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

**2024**

**Open to Public Inspection**

A For the 2024 calendar year, or tax year beginning 10/01 , 2024, and ending 9/30 , 20 2025

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

C
Acadia Hospital, Corp
Northern Light Acadia Hospital
43 Whiting Hill Road
Brewer, ME 04412

D Employer identification number: 01-0459837

E Telephone number: 207-973-9081

G Gross receipts $ 98,070,771.

F Name and address of principal officer: John J. Doyle
Same As C Above

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions.

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: https://northernlighthealth.org/Acadia-Hospit

H(c) Group exemption number 5247

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 1987

M State of legal domicile: ME

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: The primary mission and significant activities of Acadia Hospital, Corp. d/b/a Northern Light Acadia Hospital are the provision of inpatient and outpatient psychiatric and mental health services to children, adolescents, and adults.

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 | 11 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 7 |
| 5 | Total number of individuals employed in calendar year 2024 (Part V, line 2a) | 5 | 887 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 42 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. |

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 759,794. | 6,490,632. |
| 9 | Program service revenue (Part VIII, line 2g) | 87,046,582. | 91,214,967. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 143,355. | 365,172. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | |
| 12 | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 87,949,731. | 98,070,771. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 52,262,153. | 49,627,933. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | |
| b | Total fundraising expenses (Part IX, column (D), line 25) | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 23,944,799. | 28,634,542. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 76,206,952. | 78,262,475. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 11,742,779. | 19,808,296. |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 115,121,340. | 136,339,039. |
| 21 | Total liabilities (Part X, line 26) | 61,703,233. | 61,680,952. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 53,418,107. | 74,658,087. |

## 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**

Signature of officer — Date: 8/3/26

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

**Paid Preparer Use Only**

| Preparer's name | Preparer's signature | Date | Check [ ] if self-employed | PTIN |
|---|---|---|---|---|
| | Self-Prepared | | | |

Firm's name
Firm's address
Firm's EIN
Phone no.

May the IRS discuss this return with the preparer shown above? See instructions [ ] Yes [X] No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

The primary mission and significant activities of Acadia Hospital, Corp. d/b/a Northern Light Acadia Hospital are the provision of inpatient and outpatient psychiatric and mental health services to children, adolescents, and adults.

**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 $ 68,767,607. including grants of $ ) (Revenue $ 91,214,967. )

Northern Light Acadia Hospital's 43-bed adult inpatient service provided 12,068 patient days of care to 960 patients. Patients are referred primarily from a large, nine county area of northern, eastern, and central Maine.

**4b** (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

Northern Light Acadia Hospital's 50-bed child and adolescent inpatient service provided 14,652 patient days of care to 870 patients.

**4c** (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

The adult outpatient clinic provided the following number of patient encounters: 8,614 medication management; 14,607 therapy and 3,693 geriatric.

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

**4e** Total program service expenses 68,767,607.

## 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 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions | 2 | X | |
| 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 | | X |
| 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 | X | |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 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 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | X | |
| 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 | X | |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | X | |
| 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 | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | X |
| 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 | X | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | X | |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | X | |
| 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 | | X |

**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 | | X |
| **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 | X | |
| **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 | X | |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | X |
| **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 | | X |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | X |
| **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 | | X |
| **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 | | X |
| **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 | | X |
| **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 | | X |
| **28** | Was the organization a party to a business transaction with one of the following parties? (See the 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 | | X |
| **b** | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | X | |
| **c** | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| **29** | Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| **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 | | X |
| **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 | | X |
| **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 | X | |
| **35a** | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X | |
| **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 | X | |
| **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 | | X |
| **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 | | X |
| **38** | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O | 38 | X | |

**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 | 47 | | |
| **b** | Enter the number of Forms W-2G included on 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 | | X | |

**Part V Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| **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** 887 | | | |
| **b** | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | **2b** | X | |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? | **3a** | | X |
| **b** | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O.* | **3b** | | |
| **4a** | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | **4a** | | X |
| **b** | If "Yes," enter the name of the foreign country<br>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** | | X |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | **5b** | | X |
| **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** | | X |
| **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** | | X |
| **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** | | X |
| **d** | If "Yes," indicate the number of Forms 8282 filed during the year **7d** | | | |
| **e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | **7e** | | X |
| **f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | **7f** | | X |
| **g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | **7g** | | |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | **7h** | | |
| **8** | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | **8** | | |
| **9** | **Sponsoring organizations maintaining donor advised funds.** | | | |
| **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?<br>**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** | | X |
| **b** | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on 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?<br>If "Yes," see the instructions and file Form 4720, Schedule N. | **15** | | X |
| **16** | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O. | **16** | | X |
| **17** | **Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?<br>If "Yes," complete Form 6069. | **17** | | |

