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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 10-01-2020 , and ending 09-30-2021

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
EASTERN MAINE HEALTHCARE SYSTEMS
NORTHERN LIGHT HEALTH

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
43 WHITING HILL ROAD

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

D Employer identification number
01-0527066

E Telephone number
(207) 973-9081

G Gross receipts $ 1,827,073,908

F Name and address of principal officer:
John J Doyle
43 WHITING HILL ROAD
BREWER, ME 04412

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

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

H(c) Group exemption number ▶ 5247

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

J Website: ▶ https://northernlighthealth.org

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

L Year of formation: 1999

M State of legal domicile: ME

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	2,122
6	Total number of volunteers (estimate if necessary)	**6**	19
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,158,900
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	121,422	466,361
9	Program service revenue (Part VIII, line 2g)	329,040,087	360,799,457
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,018,732	32,018,231
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	321,572	205,383
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	345,501,813	393,489,432
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	252,156,373	281,439,056
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	126,921,941	125,384,280
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	379,078,314	406,823,336
19	Revenue less expenses. Subtract line 18 from line 12	-33,576,501	-13,333,904

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	786,525,143	830,883,610
21	Total liabilities (Part X, line 26)	535,290,414	593,723,628
22	Net assets or fund balances. Subtract line 21 from line 20	251,234,729	237,159,982

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** 2022-08-03
Signature of officer Date

John J Doyle NLH VP of Finance
Type or print name and title

Paid Preparer Use Only

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 403,753,827 including grants of $) (Revenue $ 360,792,008)
See Additional Data

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

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

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

4e **Total program service expenses** ▶ 403,753,827

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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

Part IV 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? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 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? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, 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	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	107		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V 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	**2a**	2,122		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	No
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	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? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	Yes
16	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

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		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**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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:
▶John J Doyle 43 Whiting Hill Rd Brewer, ME 04412 (207) 973-9081

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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 for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								21,310,529	1,086,225	3,063,497

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 244

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Deloitte Consulting LLP PO Box 844717 Dallas, TX 752844717	Consulting Services	21,211,253
Cerner Corporation PO Box 959156 St Louis, MO 631959156	Software Support	17,128,125
Leidos Health LLC 127 W Worthington Ave Ste 100 Charlotte, NC 28203	Consulting Services	6,651,410
Infor Inc PO Box 1450 Minneapolis, MN 554857418	Software Support	7,531,637
Emergency Physician Associates Inc PO Box 634850 Cincinnati, OH 452634850	Purchase Service	2,066,884

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 71

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e	375,014			
f All other contributions, gifts, grants, and similar amounts not included above	1f	91,347			
g Noncash contributions included in lines 1a - 1f:$	1g	10,000			
h **Total.** Add lines 1a-1f ▶		466,361			
Program Service Revenue	Business Code				
2a Exempt Affiliate Rental	532000	4,316,164	4,316,164		
b Occupational Health Servi	621400	5,251,394	5,251,394		
c Supporting Org Revenue	561000	351,231,899	349,065,550	2,166,349	
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f. ▶	360,799,457				
3 Investment income (including dividends, interest, and other similar amounts) ▶		11,045,803		-11,775	11,057,578
4 Income from investment of tax-exempt bond proceeds ▶		0			
5 Royalties ▶		0			
	(i) Real	(ii) Personal			
6a Gross rents 6a	397,298				
b Less: rental expenses 6b	191,915				
c Rental income or (loss) 6c	205,383				
d Net rental income or (loss) ▶		205,383		4,326	201,057
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory 7a	1,453,973,859	391,130			
b Less: cost or other basis and sales expenses 7b	1,433,079,972	312,589			
c Gain or (loss) 7c	20,893,887	78,541			
d Net gain or (loss) ▶		20,972,428			20,972,428
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
b Less: direct expenses 8b					
c Net income or (loss) from fundraising events ▶		0			
9a Gross income from gaming activities. See Part IV, line 19 9a					
b Less: direct expenses 9b					
c Net income or (loss) from gaming activities ▶		0			
10a Gross sales of inventory, less returns and allowances 10a					
b Less: cost of goods sold 10b					
c Net income or (loss) from sales of inventory ▶		0			
Other Revenue Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d ▶		0			
12 **Total revenue.** See instructions ▶		393,489,432	358,633,108	2,158,900	32,231,063

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	21,610,821	21,610,821		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	115,384,082	115,384,082		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,955,136	6,955,136		
9 Other employee benefits	128,553,602	128,553,602		
10 Payroll taxes	8,935,415	8,935,415		
11 Fees for services (non-employees):				
a Management	224,356	224,356		
b Legal	1,635,245		1,635,245	
c Accounting	388,724		388,724	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	51,658	51,658		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	26,201,041	25,155,501	1,045,540	
12 Advertising and promotion	1,853,401	1,853,401		
13 Office expenses	3,535,491	3,535,491		
14 Information technology	47,938,189	47,938,189		
15 Royalties	0			
16 Occupancy	3,695,211	3,695,211		
17 Travel	551,103	551,103		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	292,147	292,147		
20 Interest	2,266,091	2,266,091		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	12,385,724	12,385,724		
23 Insurance	22,522,239	22,522,239		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Repairs & Maintenance	690,255	690,255		
b Dues & Subscriptions	568,202	568,202		
c Medical Supplies Expense	356,786	356,786		
d Gifts & Sponsorships	92,462	92,462		
e All other expenses	135,955	135,955		
25 **Total functional expenses.** Add lines 1 through 24e	406,823,336	403,753,827	3,069,509	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		82,473	1	22,498,512
	2	Savings and temporary cash investments		836,376	2	57,696,495
	3	Pledges and grants receivable, net		23,255	3	119,558
	4	Accounts receivable, net		118,448,317	4	20,784,226
	5	Loans and other 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			5	0
	6	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	0
	7	Notes and loans receivable, net		209,880,989	7	208,740,112
	8	Inventories for sale or use		5,084,982	8	10,138,106
	9	Prepaid expenses and deferred charges		5,479,420	9	6,087,386
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 236,861,701			
	b	Less: accumulated depreciation	10b 103,317,088	117,088,064	10c	133,544,613
	11	Investments—publicly traded securities			11	0
	12	Investments—other securities. See Part IV, line 11			12	0
	13	Investments—program-related. See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets. See Part IV, line 11		329,601,267	15	371,274,602
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		786,525,143	16	830,883,610
Liabilities	17	Accounts payable and accrued expenses		177,723,804	17	223,986,987
	18	Grants payable			18	
	19	Deferred revenue		4,100,051	19	8,008,734
	20	Tax-exempt bond liabilities		185,120,153	20	184,481,055
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other 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			22	
	23	Secured mortgages and notes payable to unrelated third parties		83,444,846	23	81,811,366
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		84,901,560	25	95,435,486
	26	**Total liabilities.** Add lines 17 through 25		535,290,414	26	593,723,628
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		251,113,406	27	236,969,503
	28	Net assets with donor restrictions		121,323	28	190,479
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		251,234,729	32	237,159,982
	33	Total liabilities and net assets/fund balances		786,525,143	33	830,883,610

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	393,489,432
2	Total expenses (must equal Part IX, column (A), line 25)	2	406,823,336
3	Revenue less expenses. Subtract line 2 from line 1	3	-13,333,904
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	251,234,729
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-740,843
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	237,159,982

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Software ID: 20011551
Software Version: 2020v4.0
EIN: 01-0527066
Name: EASTERN MAINE HEALTHCARE SYSTEMS
NORTHERN LIGHT HEALTH

Form 990, Part III, Line 4a:

Carried on supporting functions essential to Eastern Maine Medical Center, A.R. Gould Hospital, Inland Hospital, Acadia Hospital, Sebasticook Valley Hospital, CA Dean Hospital, Mercy Hospital, Maine Coast Hospital, Blue Hill Hospital, and Mayo Hospital. EMHS d/b/a Northern Light Health (NLH) performed standardization of practices, strategic planning, and capital allocation functions. NLH board established and oversees the charity care policy of the 10 hospitals which is applied uniformly to all of the hospitals. NLH hospitals provided cumulative charity care of $12,192,727 (at cost) and other uncompensated care of $36,702,523 (at cost) for a total uncompensated care of $48,895,250. The NLH hospitals had a Medicare shortfall of $153,861,337 and a Medicaid shortfall of $89,815,762.

