	anizati	ion vested in the san				
C			unctionally integrated						ted with, its
d		Type III n	organization(s) (see inst on-functionally integr integrated. The organiz b). You must complete	rated. zation e	A supporting organi generally must satis	zation operated fy a distribution	in connection wi	th its supported orgar	
e		Check this	box if the organization re or Type III non-function	eceive	d a written determir	ation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organization			-			
g	Provi	de the follow	ing information about th	ne sup	ported organization(s).			_
	(i) N	Name of supp organization			(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No		
			<u> </u>						
Tota			tion Act Notice, see th			Cat. No. 11285	<u> </u>	 Schedule A (Form 9	

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 The value of services or facilities						
3	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.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
10	business is regularly carried on 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 instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ [
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
17 a	10%-facts-and-circumstances tes	t— 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and stop n e qualifies as a publ	e re. Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization			-		• •	. \Box
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Р	art IIII Support Schedule fo						
	(Complete only if you					to qualify unde	r Part II. If
	the organization fails tection A. Public Support	o quality under t	ne tests listed t	pelow, please co	<u>mpiete Part II.)</u>		
36	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,066,328	8,701,151	9,839,773	10,139,108	11,919,851	47,666,211
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	59,594,806	60,577,626	63,647,047	63,272,582	72,275,292	319,367,353
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	66,661,134	69,278,777	73,486,820	73,411,690	84,195,143	367,033,564
	Amounts included on lines 1, 2, and 3 received from disqualified persons	, ,		, ,		69,230	69,230
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
c	Add lines 7a and 7b					69,230	69,230
8	Public support. (Subtract line 7c from line 6.)					,	366,964,334
Se	ection B. Total Support						
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	(or fiscal year beginning in) ► Amounts from line 6	66,661,134	69,278,777	73,486,820	73,411,690	84,195,143	367,033,564
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,183	35,523	21,752	152,386	170,211	387,055
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,		1,943				1,943
	1975.						
11	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	7,183	37,466	21,752	152,386	170,211	388,998
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				14,350	187,350	201,700
13	Total support. (Add lines 9, 10c, 11, and 12.).	66,668,317	69,316,243	73,508,572	73,578,426	84,552,704	367,624,262
14	First five years. If the Form 990 is for check this box and stop here	=			-		_
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2019 (li					15	99.820 %
16	Public support percentage from 2018	Schedule A, Part I	II, line 15	<u></u>	<u> </u>	16	99.930 %
Se	ection D. Computation of Invest						
17	Investment income percentage for 20	•			•	17	0.110 %
18	Investment income percentage from 2					18	0.060 %
	331/3% support tests—2019. If the more than 33 1/3%, check this box and						
	33 1/3% support tests—2018. If the						

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization \blacktriangleright \Box **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions \blacktriangleright \Box

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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 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

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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 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. 3с

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 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

4b supervised by or in connection with its supported organizations. 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 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 5a amendment to the organizing document).

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

5с Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

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 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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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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.
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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,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	A family member of a person described in (a) above?	11b		
	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		
S	ection 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	-		
2	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	2		
	organization.			
S	ection 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	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			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		
S	ection 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 instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	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		
ı	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? <i>Provide details in Part VI</i> .	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.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
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		

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.	

5	Qualified set-aside amounts (prior IRS approval require					
6	Other distributions (describe in Part VI). See instruction	ons				
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whe details in Part VI). See instructions	sive (provide				
9	Distributable amount for 2019 from Section C, line 6					
10	10 Line 8 amount divided by Line 9 amount					
	Section E - Distribution Allocations (see instructions)	(iii) Distributable				

115				
7 Total annual distributions. Add lines 1 through 6.				
Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions				
9 Distributable amount for 2019 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount				
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
	Underdistributions	Distributable		

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. **b** From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

Schedule A (F	Form 990 or 990-EZ)	2019 Page 8			
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 Sched	ule A, Suppleme	ntal Information			
Retu	urn Reference	Explanation			
	Part III, Line 12, of Other Income:	Forgiveness of Debt - 2018 Amount: \$ 14,350. 2019 Amount: \$ 187,350.			