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

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

## 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 . . . . . 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 on Schedule O. | **1a** 11 | | |
| **b** | Enter the number of voting members included on line 1a, above, who are independent . . . . . | **1b** 7 | | |
| **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? See Schedule O | **2** | X | |
| **3** | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | **3** | | X |
| **4** | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? See Sch O | **4** | X | |
| **5** | Did the organization become aware during the year of a significant diversion of the organization's assets? | **5** | | X |
| **6** | Did the organization have members or stockholders? See Schedule O | **6** | X | |
| **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? See Schedule O | **7a** | X | |
| **b** | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? See Sch O | **7b** | X | |
| **8** | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| **a** | The governing body? | **8a** | X | |
| **b** | Each committee with authority to act on behalf of the governing body? | **8b** | X | |
| **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 on Schedule O* | **9** | | X |

## 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** | | X |
| **b** | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | **10b** | | |
| **11a** | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | **11a** | X | |
| **b** | Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O | | | |
| **12a** | Did the organization have a written conflict of interest policy? *If "No," go to line 13* | **12a** | X | |
| **b** | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | **12b** | X | |
| **c** | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done* See Schedule O | **12c** | X | |
| **13** | Did the organization have a written whistleblower policy? | **13** | X | |
| **14** | Did the organization have a written document retention and destruction policy? | **14** | X | |
| **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 See Schedule O | **15a** | X | |
| **b** | Other officers or key employees of the organization See Schedule O | **15b** | X | |
| | If "Yes" to line 15a or 15b, describe the process on 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** | | X |
| **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** | | |

## 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Another's website X Upon request ☐ Other *(explain on Schedule O)*

**19** Describe on 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. See Schedule O

**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 Road 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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 the 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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | | | |
| (1) Timothy Dentry | 0.5 | | | | | | | | | |
| Ex-Officio | 50 | X | | X | | | | 0. | 1,591,453. | 67,928. |
| (2) Anthony Filer | 0 | | | | | | | | | |
| Former SVP-CFO | 50 | | | | | | X | 0. | 917,096. | 70,527. |
| (3) Paul Bolin | 2 | | | | | | | | | |
| EVP, President | 50 | X | | X | | | | 0. | 679,220. | 126,504. |
| (4) George Eaton, Esq. | 2 | | | | | | | | | |
| Secretary | 50 | | | X | | | | 0. | 683,456. | 56,885. |
| (5) John Campbell, MD | 50 | | | | | | | | | |
| Ex-Officio | 0 | X | | X | | | | 427,709. | 0. | 51,538. |
| (6) James Rohrbaugh | 2 | | | | | | | | | |
| Treasurer | 50 | | | X | | | | 0. | 440,146. | 18,083. |
| (7) Jason M. Dobrovolny | 40 | | | | | | | | | |
| NP-Psychiaty-Lead | 0 | | | | | X | | 406,089. | 0. | 49,926. |
| (8) Anthony T. Ng | 40 | | | | | | | | | |
| Medical Director | 0 | | | | | X | | 351,017. | 0. | 65,148. |
| (9) Joshua Newman | 40 | | | | | | | | | |
| Dir-Residency Prog | 0 | | | | | X | | 333,532. | 0. | 67,644. |
| (10) Mark Lukens | 0 | | | | | | | | | |
| SVP, Pres-Pt Yr | 50 | X | | X | | | | 0. | 362,889. | 22,347. |
| (11) Lewis Mehl-Madrona | 40 | | | | | | | | | |
| Phys-Psychiatry | 0 | | | | | X | | 326,908. | 0. | 53,177. |
| (12) Wendy Merchant | 0 | | | | | | | | | |
| VP Finance | 50 | | | X | | | | 0. | 279,176. | 61,657. |
| (13) Monir Musavi | 40 | | | | | | | | | |
| Phys-Psychiatry | 0 | | | | | X | | 323,939. | 0. | 1,328. |
| (14) Charmaine Patel | 50 | | | | | | | | | |
| VP-Sr Phys Exec | 0 | X | | X | | | | 283,354. | 0. | 40,641. |