Form 990, Part III, Line 4b:

In Schedule O please see the following excerpt from the Northern Light Health Annual Report 2021 to the Community for details of community benefit projects at NLH members:

Form 990, Part III, Line 4c:

Please see the following excerpt from the Northern Light Health Annual Report 2021 to the Community for details of community benefit projects at NLH members:Community partnershipsTeamworkThe greatness of a community is most accurately measured by the compassionate actions of its members." - Coretta Scott King These words strongly resonate when we look across our Northern Light Health community. If we measure a community's greatness by the compassionate actions of its members, then we are truly surrounded by greatness and there is much to celebrate. Our culture of caring begins with caring for one another and extends to the care we deliver to people across Maine in the many communities we serve. But if the pandemic has taught us anything, it's that compassion is evident not only in our excellent staff and community members but also in our community partners. Your generosity and innovation have helped extend our reach in living up to our promise to make healthcare work for the people we serve. Our list of community heroes is long, and this Annual Report only features a handful of the people and organizations who have made an important difference during a challenging time. We hope you find these stories as empowering and inspirational as we do.Timothy J. Dentry, MBA President & CEO Northern Light HealthKathy Corey Board ChairNorthern Light HealthA vaccine for everyone AccessOn a sunny July day, a brightly colored RV emblazoned with the faces of children from across the world sits parked outside the Luca Caf in Arundel. The Luca Caf is a quaint seasonal restaurant with Asian-inspired food that has covered outdoor seating and picnic tables. Standing beside some tables and folding chairs in front of the RV, Peggy Akers, RN, and Mary Robbins, RN, two Northern Light Home Care & Hospice nurses, administer doses of the COVID-19 vaccine to a diverse and willing group of peoplea group which might not have been vaccinated if not for the convenience of this mobile clinic and all the community partners that made it possible. There are populations that we are just not reaching. People who are undocumented, who would feel unsafe coming to a mass vaccination clinic where they might otherwise be asked to present identification or insurance information. We as an organization make it our mission that the only requirements for getting vaccinated are, are you a human being and do you want to be vaccinated? shares Robbins.Their partners for this clinic are Maine Community Action Partners, the New England Arab American Organization, Maine Association for New Americans, Maine Access Immigrant Network (MAIN), and the Maine Department of Health and Human Services COVID-19 Community Support Team. Chanbopha (Chan) Himm is also a member of the support team and co-founder of the Cambodian Community Association and Unified Asian Communities. Her mission is to help get people in under-served populations vaccinated. As some Asian Americans show up, she speaks with them in their native language and offers assurances. She has a welcoming smile and charisma, which seems to make her a natural fit for this kind of work. "They couldn't ask for a better place to get vaccinated," explains Himm, "because they've got the nurses here that care so much about them. And then they've got their cultural brokersthe ones doing the translations, the community leaders standing right behind them and letting them know that they're going to be okay. What more can someone ask for?" Himm is not just offering lip service when she compliments the Northern Light Home Care & Hospice nurses doing the clinics. Both Akers and Robbins have been doing this kind of work for a long time with community partners and have earned praise for their compassion and sensitivity. "I feel so lucky in a way to be part of this journey. Doing these vaccines has just been such a gift," shares Akers.If you would like to learn more about the COVID-19 vaccine or get vaccinated, please visit https://covid.northernlighthealth.org/

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Timothy J Dentry Ex-officio	50.00 0.00	X		X				1,055,785	0	145,096
Anthony J Filer SVP & Treasurer	50.00 0.00			X				758,458	0	57,247
Glenn Martin Chief Legal Offi SVP & Secretary	50.00 0.00			X				651,790	0	112,497
Matthew Weed SVP,Chief Strat	50.00 0.00			X				568,079	0	102,861
Teresa P Vieira SVP, SVH & IH	50.00 0.00			X				618,055	0	47,089
Charles Therrien SVP Mercy	50.00 0.00			X				536,221	0	101,966
Mary Michelle Hood Former NLH President & CEO	50.00 0.00							599,997	0	18,136
Rand O'Leary SVP, EMMC	50.00 0.00			X				576,938	0	23,181
John J Doyle VP Finance	50.00 0.00			X				488,961	0	110,841
Paul Bolin SVP Chief HRO	50.00 0.00			X				459,978	0	106,714

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John Ronan SVP BHH & MCH	50.00 0.00			X				473,414	0	82,996
Scott Oxley SVP, AHC	50.00 0.00			X				455,848	0	91,922
Greg LaFrancois SVP, AR Gould	50.00 0.00			X				451,809	0	74,453
April Giard VP CIO	50.00 0.00			X				442,709	0	58,072
Jeffrey Doran VP Med Group Op	50.00 0.00			X				443,838	0	46,641
Edward Gilkey VP SrPhyEx Beac	50.00 0.00			X				430,795	0	48,665
Michael F Whelan VP,Facilities	50.00 0.00			X				398,730	0	58,795
Howard Jones Med Dir, Occ Hlth	50.00 0.00							400,788	0	47,663
Steve Howell VP, Asst Treas	50.00 0.00			X				407,162	0	41,124
Lisa Harvey-McPhersonRN VP Govnment Rel	50.00 0.00			X				368,978	0	77,880

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jay Reynolds MD Board Member	1.30 50.00	X						0	384,730	44,624
Marie Vienneau SVP CAD & Mayo	35.00 15.00			X				244,815	115,331	54,241
Christine Worthen VP,Sr Counsel	50.00 0.00			X				359,841	0	50,199
Colleen Hilton SVP, HC&H	50.00 0.00			X				335,658	0	73,668
Gavin Ducker MD SVP Pres-MedGrp	50.00 0.00			X				356,022	0	41,021
Michael Smith VP CPO, Found	50.00 0.00			X				312,856	0	57,225
Jeff Sanford VP Finance Beac	50.00 0.00			X				326,129	0	41,561
George Eaton VP Depty GenCou	50.00 0.00			X				317,881	0	43,275
Michael P Donahue VP, Popula Hlth	50.00 0.00			X				341,554	0	11,650
David A Valcik VP, IS	50.00 0.00			X				317,434	0	34,354

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Carrie Lee Arsenault SVP, Beacon	50.00 0.00			X				294,358	0	42,489
Jason Tankel VP,ComplianceOf	50.00 0.00			X				278,977	0	56,301
Chris Frauenhofer VP, FinMedGrp	50.00 0.00			X				281,058	0	52,679
Bette Neville VP, CNO	15.00 35.00			X				98,761	209,936	19,758
Joel Andrew Farley AVP Facilities Mng	50.00 0.00							271,994	0	53,291
Alison Worster VP HR & Pat Exp	50.00 0.00			X				272,206	0	43,772
Thad Zmistowski VP,Sr.Litigator	50.00 0.00			X				260,293	0	43,173
Jeffrey Parsons VP,Risk Mgmt	50.00 0.00			X				252,650	0	49,702
Everard D Dixon VP, IS	50.00 0.00			X				263,561	0	38,668
Karl-Heinz Spittler MD SVP,Pres-MedGro	50.00 0.00			X				270,246	0	28,620