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493317000090

Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information. 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** Penobscot Community Health Center 01-0514750 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes ☐ No Was a correction made? 4a ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 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......... Did the filing organization file Form 1120-POL for this year? 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	
1					
2					
3					
4					
5					
6					
or Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat. No. 50084S Schedule C (Form 990 or 990-EZ) 201					

Schedule C (Form 990 or 990-EZ) 2019

Grassroots lobbying expenditures

or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)	
activi	<u> </u>	Yes	No	/	Amour	ıt
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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
С	Media advertisements?			1		
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), o	r sect	ion		
	501(c)(6).					
_	We want to be a black of the all (000) and a second of the angle of the beauty of the angle of t				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?			3		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				-04/-	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part I answered "Yes."	II-A	, line	ion : 3, is	ont(c)(0
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 2b				
b	· · · · · · · · · · · · · · · · · · ·					
c	Total	2c 3				
3 4	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				
Pā	irt IV Supplemental Information		· · · · · ·			
	vide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); Pructions), and Part ll-B, line 1. Also, complete this part for any additional information.	art II-	·A, lines	1 an	d 2 (se	e
	Return Reference Explanation					
Part	I-A, Line 1: To meet with members of Congress to ask them reauthorize Community Health	. Cent	ers and	l to di	scuss t	he
J	preservation of the PPS rate, 340b program, and block grants. Capital Hill visits				(

reauthorization of the THC program.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

DLN: 93493317000090

OMB No. 1545-0047

(Form 990)

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.

Open to Public Inspection

Internal Revenue Service

1

6

5

6

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** Penobscot Community Health Center 01-0514750 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 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 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 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 ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 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 2b Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🟲 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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: 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:

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Sche	edule D (Form 990) 2019								Page 2
Pai	t IIII Organizations Maintaining Col	lections of Art, I	Iistori	cal Tr	easure	s, or Othe	r Similar As	sets (continued)
3	Using the organization's acquisition, accession items (check all that apply):	n, and other records,	, check a	any of	the follo	wing that are	a significant u	se of its	s collection
а	Public exhibition		d		Loan or	exchange pr	ograms		
b	☐ Scholarly research		е		Other				
С	Preservation for future generations								
4	Provide a description of the organization's coll Part XIII.	ections and explain	how the	y furth	er the o	rganization's	exempt purpo	se in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to							☐ Ye	es 🗆 No
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990	, Part	IV, line	9, or repo	ted an amou	nt on F	Form 990, Part
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?							☐ Ye	es 🗌 No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowina	table:			Aı	mount	
c	Beginning balance		_			1c			
d						_ 1d			
e	- ·								
f	Ending balance								
2 a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for	escrow	or custo	dial account	liability?	☐ Ye	s 🗆 No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanati	on has	been pr	ovided in Par	t XIII		
Pa	art V Endowment Funds.								
	Complete if the organization answ								
1.	Beginning of year balance	(a) Current year	(b) ₽	rior yea	r (c)	Two years bad	ck (d) Three yea	rs back	(e) Four years back
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								_
2	Provide the estimated percentage of the curre	ent year end balance	(line 1	g, colui	mn (a)) l	held as:			_
а	Board designated or quasi-endowment ▶								
b									
c	Temporarily restricted endowment ►								
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.							
3а	Are there endowment funds not in the posses organization by:	sion of the organizat	tion that	are h	eld and a	administered	for the		Yes No
	(i) unrelated organizations			•					a(i)
L	(ii) related organizations			ا المانام D		•			a(ii) 3b
ь 4	Describe in Part XIII the intended uses of the							Ľ,	3D
_	rt VI Land, Buildings, and Equipmer		Willelle	unus.					
Ţ.	Complete if the organization answ		m 990	, Part	IV, line	11a. See F	orm 990, Pai	rt X, lir	ne 10.
	Description of property (a) Cost or oth	er basis (b) Cost	or other			c) Accumulate			(d) Book value
	(investme	nc)							
1 a	Land			1,10	6,639				1,106,639
b	Buildings			19,93	9,504		6,031,205		13,908,299
С	Leasehold improvements			12,00	9,136		4,961,618		7,047,518