**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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | | | |
| (15) Noah Lundy | 0 | | | | | | | | | |
| VP HR-Pt Yr | 50 | | | X | | | | 0. | 273,221. | 39,302. |
| (16) Brent Scobie | 50 | | | | | | | | | |
| VP Quality & CS | 0 | | | X | | | | 224,527. | 0. | 61,917. |
| (17) Doug Townsend | 50 | | | | | | | | | |
| VP Operations | 0 | | | X | | | | 236,734. | 0. | 42,363. |
| (18) Yoosuf Siddiqui | 0 | | | | | | | | | |
| VP HR | 50 | | | X | | | | 0. | 221,726. | 56,579. |
| (19) Amy Kearns | 0 | | | | | | | | | |
| Former VP Finance | 50 | | | | | | X | 0. | 189,685. | 38,322. |
| (20) Samantha Foss | 50 | | | | | | | | | |
| VP Nursing | 0 | | | X | | | | 55,505. | 0. | 8,770. |
| (21) Rhonda Sperrey | 0.5 | | | | | | | | | |
| Trustee | 0 | X | | | | | | 0. | 0. | 0. |
| (22) Eleanor Pancoe | 0.5 | | | | | | | | | |
| Trustee | 0 | X | | | | | | 0. | 0. | 0. |
| (23) Richard Rosen | 2 | | | | | | | | | |
| Trustee/Chair | 0 | X | | X | | | | 0. | 0. | 0. |
| (24) Kara Hay | 0.5 | | | | | | | | | |
| Trustee | 0 | X | | | | | | 0. | 0. | 0. |
| (25) Edward Gould, Esq. | 0.5 | | | | | | | | | |
| Trustee | 0 | X | | | | | | 0. | 0. | 0. |
| **1b Subtotal** | | | | | | | | 2,969,314. | 5,638,068. | 1,000,586. |
| **c Total from continuation sheets to Part VII, Section A** | | | | | | | | 0. | 0. | 0. |
| **d Total (add lines 1b and 1c)** | | | | | | | | 2,969,314. | 5,638,068. | 1,000,586. |

**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 62

| | | Yes | No |
|---|---|---|---|
| **3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | X | |
| **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 | X | |
| **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 | | X |

## 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 |
|---|---|---|
| Johnson and Webbert LLP 1 Bowdoin Mill Island Topsham, ME 04086 | Legal Services | 220,029. |
| Simplifi 5020 Northshore Drive, Suite 2 North Little Rock, AR 72118 | Temporary Staffing | 3,510,480. |
| Weatherby Healthcare PO Box 972633 Dallas, TX 75397-2633 | Temporary Staffing | 700,454. |
| Securitas Sec Svs USA Inc PO Box 403412 Atlanta, GA 30384-3412 | Security Services | 342,470. |
| Locumtenens.com 2655 Northwinds Parkway Alpharetta, GA 30009 | Physician Services | 957,598. |

**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 11

**Form 990**

Department of the Treasury
Internal Revenue Service

# Continuation Sheet for Form 990

OMB No. 1545-0047

**2024**

Name of the Organization

Acadia Hospital, Corp

**Employer Identification number**

01-0459837

## Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | | | |
| (1) Shirar Patterson | 2 | | | | | | | | | |
| Trustee/Vice Ch | 0 | X | | X | | | | 0. | 0. | 0. |
| (2) James E. Rogers, Jr. | 0.5 | | | | | | | | | |
| Trustee | 0 | X | | | | | | 0. | 0. | 0. |
| (3) Dyan Walsh | 0.5 | | | | | | | | | |
| Trustee | 0 | X | | | | | | 0. | 0. | 0. |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |

## 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 | 790,575. | | | | |
| | e Government grants (contributions) | 1e | 4,940,748. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 759,309. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | 130. | | | | |
| | h **Total.** Add lines 1a-1f | | | 6,490,632. | | | |
| Program Service Revenue | | | **Business Code** | | | | |
| | 2a Net Patient Care Services | | 621990 | 91,184,240. | 91,184,240. | | |
| | b Cafeteria | | 722514 | 30,727. | | | 30,727. |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g **Total.** Add lines 2a-2f | | | 91,214,967. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 365,172. | | | 365,172. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | | | (i) Real / (ii) Personal | | | | |
| | 6a Gross rents | 6a | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | | | (i) Securities / (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | | | | |
| | c Gain or (loss) | 7c | | | | | |
| | d Net gain or (loss) | | | | | | |
| | 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 | | | | | | |
| | 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 | | | | | | |
| | 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 | | | | | | |
| Miscellaneous Revenue | | | **Business Code** | | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e **Total.** Add lines 11a-11d | | | | | | |
| | 12 **Total revenue.** See instructions | | | 98,070,771. | 91,184,240. | 0. | 395,899. |