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mark J Cale Controller	50.00 0.00							246,441	0	46,301
Jaime Audet VP HR Oper/Rewa	50.00 0.00			X				245,499	0	45,747
Richard Cowan VP,IS Infrastru	50.00 0.00			X				253,410	0	37,498
Claire DeSelle VP,Inno&Perf Im	50.00 0.00			X				261,410	0	19,983
Jean M Mellett AVP Plning & Strat	50.00 0.00							227,302	0	52,980
Suzanne R Spruce AVP, Comm&Mktg	50.00 0.00							242,579	0	35,312
Catherine MacLaren VP HR, Talent	50.00 0.00			X				246,507	0	30,149
Benjamin R Isenhour VP, IS	50.00 0.00			X				243,036	0	27,870
Paula Theriault VP,NursingInfo	50.00 0.00			X				216,827	0	41,258
Tori Gaetani VP N&PCS Beacon	50.00 0.00			X				207,709	0	48,157

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Eric R Hafener VP Compl/Privac	50.00 0.00			X				236,148	0	17,440
John Dalton Former SVP, Inland	50.00 0.00							244,379	0	5,840
Jennifer Fogel VP,Nursing Info	50.00 0.00			X				217,157	0	32,416
Randy Albert VP,Fin Ops&Anal	50.00 0.00			X				224,285	0	24,570
Yoosuf Joe Siddiqui VP HR Employ Ex	50.00 0.00			X				191,455	0	47,853
Christina Lynn Polley VP,ChiefInforSe	50.00 0.00			X				184,118	0	34,960
Matthew Jay Marston VP, Pharmacy	0.00 50.00			X				0	192,298	24,882
Lenora Clark VP IntegCareMng	50.00 0.00			X				212,488	0	3,927
Glenda Dwyer SVP,ClinicOpera	50.00 0.00			X				194,488	0	17,769
Lori Dunivan VP, NursingInfo	50.00 0.00			X				173,167	0	38,541

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David Stratton VP, Beacon Dire	0.00 50.00			X				0	183,930	17,927
Navneet Marwaha MD VP, CQO	50.00 0.00			X				182,876	0	12,679
Christy Joliff VP, RevCycle	50.00 0.00			X				173,144	0	18,039
Noah Galen Lundy VP, HR East	50.00 0.00			X				167,207	0	19,204
Tracy Jean Roberts VP-Compl&Privac	50.00 0.00			X				168,446	0	12,506
Karen Hawkes VP, Oper Beacon	50.00 0.00			X				160,348	0	12,070
Steve Berkowitz Former SVP & CMO	50.00 0.00							145,476	0	3,509
Alicia Murray Board Member	0.30 0.00	X						0	0	0
Michael L McInnis Board Member	1.40 0.00	X						0	0	0
Stephen B Rich AIA Brd Mbr/V-Chair	2.30 0.00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kathy Corey Brd Mbr/Chair	3.00 0.00	X		X				0	0	0
David L Small Board Member	1.40 0.00	X						0	0	0
Lynn M Lombard Board Member	1.90 0.00	X						0	0	0
Daniel P Thornton Board Member	1.60 0.00	X						0	0	0
David Ahola MD Board Member	1.20 0.00	X						0	0	0
Anne Perry Board Member	0.40 0.00	X						0	0	0
Charles E Hewett PhD Board Member	1.00 0.00	X						0	0	0
Marianne Lynch Esq Board Member	1.20 0.00	X						0	0	0
Julie Dawson Williams Board Member	1.40 0.00	X						0	0	0
James Donnelly Board Member	1.40 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Marcia Conrad-Miller Board Member	1.70 0.00	X						0	0	0
John Ryan Esq Board Member	1.00 0.00	X						0	0	0
Steve St Pierre Board Member	1.70 0.00	X						0	0	0
Kevin Raye Board Member	1.00 0.00	X						0	0	0
Heather Mullen VP,HealthPlanOp	50.00 0.00			X				0	0	0
Darmita Wilson VP,MedGrOperati	50.00 0.00			X				0	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS
NORTHERN LIGHT HEALTH

Employer identification number
01-0527066

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

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

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

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

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

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

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

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

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

12 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

f Enter the number of supported organizations 16

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 16					189,364,107	0

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

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

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2019 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV **Supporting Organizations** (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

2 Activities Test. **Answer lines 2a and 2b below.**

			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**		
b	Did the activities described in line 2a 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 lines 3a and 3b 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? *If "Yes" or "No" provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in* ***Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

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

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2020. 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 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Part IV, Section A, Line 1: Description Of How Supported Organizations Are Desigated	The supporting organizations of NLH consist of the related organizations which are Section 509(a)(1) and 509(a)(2) organizations and their controlled subsidiaries that are also Sec tion 509(a)(1) and 509(a)(2) organization. NLH is the parent organization of these related organizations. See Schedule A, Part I, Line 12 for listing of organizations.

990 Schedule A, Supplemental Information

Return Reference	Explanation
Part IV, Section C, Line 1: Control Or Management Of Supported Orgs.	The Eastern Maine Healthcare Systems d/b/a Northern Light Health (NLH) Restated Articles o f Incorporation and Bylaws have tightly integrated the supported organization and NLH boar d governance structure into a unified and cohesive governance system in which the NLH boar d has ultimate authority over the supported organizations with respect to nearly all gover nance domains. Thus, Northern Light Health board authority goes far beyond traditional pow ers of appointment and reserved powers of approval typical of many healthcare system gover nance models and actually vests authority in the Northern Light Health board to initiate a nd direct action on the part of any one or more supported organizations, in essence acting itself as the supported organization board, thus establishing the presence of common supe rvision or control among the governing bodies of all organizations involved. Type II suppo rting organization status for Northern Light Health was confirmed by the IRS on March 8, 2 016, in response to a request filed on form 8940 on September 28, 2015.

Additional Data

Software ID: 20011551
Software Version: 2020v4.0
EIN: 01-0527066
Name: EASTERN MAINE HEALTHCARE SYSTEMS
NORTHERN LIGHT HEALTH

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) Eastern Maine Medical Center	010211501	3		No	109,995,667	0
(A) Acadia Hospital Corp	010459837	3		No	6,314,262	0
(B) Acadia Healthcare Inc	223183888	10		No	299,786	0
(C) CA Dean Memorial Hospital	043341666	3		No	1,758,061	0
(D) Inland Hospital	010217211	3		No	9,000,454	0
(E) Lakewood	010421234	3		No	605,360	0
(F) Sebasticook Valley Health	010263628	3		No	5,436,854	0
(G) Blue Hill Memorial Hospital	010227195	3		No	4,387,545	0
(H) Maine Coast Memorial Hospital	010198331	3		No	7,733,724	0
(I) The Aroostook Medical Center	010372148	3		No	11,368,906	0
(J) Mercy Hospital	010211534	3		No	26,867,666	0
(K) VNA Home Health & Hospice	010246804	10		No	2,108,330	0
(L) Northern Light Medical Transport	830911574	10		No	573,308	0
(M) MRH Corp dba Northern Light Mayo Ho	843689003	3		No	0	0
(N) Eastern Maine Medical Center Auxili	010377901	10		No	1,231	0

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(P) M Drug LLC dba Northern Light Pharm	272175482	3		No	2,912,953	0