14,194,000

278,190

2,910,665 278,190

25,251,311

11,283,335

(1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Part VII		Part IV III	111	See Form 000	Part X line 12
California September Capital		(a) Description of security or category	(b)	re III	(c) Meth	od of valuation:
						. , Janarres raine
(1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(2) Closely-	held equity interests				
(5) (6) (7) (8) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(A)					
(c) (c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	(B)					
(5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(C)					
Fig.	(D)					
Complete Technology Part	(E)					
Total. (Column (b) must equal form 990, Part X, col. (a) line 12.)	(F)					
Total, (Column (b) must equal from 990, Part X, col. (8) line 12.) Port VIII Investments—Program Related. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Related of valuation: Cost or dend of year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal from 990, Part X, col.(6) 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. (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total, (Column (b) must equal from 990, Part X, col.(6) line 15.) 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. (a) Description of liability (b) Book value (c) Book value (d) (e) (f) (f) (g) (g) (h) (h) Book value	(G)					
Investments	(H)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13c. (a) Description of investment: (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) (c) (d) (d) (d) (d) (d) (d) (e) (f) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g			•			
Cost or end-of-year market value Cost or end-of-year market value	Part VIII		Part IV, lii	ne 110	. See Form 990	, Part X, line 13.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Pert X, col. (B) line 13.) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Pert X, col. (B) line 13.) (9) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) Total. (Column (b) must equal Form 990, Pert X, col. (B) line 15.) Part X Other Justice of the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Justice of the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Justice of the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (column (b) must equal Form 990, Part X, col. (B) line 15.) (column (b) must equal Form 990, Part X, col. (B) line 25.) 1. (a) Description of liability (b) Book value (column (b) must equal Form 990, Part X, col. (B) line 25.) 1. (a) Description of liability (b) Book value (column (b) must equal Form 990, Part X, col. (B) line 25.)		(a) Description of investment			(b) Book value	Cost or end-of-year market
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal form 990, Part X, col.(8) line 15.) (9) (1) (2) (3) (4) (5) (6) (9) Total. (Column (b) must equal form 990, Part X, col.(8) line 15.) Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (6) (7) (8) (9) Total. (Column (b) must equal form 990, Part X, col.(8) line 15.) 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. L. (a) Description of liability (b) Book value (b) Book value (c) Foderal income taxes (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal form 990, Part X, col.(8) line 15.)	(1)					10100
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal form 990, Part X, coli(B) line 13.) Part XI 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 (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) 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 (c) Pederal income taxes (d) (4) (5) (6) (7) (8) (9) (1) Federal income taxes (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal form 990, Part X, col. (B) line 25.) 1. (a) Description of liability (b) Book value (1) Federal income taxes (3) (4) (5) (6) (7) (8)	(2)					
(6) (6) (7) (8) (9) Total. (Column (b) must equal form 990, Part X, col.(B) line 13.) Part XI Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, ine 15. (a) Description (b) Book value (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal form 990, Part X, col.(B) line 15.) 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 (c) (1) Federal income taxes (c) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(3)					
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(b) line 13.) Part XX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, ine 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(b) line 15.) 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) Federal income taxes (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col.(b) line 15.) 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. (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(b) line 25.) 1. (a) Description of liability (b) Book value (b) Book value 1. (a) Description of liability (b) Book value (c) Description of liability (c) Description of liability (d) Description of liability (e) Description of liability (f) Description of liability (h) Book value 1. (a) Description of liability (b) Book value 1. (a) Description of liability (b) Book value 1. (b) Book value 1. (a) Description of liability (c) Description of liability (c) Description of liability (c) Description of liability (c) Description of liabil	(4)					
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(8) (9) Total. (Column (b) must equal Form 990, Part X, col.(8) 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 (b) Book value (c) (a) (d) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(8) line 15.) 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 (d) Federal income taxes (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(6)					
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Other Assets.	(9)					
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		n (b) must equal Form 990, Part X, col.(B) line 13.)		•		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) 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 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	Part IX		Part IV, lin	e 11d	. See Form 990, P	art X, line 15.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) 1. (a) Description of liability (b) Book value (1) Federal income taxes (3) (4) (5) (6) (7) (8) (9) (9) (9) (9)	(1)	(a) Description				(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) 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) Federal income taxes (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)						
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) 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 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)						
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) 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 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)						
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities.	(5)					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) 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 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	(6)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) 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 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	(7)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) 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 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	(8)					
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 (3) (4) (5) (6) (7) (8) (9) (9) (9) (7) (8) (9) (1) Must equal Form 990, Part X, col.(B) line 25.)	(9)					
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 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Name of Form 990, Part X, line 25.	Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)				. •
1. (a) Description of liability (b) Book value (1) Federal income taxes (3) (4) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 1,693,710	Part X		Dart IV lin	۵11 م	or 11f See Form	990 Part V line 25
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1.	(a) Description of liability		J 110	. 11/1000 10/11	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ 1,693,710	(1) Federal (3)	income taxes				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 1,693,710	(4)					
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ 1,693,710	(5)					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ 1,693,710	(6)					
(9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ 1,693,710	(7)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ 1,693,710	(8)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ 1,693,710	(9)					
	Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 25.)				1,693,710
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	•	•		-		· —