## 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. X

| *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 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,433,058. | 1,433,058. | 0. | 0. |
| 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. | 0. | 0. | 0. |
| 7 Other salaries and wages | 37,391,498. | 36,161,337. | 1,230,161. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 2,037,423. | 1,969,695. | 67,728. | |
| 9 Other employee benefits | 5,967,383. | 5,699,031. | 268,352. | |
| 10 Payroll taxes | 2,798,571. | 2,706,508. | 92,063. | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 26,873. | 26,873. | | |
| c Accounting | 13,809. | | 13,809. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 5,096. | 5,096. | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) Sch O | 14,280,766. | 7,530,551. | 6,750,215. | |
| 12 Advertising and promotion | 2,329. | 2,329. | | |
| 13 Office expenses | 1,311,395. | 1,170,487. | 140,908. | |
| 14 Information technology | 3,520,058. | 3,406,220. | 113,838. | |
| 15 Royalties | | | | |
| 16 Occupancy | 988,177. | 804,662. | 183,515. | |
| 17 Travel | 24,214. | 22,603. | 1,611. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 124,847. | 124,022. | 825. | |
| 20 Interest | 2,110,785. | 2,110,785. | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 3,127,246. | 2,544,413. | 582,833. | |
| 23 Insurance | 817,615. | 790,960. | 26,655. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a Taxes and Licenses | 1,674,470. | 1,672,662. | 1,808. | |
| b Medical Supplies | 285,867. | 285,867. | | |
| c Miscellaneous | 122,104. | 120,423. | 1,681. | |
| d Repairs & Maintenance | 113,964. | 95,247. | 18,717. | |
| e All other expenses | 84,927. | 84,778. | 149. | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 78,262,475. | 68,767,607. | 9,494,868. | 0. |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

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

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash — non-interest-bearing | | 33,273,803. | 1 | 55,978,857. |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | 58,186. | 3 | 75,800. |
| | 4 | Accounts receivable, net | | 22,152,876. | 4 | 23,753,970. |
| | 5 | Loans and other receivables from 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 | |
| | 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 | |
| | 7 | Notes and loans receivable, net | | 3,256. | 7 | |
| | 8 | Inventories for sale or use | | 83,947. | 8 | 126,209. |
| | 9 | Prepaid expenses and deferred charges | | 52,478. | 9 | 168,630. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 85,617,391. | | | |
| | b | Less: accumulated depreciation | 10b 33,311,656. | 55,063,049. | 10c | 52,305,735. |
| | 11 | Investments — publicly traded securities | | | 11 | |
| | 12 | Investments — other securities. See Part IV, line 11 | | | 12 | |
| | 13 | Investments — program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 4,433,745. | 15 | 3,929,838. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | | 115,121,340. | 16 | 136,339,039. |
| Liabilities | 17 | Accounts payable and accrued expenses | | 10,899,664. | 17 | 13,914,105. |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 37,570,236. | 20 | 36,889,804. |
| | 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 | | | 23 | |
| | 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 | | 13,233,333. | 25 | 10,877,043. |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 61,703,233. | 26 | 61,680,952. |
| 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 | | 50,066,213. | 27 | 71,684,454. |
| | 28 | Net assets with donor restrictions | | 3,351,894. | 28 | 2,973,633. |
| | | **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 | | 53,418,107. | 32 | 74,658,087. |
| | 33 | Total liabilities and net assets/fund balances | | 115,121,340. | 33 | 136,339,039. |

## Part XI Reconciliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 98,070,771. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 78,262,475. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 19,808,296. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 53,418,107. |
| 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 on Schedule O) See Schedule O | 9 | 1,431,684. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 74,658,087. |

## 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 on Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| | 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 | X | |
| | 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 | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | 3a | X | |
| 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 on Schedule O and describe any steps taken to undergo such audits | 3b | X | |

**SCHEDULE A**
**(Form 990)**

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

**2024**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| Acadia Hospital, Corp<br>Northern Light Acadia Hospital | 01-0459837 |

## 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).)

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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on 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 . . . . . .

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) |
|---|---|---|---|---|---|---|
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

### Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | |

### Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (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 2024 (line 6, column (f), divided by line 11, column (f)) **14** %

15 Public support percentage from 2023 Schedule A, Part II, line 14 **15** %

16a **33-1/3% support test—2024.** 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—2023.** 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—2024.** 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—2023.** 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 in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support.** (Subtract line 7c from line 6.) | | | | | | |

### Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (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 on 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 2024 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 | Public support percentage from 2023 Schedule A, Part III, line 15 | 16 | % |

### Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 | Investment income percentage from **2023** Schedule A, Part III, line 17 | 18 | % |