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☑ No

4a Was a correction made? ☐ Yes ☑ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		55,521
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		50,200
i	Other activities?	Yes		65,296
j	Total. Add lines 1c through 1i			171,017
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Part II-B, Line 1i - Other Activities Description	State Legislature Advocacy An Act To Establish the COVID-19 Patient Bill of RightsAn Act To Address Maine's Shortage of Behavioral Health Services for MinorsAn Act To Improve Prescription Information AccessAn Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2021, June 30, 2022 and June 30, 2023An Act To Sustain the Doctors for Maine's Future Scholarship ProgramAn Act Regarding Emergency GuardianshipAn Act To Require Timely Billing for Health Care ServicesAn Act To Amend the Maine Pharmacy ActAn Act To Clarify the Timing of an Appeal of a Finding Regarding Involuntary Mental Health Treatment at a Designated Nonstate Mental Health InstitutionAn Act To Clarify the Meaning of "Unserved Area" within the State's Broadband Service LawsAn Act To Facilitate Licensure for Credentialed Individuals from Other JurisdictionsAn Act To Prevent Accidental Overdoses by Establishing a Protocol for Prescription Drug RecoveryAn Act To Allow Veterans, Active Duty Service Members and Their Spouses To Apply for Temporary Occupational Licenses and CertificationsAn Act To Continue Funding for Home-delivered Meals for Homebound Seniors and To Address Growing DemandAn Act Regarding Prior Authorizations for Prescription DrugsAn Act To Require MaineCare Coverage for Ostomy EquipmentAn Act Regarding the Practice of PharmacyAn Act To Recognize Occupational Licenses and Certifications from Other States To Attract New Residents and Businesses to MaineAn Act Concerning Prior Authorizations for Prescription DrugsResolve, To Establish the Task Force To Study Improving Safety and Provide Protection from Violence for Health Care Workers in Hospitals and Mental Health Care ProvidersAn Act To Provide Funding for Maine's Health Insurance Consumer Assistance ProgramAn Act To Support Early Intervention and Treatment of Psychotic DisordersAn Act To Advance Palliative Care Utilization in the StateAn Act To Amend the Continuing Education Requirement for PharmacistsAn Act To Improve the Health of Maine Residents by Closing Coverage Gaps in the MaineCare Program and the Children's Health Insurance ProgramAn Act Regarding Civil Mental Health Evaluations of Former Criminal DefendantsAn Act Clarifying Patient Consent for Certain Medical ExaminationsResolve, Directing the Department of Health and Human Services to Contract for Assessments for Involuntary HospitalizationsAn Act To Provide Consistency Regarding Persons Authorized To Conduct Examinations for Emergency Involuntary Commitment and Post-admission ExaminationsAn Act Regarding Notice by Health Insurance Carriers of Policy ChangeAn Act To Expand Access to Certified Substance Use Disorder Recovery Residence ServicesAn Act To Ensure Parents' Access to Their Minor and Adult Children with Special NeedsAn Act To Allow Reciprocity for Licensed Workers from Out of StateAn Act To Amend the Law Regarding Advance Health Care DirectivesResolve, To Enhance Access to Medication Management for Individuals with Serious and Persistent Mental IllnessAn Act Regarding Targets for Health Plan Investments in Primary Care and Behavioral HealthAn Act To Authorize a General Fund Bond Issue To Connect Maine with a World-class Internet InfrastructureAn Act To Encourage Charitable GivingResolve, Directing the Department of Health and Human Services To Develop a Comprehensive Statewide Strategic Plan To Serve Maine People with Behavioral Health Needs throughout Their LifespansAn Act To Provide for Timely Placement with Respect to Violent Patients in Hospital Emergency RoomsResolve, To Improve Access to Bariatric CareAn Act To Provide High-quality Health Care for All Maine ResidentsAn Act Regarding the Parental Right To Direct the Health Care of ChildrenAn Act To Maximize Health Care Coverage for the Uninsured through Easy Enrollment in the MaineCare Program or in a Qualified Health Plan in the MarketplaceAn Act To Support Health Care Providers during State Public Health EmergenciesAn Act To Prevent and Reduce Tobacco Use by Ensuring Adequate Funding for Tobacco Use Prevention and Cessation Programs and by Raising the Tax on Tobacco Products and To Provide Funding To Reduce Disparities in Health Outcomes Based on Certain FactorsAn Act To Enhance the ConnectMaine Authority's Capacity To Provide World-class InternetAn Act Concerning Informed Consent of Minors' Authority to Release Health Care InformationAn Act To End the Sale of Flavored Tobacco ProductsAn Act To Authorize a General Fund Bond Issue To Strengthen Maine's Health Care WorkforceAn Act To Modify Dental Licensure Requirements To Consider Credentialed Individuals from Other JurisdictionsAn Act To Strengthen Maine's Workforce by Expanding English Language Acquisition and Workforce Training ProgramsAn Act To Provide Allocations for the Distribution of State Fiscal Recovery FundsOther Issues: Home Care Emergency Response, Home Based Care, Inpatient Mental Health, Public Health Emergency, Air Emissions Licenses, Protecting Essential Workers, Long Term Caregiver Needs.Federal Advocacy with Maines Congressional DelegationNote No lobby meetings in DC during this period due to the COVID-19 pandemic. Contact via phone and email. One hour per month for 12 months.Federal Issues: COVID-19, Provider Relief Funding, Telehealth, Hospitals, Home Care, Nursing Facilities, Medicare, 340B, Healthcare Workforce.Non-deductible portion of dues

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS
NORTHERN LIGHT HEALTH

Employer identification number
01-0527066

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	116,751	47,756	48,973	49,761	48,022
b Contributions	7,289	67,122			200
c Net investment earnings, gains, and losses	22,554	3,795	1,170	1,550	3,801
d Grants or scholarships					
e Other expenditures for facilities and programs	2,103	1,922	2,387	2,338	2,262
f Administrative expenses					
g End of year balance	144,491	116,751	47,756	48,973	49,761

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

a Board designated or quasi-endowment ▶ 15.000 %

b Permanent endowment ▶ 85.000 %

c Term endowment ▶ .....

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i) (i) Unrelated organizations		No
3a(ii) (ii) Related organizations	Yes	
3b b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	Yes	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,043,230		2,043,230
b Buildings		41,720,186	22,121,279	19,598,907
c Leasehold improvements		303,121	127,123	175,998
d Equipment		165,065,963	74,290,697	90,775,266
e Other		27,729,201	6,777,989	20,951,212
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				133,544,613

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1)Board designated funded depreciation	215,014,791
(2)Board designated funds - other	82,932,393
(3)Funds Held by Bond Trustee	1,965,618
(4)Interest in Net Assets Held at NLH Found	219,828
(5)Investment in subsidiaries	6,013,081
(6)Org costs & other long term investments	5,990,917
(7)Pension Funds	4,257,529
(8)Right-of-Use Operating Lease Assets	1,321,219
(9)Self Insurance funds held by trustee	53,559,226
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	371,274,602

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	
(2) Accrued Pension-Post Retirement Benefits	32,411,852
(3) Accrued Self Insurance Reserves	56,551,018
(4) Liability Under Cap Lease Obligation	2,237
(5) Notes Payable - Other	5,166,349
(6) Right-of-Use Operating Lease Liability	1,304,030
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	95,435,486

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

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

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

1	Total revenue, gains, and other support per audited financial statements			1	393,424,471
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-256,876		
e	Add lines **2a** through **2d**			2e	-256,876
3	Subtract line **2e** from line **1**			3	393,681,347
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-191,915		
c	Add lines **4a** and **4b**			4c	-191,915
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	393,489,432

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

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

1	Total expenses and losses per audited financial statements			1	406,758,375
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	191,915		
e	Add lines **2a** through **2d**			2e	191,915
3	Subtract line **2e** from line **1**			3	406,566,460
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	256,876		
c	Add lines **4a** and **4b**			4c	256,876
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	406,823,336

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

Additional Data

Software ID: 20011551
Software Version: 2020v4.0
EIN: 01-0527066
Name: EASTERN MAINE HEALTHCARE SYSTEMS
NORTHERN LIGHT HEALTH

Supplemental Information

Return Reference	Explanation
Part V, Line 4: Intended uses of the endowment fund.	Endowment funds are designated for purposes that align within this organization's exempt purpose.

Supplemental Information

Return Reference	Explanation
Part X : FIN48 Footnote	Income TaxesNorthern Light Health, its hospitals, and certain other affiliates have been d etermined by the Internal Revenue Service to be tax-exempt charitable organizations as des cribed in Section 501(c)(3) or 501(c)(2) of the Internal Revenue Code (the Code) and, acco rdingly, are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Accordingly, no provision for federal income taxes has been recorded in the accompanying consolidated financial statements for these organizations.Tax-exempt charitab le organizations could be required to record an obligation for income taxes as the result of a tax position they have historically taken on various tax exposure items including unr elated business income or tax status. Under guidance issued by FASB, assets and liabilitie s are established for uncertain tax positions taken or positions expected to be taken in i ncome tax returns when such positions are judged to not meet the "more-likely-than-not" th reshold, based upon the technical merits of the position. Estimated interest and penalties , if applicable, related to uncertain tax positions are included as a component of income tax expense. Northern Light Health has evaluated its tax position taken or expected to be taken on income tax returns and concluded the impact to be not material.Certain of Norther n Light Health's affiliates are taxable entities. Deferred taxes related to these entities are based on the difference between the financial statement and tax bases of assets and l iabilities using enacted tax rates in effect in the years the differences are expected to reverse. The deferred tax assets and liabilities for these entities are not material.