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments

Other (Describe in Part XIII.)

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Other (Describe in Part XIII.) Add lines **4a** and **4b**

Supplemental Information

Donated services and use of facilities .

Prior year adjustments

Other (Describe in Part XIII.) . Add lines 2a through 2d .

Subtract line 2e from line 1 .

Return Reference

Schedule D (Form 990) 2019

Add lines 2a through 2d

Add lines 4a and 4b .

Part XI

2

b

5

1

2

C

d

b

Part XIII

See Additional Data Table

5

3 4

Part XII

Page 4

291,176 84,261,528

0

84,261,528

82,241,799

291,176

81,950,623

81.950.623

	Add mes 2d though 2d 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

Total expenses and losses per audited financial statements

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

2a

2b

2c

2d

2a 2b

2c

2d

4a 4b

Explanation

4c 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 1

2e

3

4c

5

26

291,176

291,176

chedule D (Form 990) 2019		
Part XIII Supplemental Info	ormation (continued)	
Return Reference	Explanation	

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 01-0514750

Name: Penobscot Community Health Center

Supplemental Information

Return Reference	Explanation
Part X, Line 2:	The Organization is a public charity under Section 501(c)(3) of the Internal Revenue Code (IRC). As a public charity, the Organization is exempt from state and federal income taxes on income earned in accordance with its tax exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax p ositions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

Supplemental Information	
Return Reference	Explanation
Part XI, Line 2d - Other Adjustments:	Rental Expenses 124,430. Fundraising Expenses 166,746.

S

upplemental Information	
Return Reference	Explanation
Part XII, Line 2d - Other Adjustments:	Rental Expenses 124,430. Fundraising Expenses 166,746.

Sι

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding

Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the OMB No. 1545-0047

DLN: 93493317000090

organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization Penobscot Community Health Center 01-0514750 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ✓ Mail solicitations Solicitation of non-government grants ✓ Internet and email solicitations ✓ Solicitation of government grants ✓ Phone solicitations ✓ Special fundraising events ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes 🗌 No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (iii) Did (vi) Amount paid to (ii) Activity (iv) Gross receipts (v) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No Beverly Uhlenhake Pediatrics Capital 44 Allison Park Campaign No 25,844 -25,844 Brewer, ME 04412 Jane Clifford Pediatrics Capital 56 Sunset Avenue Campaign 0 30,535 -30,535 Nο Hampden, ME 04444 56,379 -56,379 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or

licensing.

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater tran \$5,000. Cover the Edge		dule G (Form 990 or 990-EZ) 2019 rt II	ete if the organization a	answered "Yes" on Form	m 990, Part IV, line 18	Page 2 3, or reported more
Capitoret state Pediatrics Capital Capitoret state Pediatrics Capital Capital (capital Capital Capit		than \$15,000 of fundraising e	vent contributions and			
1 Gross receipts 375,560 81,747 457,30		gross receipts greater than \$3	(a)Event #1		(c)Other events	(add col. (a) through
1. Gross receipts 375,560 81,747 437,307 457,307 3 Gross income (line 1 minus line 2) 4 Cash prizes 4 Cash prizes 5 Noncash prizes 7 Food and beverages 10 Direct expense summary. Add lines 4 through 9 in column (d) 166,746 10 Direct expense summary. Subtract line 10 from line 3, column (d) 167,746 10 Direct expense summary. Subtract line 10 from line 3, column (d) 1 Gross revenue 7 Gross re			Campaign		(total number)	col. (c))
2 Less: Contributions	Reversie					
3 Gross income (line 1 minus line 2		1 Gross receipts	375,560	81,747		457,307
Source S		3 Gross income (line 1 minus	375,560	81,747		457,307
6 Rent/facility costs		·				
10 Direct expense summary. Add lines 4 through 9 in column (d)	ses					
10 Direct expense summary. Add lines 4 through 9 in column (d)	pen	_				
10 Direct expense summary. Add lines 4 through 9 in column (d)	ă	_				
10 Direct expense summary. Add lines 4 through 9 in column (d)	irec	_	79 244	87 502		166 746
11 Net income summary. Subtract line 10 from line 3, column (d)		·	· · · · · · · · · · · · · · · · · · ·		•	·
Section of Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col.(a) through col.(c)) 1 Gross revenue		11 Net income summary. Subtract line 10	from line 3, column (d)			· · · · · ·
(a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (dd) Total gaming (add col.(a) through col.(c)) 1 Gross revenue	Par	Gaming. Complete if the orga		s" on Form 990, Part I	V, line 19, or reported	
2 Cash prizes	/emie	on rorm 990-E2, line oa.	(a) Bingo		(c) Other gaming	
2 Cash prizes	Re	1 Gross revenue				
Yes % Yes Yes % Yes No Yes No Yes No Yes Yes No Yes Yes No Yes	es					
Yes % Yes Yes % Yes No Yes No Yes No Yes Yes No Yes Yes No Yes	pens					
Yes % Yes Yes % Yes No Yes No Yes No Yes Yes No Yes Yes No Yes	<u>x</u>					
Yes % Yes Yes % Yes No Yes No Yes No Yes Yes No Yes Yes No Yes	ired	4 Rent/facility costs				
6 Volunteer labor		5 Other direct expenses	_			
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?		6 Volunteer labor		_		
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?		7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
a Is the organization licensed to conduct gaming activities in each of these states?		8 Net gaming income summary. Subtract	t line 7 from line 1, colum	n (d)	•	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	а	Is the organization licensed to conduct ga	aming activities in each of	these states?		Yes No
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	D	•				
		Were any of the organization's gaming lic	enses revoked, suspende	d or terminated during the		