Supplemental Information

Return Reference	Explanation
Part XII, Line 2d: Other expenses and losses per audited F/S	Rental Expenses reclassed to Line 6b $191915

Supplemental Information

Return Reference	Explanation
Part XII, Line 4b: Other revenue amounts included on 990 but not included in F/S	Reimbursement of expense reclass to exp $256876

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Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS
NORTHERN LIGHT HEALTH

Employer identification number
01-0527066

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 1a: Relevant information in regards to selections on 1a.	Alison Worster, officer, received tuition of $13,356.The following received a wellness program incentive:Paul Bolin, officer $400Claire Deselle, officer 140 Michael Donahue, officer 100John Doyle, officer 25 Glenda Dwyer, officer 300 George Eaton, officer 210Joel Farley, highest compensated employee 35Jennifer Fogel, officer 250Edward Gilkey, officer 74Karen Hawkes, officer 178Colleen Hilton, officer 50Benjamin Isenhour, officer 25Jean Mellett, highest compensated employee 400 Scott Oxley, officer 400Christina Polley, officer 50 John Ronan, officer 240Jeffrey Sanford, officer 400 Michael Jay Smith, officer 400Suzanne Spruce, highest compensated employee 90Charles Therrien, officer 50David Valcik, officer 25 Alison Worster, officer 40 The NLH Total Health VP is a comprehensive on-line wellness program available for all full- and part-time benefit eligible employees and their spouses/domestic partners.The following received a giftcard:Paul Bolin, officer $ 50John Dalton, former officer 5,015Gregory LaFrancois, officer 15Yoosuf Siddiqui, officer 15The following received a gift:Tori Gaetani, officer $131Jeffrey Sanford, officer 99

Additional Data

Software ID: 20011551
Software Version: 2020v4.0
EIN: 01-0527066
Name: EASTERN MAINE HEALTHCARE SYSTEMS
NORTHERN LIGHT HEALTH

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Alison Worster VP HR & Pat Exp	(i)	211,523	40,685	19,998	12,136	31,636	315,978	
	(ii)							
1Anthony J Filer SVP & Treasurer	(i)	584,879	158,088	15,491	22,800	34,447	815,705	
	(ii)							
2April Giard VP CIO	(i)	339,157	60,951	42,601	23,807	34,265	500,781	
	(ii)							
3Benjamin R Isenhour VP, IS	(i)	202,208	39,486	1,342	16,168	11,702	270,906	
	(ii)							
4Bette Neville VP, CNO	(i)	85,623	10,688	2,450		8,626	107,387	
	(ii)	163,569	36,972	9,395	4,086	7,046	221,068	
5Carrie Lee Arsenault SVP, Beacon	(i)	276,251	14,500	3,607	22,052	20,437	336,847	
	(ii)							
6Catherine MacLaren VP HR, Talent	(i)	185,060	39,976	21,471	18,843	11,306	276,656	
	(ii)							
7Charles Therrien SVP Mercy	(i)	404,113	105,437	26,671	79,786	22,180	638,187	
	(ii)							
8Chris Frauenhofer VP, FinMedGrp	(i)	233,236	43,058	4,764	19,950	32,729	333,737	
	(ii)							
9Christina Lynn Polley VP,ChiefInforSe	(i)	159,496	21,961	2,661	14,924	20,036	219,078	
	(ii)							
10Christine Worthen VP,Sr Counsel	(i)	295,324	61,029	3,488	19,950	30,249	410,040	
	(ii)							
11Christy Joliff VP, RevCycle	(i)	148,050	4,688	20,406		18,039	191,183	
	(ii)							
12Claire DeSelle VP,Inno&Perf Im	(i)	200,893	39,754	20,763	18,982	1,001	281,393	
	(ii)							
13Colleen Hilton SVP, HC&H	(i)	263,550	68,233	3,875	58,995	14,673	409,326	
	(ii)							
14David A Valcik VP, IS	(i)	234,646	51,563	31,225	22,386	11,968	351,788	
	(ii)							
15David Stratton VP, Beacon Dire	(i)							
	(ii)	168,713	4,594	10,623		17,927	201,857	
16Edward Gilkey VP SrPhyEx Beac	(i)	347,538	71,169	12,088	22,800	25,865	479,460	
	(ii)							
17Eric R Hafener VP Compl/Privac	(i)	195,744	37,247	3,157	16,467	973	253,588	
	(ii)							
18Everard D Dixon VP, IS	(i)	216,712	43,472	3,377	17,689	20,979	302,229	
	(ii)							
19Gavin Ducker MD SVP Pres-MedGrp	(i)	278,658	60,948	16,416	20,422	20,599	397,043	
	(ii)							

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21George Eaton VP Depty GenCou	(i)	254,509	52,734	10,638	22,303	20,972	361,156	
	(ii)							
1Glenda Dwyer SVP,ClinicOpera	(i)	174,690	16,875	2,923	10,757	7,012	212,257	
	(ii)							
2 Glenn Martin Chief Legal Offi SVP & Secretary	(i)	443,589	165,077	43,124	88,916	23,581	764,287	
	(ii)							
3Greg LaFrancois SVP, AR Gould	(i)	339,489	88,632	23,688	70,794	3,659	526,262	
	(ii)							
4Howard Jones Med Dir, Occ Hlth	(i)	328,657	64,060	8,071	22,800	24,863	448,451	
	(ii)							
5Jaime Audet VP HR Oper/Rewa	(i)	194,074	38,212	13,213	15,837	29,910	291,246	
	(ii)							
6Jason Tankel VP,ComplianceOf	(i)	201,773	44,937	32,267	22,061	34,240	335,278	
	(ii)							
7Jay Reynolds MD Board Member	(i)							
	(ii)	301,925	60,284	22,521	15,326	29,298	429,354	
8Jean M Mellett AVP Plning & Strat	(i)	195,872	28,233	3,197	23,258	29,722	280,282	
	(ii)							
9Jeff Sanford VP Finance Beac	(i)	265,551	55,311	5,267	28,500	13,061	367,690	
	(ii)							
10Jeffrey Doran VP Med Group Op	(i)	347,535	70,293	26,010	22,800	23,841	490,479	
	(ii)							
11Jeffrey Parsons VP,Risk Mgmt	(i)	208,373	42,432	1,845	18,260	31,442	302,352	
	(ii)							
12Jennifer Fogel VP,Nursing Info	(i)	165,078	33,087	18,992	20,304	12,112	249,573	
	(ii)							
13Joel Andrew Farley AVP Facilities Mng	(i)	193,443	31,785	46,766	20,842	32,449	325,285	
	(ii)							
14John Dalton Former SVP, Inland	(i)	58,448	66,033	119,898	4,748	1,092	250,219	
	(ii)							
15John J Doyle VP Finance	(i)	364,823	78,752	45,386	76,316	34,525	599,802	
	(ii)							
16John Ronan SVP BHH & MCH	(i)	337,549	89,642	46,223	71,024	11,972	556,410	
	(ii)							
17Karen Hawkes VP, Oper Beacon	(i)	144,076	15,036	1,236	9,576	2,494	172,418	
	(ii)							
18Karl-Heinz Spittler MD SVP,Pres-MedGro	(i)	248,447	14,341	7,458	21,491	7,129	298,866	
	(ii)							
19Lenora Clark VP IntegCareMng	(i)	199,249	6,876	6,363		3,927	216,415	
	(ii)							