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ning activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		· Yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$	anization 🕨 \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ▶						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$					
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3		
		pt activities during the tax year					
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49331	17000	090
Sch	nedule J	Со	mpensati	ion Information	0	MB No.	1545-0	0047
(For	m 990)	For certain Officer						
		► Complete if the orga	Compensa nization answ	ated Employees vered "Yes" on Form 990, Part IV	, line 23.	2019		
Б			▶ Attach	to Form 990. instructions and the latest inforn		Open		
-	tment of the Treasury al Revenue Service	P do to <u>www.ms.gov</u>	<u>/101111990</u> 101	matructions and the latest infor	nation:		ectio	
	me of the organization obscot Community H				Employer identifica	tion nu	ımber	
	,				01-0514750			
Pa	rt I Questi	ons Regarding Compensat	ion				T	
1 a	Check the appro	opiate box(es) if the organization	provided any of	the following to or for a person liste	d on Form		Yes	No
	990, Part VII, S	ection A, line 1a. Complete Part I	II to provide an	y relevant information regarding the	se items.			
		s or charter travel		Housing allowance or residence for	•			
	_	companions	님	Payments for business use of perso				
		nification and gross-up payments	님	Health or social club dues or initiation				
	□ Discretion	ary spending account	Ц	Personal services (e.g., maid, chauf	rreur, cner)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all	1-3	2		
	directors, truste	es, officers, including the CEO/EX	ecutive Directo	r, regarding the items checked on Lir	ne la?			
3				ed to establish the compensation of the	he			
				not check any boxes for methods CEO/Executive Director, but explain i	in Part III.			
	☑ Compensa	ation committee	П	Written employment contract				
		ent compensation consultant		Compensation survey or study				1
		of other organizations	\checkmark	Approval by the board or compensa	tion committee			
4	During the year, related organiza		90, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-contr	rol payment? .			4a		No
b				ified retirement plan?		4b		No
c				nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	plicable amounts for each item in Par	t III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5			_	the organization pay or accrue any				
	compensation co	ontingent on the revenues of:						
а	The organization	1?				5a		No
b		anization?				5b		No
6	For persons liste	ed on Form 990, Part VII, Section		the organization pay or accrue any				
	•	ontingent on the net earnings of:						
a	-	1?				6a		No
b		anization?				6b	-	No
7	•	·	Δ line 1a did	the organization provide any nonfixe	d			
•				rt III		7		No
8	subject to the in	nitial contract exception described	l in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de				
						8		No
9				presumption procedure described in		9		
For I	Panerwork Redu	iction Act Notice, see the Inst	ructions for Fo	orm 990 Cat No. 5	50053T Schedule	1 (Forn	1 990)	2019

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	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in
	c		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table				I	•			



5Megan Sanders

6Vernon Gardner

7Laura L Matones

Physician/Internist

8Laurie E Yntema

9Warren Shearer

10Bart Eisenbarth

Chief Dental Officer

11Andrew Fletcher

Dir. Walk in Care Services

Physician/Medical Director

Physician/Internist

Chief HR & Legal Officer

Past Chief Psychiatric Officer

(i)

(ii)

(ii)

(i)

(ii)

(i)

(ii)

(i)

(ii)

(i)

(ii)

(i)

(ii)

154,922

163,816

234,642

232,739

210,767

239,504

225,786

Software ID:

Software Version:

EIN: 01-0514750

Name: Penobscot Community Health Center

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-MISe	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)		
1 Lori L Dwyer President & CEO	(i)	234,341	0	0	2,079	25,612	262,032	0	
	(ii)	0	0	0	0	0	0	0	
1Christine Finn-McLaughlin CFO	(i)	161,985	0	0	1,700	25,722	189,407	0	
	(ii)	0	0	0	0	0	0	0	
2 Noah Nesin Chief Medical Officer	(i)	273,896	0	0	2,817	19,980	296,693	0	
	(ii)	o	0	0	0	0	0	0	
3 Dawn Cook Chief Operations Officer	(i)	182,884	0	0	1,871	27,672	212,427	0	
	(ii)	0	0	0	0	0	0	0	
4 Theresa Knowles Chief Quality Officer	(i)	159,136	0	0	1,238	19,581	179,955	0	
	l(ii)	l o		0		0			