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41 Lisa Harvey-McPhersonRN VP Govnment Rel	(i)	267,571	95,494	5,913	65,228	12,652	446,858	
	(ii)							
1Lori Dunivan VP, NursingInfo	(i)	141,878	28,673	2,616	17,614	20,927	211,708	
	(ii)							
2Marie Vienneau SVP CAD & Mayo	(i)	229,167	14,610	1,038	8,316	23,273	276,404	
	(ii)	100,022	15,213	96	19,504	3,148	137,983	
3Mark J Cale Controller	(i)	212,756	30,279	3,406	14,068	32,233	292,742	
	(ii)							
4Mary Michelle Hood Former NLH President & CEO	(i)	277,407		322,590	10,317	7,819	618,133	
	(ii)							
5Matthew Jay Marston VP, Pharmacy	(i)							
	(ii)	171,232	16,632	4,434	5,810	19,072	217,180	
6Matthew Weed SVP,Chief Strat	(i)	418,167	117,192	32,720	79,357	23,504	670,940	
	(ii)							
7Michael F Whelan VP,Facilities	(i)	306,067	62,879	29,784	25,650	33,145	457,525	
	(ii)							
8Michael P Donahue VP, Popula Hlth	(i)	160,058	74,417	107,079	3,867	7,783	353,204	
	(ii)							
9Michael Smith VP CPO, Found	(i)	254,613	52,707	5,536	22,800	34,425	370,081	
	(ii)							
10Navneet Marwaha MD VP, CQO	(i)	160,499	7,031	15,346		12,679	195,555	
	(ii)							
11Noah Galen Lundy VP, HR East	(i)	141,806	23,568	1,833	8,420	10,784	186,411	
	(ii)							
12Paul Bolin SVP Chief HRO	(i)	365,022	59,878	35,078	71,686	35,028	566,692	
	(ii)							
13Paula Theriault VP,NursingInfo	(i)	174,235	34,922	7,670	21,750	19,508	258,085	
	(ii)							
14Rand O'Leary SVP, EMMC	(i)	543,460	26,251	7,227		23,181	600,119	
	(ii)							
15Randy Albert VP,Fin Ops&Anal	(i)	185,128	25,962	13,195	12,700	11,870	248,855	
	(ii)							
16Richard Cowan VP,IS Infrastru	(i)	201,756	41,269	10,385	16,736	20,762	290,908	
	(ii)							
17Scott Oxley SVP, AHC	(i)	307,956	134,728	13,164	71,532	20,390	547,770	
	(ii)							
18Steve Berkowitz Former SVP & CMO	(i)	17,174	108,245	20,057	2,910	599	148,985	
	(ii)							
19Steve Howell VP, Asst Treas	(i)	318,725	67,916	20,521	19,950	21,174	448,286	
	(ii)							

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
61Suzanne R Spruce AVP, Comm&Mktg	(i)	170,346	27,009	45,224	22,434	12,878	277,891	
	(ii)							
1Teresa P Vieira SVP, SVH & IH	(i)	287,427	291,935	38,693	23,196	23,893	665,144	
	(ii)							
2Thad Zmistowski VP,Sr.Litigator	(i)	230,323	23,764	6,206	10,635	32,538	303,466	
	(ii)							
3Timothy J Dentry Ex-officio	(i)	860,379	182,026	13,380	112,598	32,498	1,200,881	
	(ii)							
4Tori Gaetani VP N&PCS Beacon	(i)	164,957	35,198	7,554	16,128	32,029	255,866	
	(ii)							
5Tracy Jean Roberts VP-Compl&Privac	(i)	152,981	12,548	2,917	10,116	2,390	180,952	
	(ii)							
6Yoosuf Joe Siddiqui VP HR Employ Ex	(i)	156,998	31,674	2,783	14,186	33,667	239,308	
	(ii)							

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS
NORTHERN LIGHT HEALTH

Employer identification number
01-0527066

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	196,003,998			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	8,599,384			
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,915,040			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	185,489,574			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2019			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?		X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Part VI	Part II, Line 3, column A, does not equal Part I, Line A, column E as a result of other sources of funds from contributions from EMHS Philanthropy totaling $6,273,939.Part IV, Line 2c, column A - 7/13/2021 - Date of Rebate Computation.

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS
NORTHERN LIGHT HEALTH

Employer identification number
01-0527066

Part I Excess Benefit Transactions

(section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total . . . . . ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Tracy Ronan	fam mem of officer	160,093	compensation		No
(2) Kristin Martin	fam mem of officer	123,314	compensation		No
(3) Erin Lundy	fam mem of offic	114,500	compensation		No
(4) Christine Worthen	fam mem of offic	299,367	Eaton Peabody legal serv		No

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part V Supplemental Information	Tracy Ronan is the spouse of an officer and is an employee of Eastern Maine Healthcare Systems d/b/a Northern Light Health (NLH).Kristin Martin is the spouse of an officer and is an employee of NLH.Erin Lundy is the spouse of an officer and is an employee of NLH.Christine Worthen, officer family member is an employee of Eaton Peabody which provides Legal Services to NLH.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS
NORTHERN LIGHT HEALTH

Employer identification number
01-0527066

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d: Other Program Services Description	OTHER PROGRAM SERVICES 4: Good health is good businessResiliencyA light summer breeze come s off the Union River as customers gather on picnic tables shaded by umbrellas on the lawn outside the Union River Lobster Pot restaurant in Ellsworth. They are hoisting glasses of cold draft beer as servers carry out plates piled high with steamed clams and boiled lobs ter garnished with leafy green parsley and lemon wedges. To restaurant owner Brian Langley , the summer of 2021 looks a lot different than the summer of 2020. It's a lot closer to n ormal, at least in terms of business volume. "We've seen a real influx of customers lookin g to escape to Maine from wherever they were in the country. They had to get out, and they wanted to go someplace safe. Maine was the epitome of both of those things, says Langley. But as normal as things look, it was a challenge to get here. Like many business owners, L angley was dealing with so many unknowns. How could he keep employees and customers safe f rom COVID-19? How could he overcome supply chain issues, staffing shortages, social distan cing requirements, and government mandates? For these questions and more, Langley turned t o Northern Light Health which had started offering business-to-business webinars via the Z oom video conferencing portal. "We call these webinars Good Health is Good Business," expl ains Carrie Arsenault, MBA, president of Northern Light Beacon Health, which spearheads th e webinar series. "We bring experts together from across Northern Light Health and share r esources and advice on how to return to business safely for employees, visitors, and custo mers." As a large employer dealing directly with COVID-19, Northern Light Health had the e xpertise and resources that business owners needed, with experts in infection prevention, supply chain, finance, and behavioral health, to name a few. "One of the reasons you found me every two weeks watching the webinars was to get an idea of what we would be facing, e xplains Langley. I looked for trusted information, and there you had it from the horse's m outh. You could ask the doctors and other experts direct questions, and if they didn't kno w something they acknowledged that. It wasn't curated, it was objective and unbiased" Lang ley explains. A planning group meets regularly to discuss topics, create presentations, an d book panelists. James Jarvis, MD, FAAFP, Physician Leader, Incident Command, Northern Li ght Health, is a frequent panelist because of his expertise in the COVID-19 response. "Ini tially, I think they just wanted updates on what healthcare was doing and what was going o n in our communities in relation to COVID-19. We realized that we needed to be a voice of science and reason to help mitigate fear. There was so much unknown in the beginning part of this pandemic that we felt an obligation to inform our businesses and communities of wh at we knew and what we thought was going to happen," explains Dr. Jarvis. Another panelist , Yemaya St. Clair, LCPC, coun

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d: Other Program Services Description	selor, Northern Light Work Force EAP, was brought in to offer mental health advice to busi ness owners. Many recognized that their employees, and in some cases customers, were strug gling to cope with the new normal of the pandemic. "Early on, when the masking mandates we nt into effect, we provided coaching around de-escalation, to help people stay calm. We al so provided resiliency training and ways to help manage stress," shares St. Clair. For Bri an Langley, valuable advice helped him navigate an uncertain time, helped his employees co pe, and provided current information to help adapt his business. He used the pandemic as a n opportunity to try new menu items and offerings, such as outdoor seating. Eventually, La ngley took what he learned and shared it with other business owners as a webinar panelist. "What can I do that's different, and how do I survive? I think that's what I wanted to sh are," explains Langley. Arsenault says Northern Light Beacon Health will continue offering the webinars as long as there is a community need. "We are thrilled to be part of the sol ution to create healthy employees, healthy businesses and, as a result, healthy communitie s."Ladders of opportunityPart 1 DiversityWhen Ngozi Christopher, RN, BSN, first started wo rking at Northern Light Eastern Maine Medical Center in 2017, she had already worked as a nurse for several years in Nigeria. She had clinical experience and a nursing education bu t didn't know how steep the cultural curve would be. She remembers one particularly diffic ult exchange with a patient's wife who was mad at Ngozi because she wouldn't make constant eye contact with her or her husband. "In Nigeria, when you're talking to an elder, you're not supposed to look eye-to-eye because that's a sign of rudeness," Ngozi explains. She n ow understands that generally, eye contact is important in western culture. Ngozi was recr uited to work at the medical center through Northern Light Health's international nurses' program. She admits that adapting to a different culture and new customs has been challeng ing, especially when you feel culturally "alone. She welcomes Northern Light Health's effo rts to diversify its nursing workforce. OTHER PROGRAM SERVICES 5: "When you have other peo ple from different places, especially people that understand your culture, it takes away t he feeling that you are alone, which, in turn, builds your confidence. It builds your mora le, and you have people to share your experiences with." Someone else who understands Ngoz i's sentiments is Marwa Hassanien, MS, M.Ed., director of Diversity, Equity, and Inclusion (DEI) for Northern Light Health. Marwa, the daughter of Egyptian immigrants, oversees the system's DEI initiatives, including efforts to diversify the workforce. "In Maine and acr oss the country we have a critical shortage of healthcare workers, especially in nursing. Diversifying the workforce creates opportunities for people from abroad to come here and e nrich our state and our workfo

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d: Other Program Services Description	rce. We need that in a highly homogenous state like Maine. We need their contributions, ta lent, and richness of culture and traditions," shares Hassanien.Hassanien oversees several DEI initiatives, including a grant-funded project with the University of Maine and Morgan State University, a historically black college in Maryland. The $1.7 million grant from t he federal Health Resources and Services Administration provides funding to increase recru itment and retention of diversified nursing students and faculty. UMaine faculty will tap the healthcare-focused diversity, equity, and inclusion resources of Northern Light Health , and Northern Light Eastern Maine Medical Center will serve as the primary clinical train ing site for the School of Nursing. "Recruiting faculty is challenging regardless of the d iversity factor, but recruiting diverse faculty is sometimes seemingly impossible. So, we' ve partnered with Morgan State University School of Nursing and will engage in a faculty e xchange with their program," shares Kelley Strout, Associate Professor and Director of the University of Maine School of Nursing. In addition to a faculty exchange, Strout explains that some of the grant funding will provide scholarships for students of different ethnic ities. The first scholarship recipient is senior nursing student Camilla Silva, the daught er of Brazilian immigrants. She relates, "At home, I was surrounded by people from my cult ure, and coming here where it is predominantly white was something that I did worry about. But, coming to the program and seeing that there are people that I can relate to and that I can even have conversations with in my native language is absolutely amazing." Silva is currently working part-time at Northern Light Eastern Maine Medical Center. Helping stude nts like her graduate and stay in Maine is the goal.For more information about Northern Li ght Health careers visit: https://northernlighthealth.org/careers/home For more informatio n on UMaine School of Nursing visit: https://umaine.edu/nursing/Ladders of opportunity Par t 2 GrowthWearing a brightly colored floral print dress and a mask over her face, Christin a Marring wheels her cart into the rehab unit at Northern Light Mercy Hospital. Her cart i s packed with cleaning supplies and fresh linens. Marring moves to the first empty patient bed, and in one effortless motion drapes a clean sheet over the bed. Marring has worked i n Mercy's Environmental Services Department for 14 years. She grew up in South Sudan and m oved to Maine with her husband and children. She is grateful to have a job at Mercy but wo rking a full-time job, caring for a large family, and dealing with medical issues, have no t been easy. She knows that greater English proficiency and digital literacy will help exp and her career opportunities. "I'm trying to practice using a computer to look for somethi ng other than housekeeping," explains Marring. Her situation is not unique. Melissa Skahan , vice president of Mission In

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2: Description of Business or Family Relationship of Officers, Directors, Et	Charles E. Hewitt, board member, Scott Oxley, officer, and George Eaton, officer are board members of Bangor Savings Bank. James Donnelly, board member is an employee of Bangor Savings Bank. George Eaton, officer is also board member of Bangor Savings Bank Foundation.James Donnelly, board member is board member of University of Maine System and Paul Bolin, officer is board member of Umaine Business School.George Eaton, officer and Scott Oxley, officer are board members of Galen Cole Family Foundation.Eric Hafener, officer and Alison Worster, officer are board members of Challenger Learning Center.Colleen Hilton, officer and Lisa Harvey-McPherson, officer are board members of Home Care & Hospice Alliance of ME.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6: Explanation of Classes of Members or Shareholder	Eastern Maine Healthcare Systems, d/b/a Northern Light Health, is a Maine nonprofit corporation organized with at least 125 and not more than 250 individual members representing the geographic area served by its subsidiary corporations.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a: How Members or Shareholders Elect Governing Body	Each year at the organizations annual meeting, the members elect replacements for those members and those directors whose terms are expiring, subject to the concurring action of the board of directors. If the board does not approve the slate of members or directors elected by the members themselves, the meeting is adjourned and the nominating committee of the board is charged with nominating a new slate.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b: Describe Decisions of Governing Body Approval by Members or Shareholders	Approval of the members is required to ratify any amendment adopted by the Board of Directors to the Articles of Incorporation or the Bylaws changing the number, geographic distribution, qualifications, organization or election of members; or changing the election of Directors; or to ratify any merger, consolidation or dissolution of the Corporation.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b: Form 990 Review Process	Form 990 is reviewed by the NLH VP of Finance. It is provided to each board member either electronically or in hard copy with an opportunity to ask questions prior to filing with the IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	The organization requests updates of potential conflicts and relationships from the officers and Board members on an annual basis. The request requires disclosure of all business relationships, board memberships, and family relationships. A database is maintained that is compared to payroll records and the accounts payable vendor list to identify any potential conflicts of interest. Transactions are reviewed for reasonableness as an arm's length transaction. The first agenda item for board meetings and board committee meetings is for members to declare any conflict of interest with upcoming agenda items or deliberations. At any point when consideration is being given to purchase/contract with a party in interest, the member with the conflict is either excused from the discussion and consideration process or abstains from voting on the matter. All transactions identified with parties in interest are disclosed within the Form 990. All are deemed to be arm's length transactions.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	Compensation of other officers and key employees of the organization is established by the Human Resources department who utilize external market research to establish compensation ranges for specific positions. The compensation of officers and key employees are reviewed by the NLH CEO and NLH Executive Performance Management Committee.On an annual basis, the compensation ranges are compared to the updated survey information. The hiring manager will determine where the employee will fall within the ranges established by the Human Resources department based on experience and credentials.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	Northern Light Health makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Net Change in Funds Held at NLH Foundation = $72822

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Pension Liability FAS 158 Adjustment = -$790132

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Transfer to exempt subsidiary - NLH Foundation = -$23533