1,659

1,654

1,612

2,386

2,015

1,154

2,293

24,914

13,703

17,646

25,422

29,567

27,363

11,067

181,495

179,173

253,900

260,547

242,349

268,021

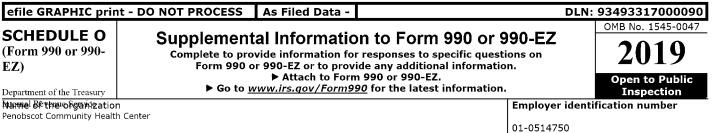
239,146

0

DAL LAL :		272.004				
	(ii)	0	0	0	0	
1Christine Finn-McLaughlin CFO	(i)	161,985	0	0	1,700	
	(ii)	0	0	0	0	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493317000090 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Penobscot Community Health Center 01-0514750 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 1 2,193 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Χ 1,078,000 Appraisal Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 935,686 FMV 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (___ Other ▶ (______) 26 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2			
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization			
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.				
Return Reference	Explanation			
	Schedule M (Form 990) (2019)			



990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1 - Organization's Mission	Penobscot Community Health Center (PCHC) is a non-profit organization incorporated in 1997 that is governed by a Board of community volunteers and is the largest Federally Qualifie d Health Center in Maine. PCHC is driven by its mission statement "to provide comprehensive, integrated primary health care services for all to improve the health and wellbeing of our patients and the Maine Communities we serve," regardless of the ability to pay and dem onstrates its dedication to quality care through Accreditation Association for Ambulatory Health Care as well as NCQA certification as a Primary Care Medical Home. As part of its P atient Centered Medical Home model, PCHC is proud to provide high quality family medical c are to over 60,000 people in the greater Bangor Region, Waldo County and Jackman area. PCH C's four largest medical practices in Bangor, Brewer and Old Town, Maine are open seven day s a week and offer an integrated care model with medical care. Four of our practices provide pharmacy and physical therapy under one roof. Also available are same day sick care, c onvenient early morning and evening hours, providers or nurses available by telephone call 24-hours a day, and seven day Walk-in Care at four locations. In addition to family medic ine, PCHC offers a full range of services including pediatrics, dental care, pharmacy, psy chiatry, mental health counseling, geriatrics care and nursing home care, laboratory and x -ray services, physical therapy, speech therapy, audiology, homeless health care and emerg ency shelter and transitional housing, as well as GYN, podiatry, chiropractic, and other s pecialty services. To learn more about PCHC's many services, providers, and locations, ple ase visit www.PCHC.com. Our mission is to provide comprehensive, integrated primary health care services for all to improve the health and wellbeing of our patients and Maine Commun rities we serve. We commit not only to building the infrastructure for patient centerednes s, but also to embracing the evolution of our pers

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ate to transform health care.

Return

Reference	
	elieve that health care is an inherent human right. We share an intellectual and emotional commitment to the care of our patients, which motivates us, sustains us and creates a gen erosity of spirit as we work together to fulfill our mission. We understand that quality o ccurs both in medical decision making and in human interaction, and that there is value bo th in that which we can measure, and in that which relies on our best nature and commitmen t to serve. We work for continuous improvement, in systems, in the effectiveness and effic iency of our care, in the experience of our patients and in the satisfaction of our team. We seek to challenge ourselves and each other, to innovate and to evaluate our work with h umility as we undertake this bold endeavor. We embrace a collaborative spirit as we strive to fulfill our mission, and as we work with partners in our communities and across the st

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Reference	· ·
Form 990,	The Treasurer of the Board initially reviews the 990 return. The Treasurer then reviews the 990 return with the Finance Committee
Part VI,	and discusses any issues raised with the Board of Directors. The Vice President of Finance sends a final draft of the 990 to each
Section B,	Board Member asking them to review and approve at the board meeting or via e-mail.
line 11b	

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Reference

Form 990,	The Compliance Officer does regular board updates and policy reviews, and a conflict of interest statement is completed annually.
Part VI,	
Section B,	
line 12c	