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
EASTERN MAINE HEALTHCARE SYSTEMS
NORTHERN LIGHT HEALTH

Employer identification number
01-0527066

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WorkHealth LLC 43 Whiting Hill Road Brewer, ME 04412 47-4315094	Provide Healthcare Services	ME	5,369,766	-7,014,013	EMHS
(2) Beacon Health LLC 43 Whiting Hill Road Brewer, ME 04412 45-2967056	Accountable care organization	ME	13,683,532	6,974,231	EMHS
(3) Beacon Rural Health LLC 43 Whiting Hill Road Brewer, ME 04412 47-4483187	Accountable care organization	ME			EMHS
(4) Beacon Health ACO Holdings LLC 43 Whiting Hill Road Brewer, ME 04412 36-4903784	Accountable care organization	ME			EMHS

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Alliance Health Documentation LLC 43 Whiting Hill Road Brewer, ME 04412 46-2751855	Transcription	ME	AHS					No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) Affiliated Healthcare Systems AHS 43 Whiting Hill Road Brewer, ME 04412 01-0385322	Holding Co.	ME	EMHS	C	4,806,667	14,233,818	100.000 %	Yes	
(2) Affiliated Healthcare Management 43 Whiting Hill Road Brewer, ME 04412 01-0349339	Hlthcr mgmt	ME	AHS	C				Yes	
(3) Affiliated Laboratory Inc 43 Whiting Hill Road Brewer, ME 04412 01-0381283	Clinical Lab	ME	AHS	C				Yes	
(4) Beacon Direct 43 Whiting Hill Road Brewer, ME 04412 37-1864965	Healthcare Self-Funded TPA	ME	EMHS	C	2,261,576	712,049	100.000 %	Yes	

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

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

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

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

See Additional Data Table

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

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 20011551
Software Version: 2020v4.0
EIN: 01-0527066
Name: EASTERN MAINE HEALTHCARE SYSTEMS
NORTHERN LIGHT HEALTH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO Box 404 489 State Street Bangor, ME 044020404 01-0211501	Provide healthcare services	ME	501(c)(3)	3	Eastern Maine Healthcare Systems EMHS	Yes	
43 Whiting Hill Road Brewer, ME 04412 01-0391036	Leases real estate	ME	501(c)(2)		EMHS	Yes	
43 Whiting Hill Road Suite 400 Brewer, ME 04412 01-0391038	Provide services to elderly	ME	501(c)(3)	PF	EMHS	Yes	
43 Whiting Hill Road Brewer, ME 04412 01-0459837	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
43 Whiting Hill Road Brewer, ME 04412 01-0377901	Fund raising for exempt EMMC	ME	501(c)(3)	10	EMMC	Yes	
43 Whiting Hill Road Brewer, ME 04412 22-3183888	Provide healthcare services	ME	501(c)(3)	10	AHC	Yes	
43 Whiting Hill Road Suite 400 Brewer, ME 04412 22-2514163	Raise & manage funds for exempt orgs	ME	501(c)(3)	12 Type II	EMHS	Yes	
200 Kennedy Memorial Drive Waterville, ME 04901 01-0217211	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
220 Kennedy Memorial Drive Waterville, ME 04901 01-0421234	Provide skilled & long term nursing care	ME	501(c)(3)	3	Inland Hospital	Yes	
Pritham Avenue PO Box 1129 Greenville, ME 044411129 04-3341666	Provide Healthcare Services	ME	501(c)(3)	3	EMHS	Yes	
447 North Main Street Pittsfield, ME 04967 01-0263628	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
PO Box 151 140 Academy St Presque Isle, ME 047690151 01-0372148	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
57 Water Street Blue Hill, ME 046145231 01-0227195	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
43 Whiting Hill Road Brewer, ME 04412 83-0911574	Ambulance	ME	501(c)(3)	10	EMHS	Yes	
175 Fore River Parkway Portland, ME 04102 01-0211534	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
50 Foden Road South Portland, ME 04106 01-0246804	Provide home hlth and hospice srvs	ME	501(c)(3)	10	EMHS	Yes	
50 Union Street Ellsworth, ME 04605 01-0198331	Provide healthcare services	ME	501(c)(3)	3	EMHS	Yes	
50 Union Street Ellsworth, ME 04605 01-0390918	Lease medical facilities	ME	501(c)(3)	12 Type I	MCH	Yes	
43 Whiting Hill Road Brewer, ME 04412 01-0211501	Operation of nursing homes	ME	501(c)(3)	3	EMMC	Yes	
43 Whiting Hill Road Brewer, ME 04412 27-2175482	Pharmacy	ME	501(c)(3)	3	EMMC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	**No**
897 W Main Street DoverFoxcroft, ME 04426 84-3689003	Provide Healthcare Services	ME	501(c)(3)	3	EMHS	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Eastern Maine Medical Center EMMC	a	4,157,338	FMV
Eastern Maine Medical Center EMMC	l	112,753,941	FMV
Eastern Maine Medical Center EMMC	q	64,120,024	FMV
Eastern Maine Medical Center EMMC	s	5,813,858	FMV
Rosscare	s	284,270	FMV
Acadia Hospital Corp AHC	l	6,389,701	FMV
Acadia Hospital Corp AHC	q	6,243,550	FMV
Acadia Healthcare Inc AHI	l	318,163	FMV
Acadia Healthcare Inc AHI	m	59,019	FMV
Acadia Healthcare Inc AHI	q	1,641,952	FMV
Northern Light Health Foundation	l	322,323	FMV
Inland Hospital	l	9,402,261	FMV
Inland Hospital	q	5,892,183	FMV
Inland Hospital	s	321,968	FMV
Lakewood	l	622,452	FMV
Lakewood	q	970,244	FMV
CA Dean Memorial Hospital	l	1,906,812	FMV
CA Dean Memorial Hospital	q	2,163,320	FMV
CA Dean Memorial Hospital	s	142,340	FMV
Sebasticook Valley Health SVH	l	5,674,933	FMV
Sebasticook Valley Health SVH	q	4,311,560	FMV
The Aroostook Medical Center TAMC	k	54,177	FMV
The Aroostook Medical Center TAMC	l	12,330,836	FMV
The Aroostook Medical Center TAMC	q	11,495,539	FMV
The Aroostook Medical Center TAMC	s	829,790	FMV

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Blue Hill Memorial Hospital	l	4,681,947	FMV
Blue Hill Memorial Hospital	q	3,555,800	FMV
Blue Hill Memorial Hospital	s	74,672	FMV
Northern Light Medical Transport	l	594,158	FMV
Northern Light Medical Transport	q	935,086	FMV
Mercy Hospital	l	27,576,198	FMV
Mercy Hospital	q	17,114,703	FMV
Mercy Hospital	s	274,883	FMV
VNA Home Health & Hospice	a	88,820	FMV
VNA Home Health & Hospice	l	2,172,123	FMV
VNA Home Health & Hospice	q	5,931,435	FMV
ME Coast Regional Hlth Fac dba MCH	l	8,322,576	FMV
ME Coast Regional Hlth Fac dba MCH	q	7,259,493	FMV
ME Coast Regional Hlth Fac dba MCH	s	453,849	FMV
M Drug LLC	a	70,006	FMV
M Drug LLC	l	2,928,156	FMV
M Drug LLC	p	518,704	FMV
M Drug LLC	q	1,012,563	FMV
MRH Corp dba NorthernLight Mayo Hospital	l	378,349	FMV
MRH Corp dba NorthernLight Mayo Hospital	q	3,987,997	FMV
Affiliated Healthcare Systems AHS	s	4,155,561	FMV
Affiliated Healthcare Management	k	269,040	FMV
Affiliated Healthcare Management	l	255,010	FMV
Affiliated Healthcare Management	q	341,859	FMV
Affiliated Laboratory Inc	a	32,255	FMV

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Affiliated Laboratory Inc	l	2,093,538	FMV
Affiliated Laboratory Inc	m	622,523	FMV
Affiliated Laboratory Inc	q	2,830,072	FMV
Beacon Direct	l	191,190	FMV
Beacon Direct	m	1,707,719	FMV
Beacon Direct	p	494,441	FMV