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Return Reference	Explanation
Form 990, Part VI, Section B, line 15	1. The Compensation Committee: The Executive Committee of the PCHC Board of Directors shall serve as the Compensation Committee. Pursuant to the PCHC's Bylaws, the Executive Committee (and, therefore, the Compensation Committee) shall consist of the following Board members: the Chair, Vice-Chair, Chair of Finance Committee, Chair of Quality Management Committee, and Chair of the Governance/Corporate Compliance Committee. With respect to all compensation levels other than the compensation for the President & CEO, the President & CEO shall serve as ex officio member(s) of the Compensation Committee and shall make recommendations to the committee on appropriate and reasonable compensation levels for the Executives. 2. The Board Chair shall be responsible for leading the review of the compensation package of the President & CEO. The President & CEO shall not participate in the compensation review of his or her own salary. However, the President & CEO may negotiate with respect to compensation level, provided the final review and decision on compensation is made independently by the Compensation Committee. 3. The President/CEO will be responsible for initiating and leading the Compensation Committee in the review of compensation packages for all Executives other than the President & CEO (as defined in the policy). 4. Compensation levels of other key executives shall be approved by the Compensation Committee as the Board's designee.

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Reference	
Form 990, Part VI,	The governing documents, conflict of interest policy and financial statements are maintained in the administrative office and are available to the public during standard business hours.
Section C, line 19	

Explanation

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Return Reference	Explanation
Form 990, Part X, Line 10: Land, Buildings, and Equipment:	Section 1.263(a)-3(n) Election: Penobscot Community Health Center 103 Maine Avenue, PO Box 1358 Bangor, ME 04401 EIN: 01-0514750 Section 1.263(a)-3(n) Election: Penobscot Community Health Center is electing to capitalize repair and maintenance costs under Regulation Section 1.263(a)-3(n).

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493317000090 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Penobscot Community Health Center 01-0514750 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) (e) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a)
Name, address, and EIN of related organization (b) (g) Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) Primary activity or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

one or more related organizations treat	ted as a partnership	(b)	(c)	(d)	(e)	(f)	(a)		h)	(i)	1	j)	(k	<u>, , , , , , , , , , , , , , , , , , , </u>
(a) Name, address, and EIN of related organization		Primary activity	Legal domicile (state or foreign country)	Direct	Predomina	Share of total incom		allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	eral or aging ener?	Percen owner	ntage
(1) Community Care Partnership ME LLC		ACO	ME	N/A	Related			Yes	No No		Yes	No	42.8	330 %
PO Box 1358 Bangor, ME 04402 46-3666823														
Part IV Identification of Related Organizat because it had one or more related org							nswered "Y	es" on	Form	1 1990, Part I	IV, lii	ne 34		
(a) Name, address, and EIN of related organization	(b) Primary activity	d (state	(c) Legal lomicile e or foreig ountry)		(d) ect controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of tot income	al Sha	(g) are of er year assets	nd-of- Pen ow	(h) centag nershij		Section (13) cor enti	ntrolled
														

chedule K (Folin 990) 2019		Page 3
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.	Ye	s No
1 During the tax year, did the organization 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	No
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)	1 g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
I Performance of services or membership or fundraising solicitations for related organization(s)	1l Ye	s
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
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)	10	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q Ye	s
r Other transfer of cash or property to related organization(s)	1r Ye	s
	4 34	

		1 1									
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No							
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes								
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No							
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)	10		No							
р	Reimbursement paid to related organization(s) for expenses	1 p		No							
q	Reimbursement paid by related organization(s) for expenses	1 q	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	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.										
	(a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining am	Transaction Amount involved Method of determining amount involved									

type (a-s) (1)Community Care Partnership of ME LLC 360,487 FMV (2)Community Care Partnership of ME LLC S 1,168,216 FMV

Schedule R (Form 990) 2019

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)	Ar	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
			1			ı				Schedul	e R (Form	990	0) 2019

Schedule R (Form 990) 2019									
Part VII	Supplemental Info	Supplemental Information							
	Provide additional information for responses to questions on Schedule R. (see instructions).								
Return Reference		Explanation							