19a **33-1/3% support tests—2024.** 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—2023.** 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, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 | | |
| **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 | | |
| **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 | | |
| **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 | | |
| **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 | | |
| **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 | | |
| **7** | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).* | 7 | | |
| **8** | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).* | 8 | | |
| **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 | | |
| **b** | Did one or more disqualified persons (as defined on 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 | | |
| **c** | Did a disqualified person (as defined on 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 | | |
| **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 | | |
| **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 on lines 11b and 11c below, the governing body of a supported organization? | 11a | | |
| **b** A family member of a person described on line 11a above? | 11b | | |
| **c** A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.*** | 11c | | |

## Section B. Type I Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| **1** Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 | | |

## 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 on 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 governmental entity (see instructions).*

| | | Yes | No |
|---|---|---|---|
| **2** Activities Test. ***Answer lines 2a and 2b below.*** | | | |
| **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.* | 2a | | |
| **b** Did the activities described on line 2a, above, 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): | | | |
| 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 0.85 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 2024 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-2024** | **(iii) Distributable Amount for 2024** |
|---|---|---|---|
| 1 Distributable amount for 2024 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required — *explain in* ***Part VI***). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2024 | | | |
| **a** From 2019 | | | |
| **b** From 2020 | | | |
| **c** From 2021 | | | |
| **d** From 2022 | | | |
| **e** From 2023 | | | |
| **f** **Total** of lines 3a through 3e | | | |
| **g** Applied to underdistributions of prior years | | | |
| **h** Applied to 2024 distributable amount | | | |
| **i** Carryover from 2019 not applied (see instructions) | | | |
| **j** Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2024 from Section D, line 7: $ | | | |
| **a** Applied to underdistributions of prior years | | | |
| **b** Applied to 2024 distributable amount | | | |
| **c** Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions. | | | |
| 6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions. | | | |
| 7 **Excess distributions carryover to 2025.** Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| **a** Excess from 2020 | | | |
| **b** Excess from 2021 | | | |
| **c** Excess from 2022 | | | |
| **d** Excess from 2023 | | | |
| **e** Excess from 2024 | | | |

**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.)

**SCHEDULE C**
**(Form 990)**

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

**2024**

**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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 organization | Employer identification number (EIN) |
|---|---|
| Acadia Hospital, Corp<br>Northern Light Acadia Hospital | 01-0459837 |

## 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 . . . . . $ 0.

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . $ 0.

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 EINs 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 (grassroots lobbying) | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | |
| d Other exempt purpose expenditures | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | |

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

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

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

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in) | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (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 |
|---|---|---|---|
| See Part IV<br>**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? | | X | |
| **b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | X | |
| **c** Media advertisements? | | X | |
| **d** Mailings to members, legislators, or the public? | | X | |
| **e** Publications, or published or broadcast statements? | | X | |
| **f** Grants to other organizations for lobbying purposes? | | X | |
| **g** Direct contact with legislators, their staffs, government officials, or a legislative body? | | X | |
| **h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| **i** Other activities? | X | | 13,060. |
| **j** Total. Add lines 1c through 1i | | | 13,060. |
| **2a** Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? | | X | |
| **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? | | | |

**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 campaign activity 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 expenditures 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.

**Part II-B - Description of Lobbying Activity**

Non deductible portion of dues.

**SCHEDULE D (Form 990)**

(Rev. December 2024)

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

**Open to Public Inspection**

**Name of the organization**

Acadia Hospital, Corp
Northern Light Acadia Hospital

**Employer identification number**

01-0459837

## 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 (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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 Tax 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 on line 2a | 2c | |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 make 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 program
- 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 | 1,063,881. | 879,614. | 804,991. | 762,079. | 494,724. |
| b Contributions | 201,600. | 51,100. | 51,750. | 153,250. | 201,850. |
| c Net investment earnings, gains, and losses | 64,451. | 145,715. | 37,516. | -92,871. | 80,931. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 95,039. | 12,548. | 14,643. | 17,467. | 15,426. |
| f Administrative expenses | | | | | |
| g End of year balance | 1,234,893. | 1,063,881. | 879,614. | 804,991. | 762,079. |

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

- a Board designated or quasi-endowment 1.55 %
- b Permanent endowment 98.45 %
- 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 |
|---|---|---|---|
| (i) Unrelated organizations? | 3a(i) | | X |
| (ii) Related organizations? | 3a(ii) | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | X | |

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

## 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 | | 447,123. | | 447,123. |
| b Buildings | | 48,680,575. | 16,263,999. | 32,416,576. |
| c Leasehold improvements | | | | |
| d Equipment | | 33,054,391. | 14,096,169. | 18,958,222. |
| e Other | | 3,435,302. | 2,951,488. | 483,814. |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))* | | | | 52,305,735. |

## Part VII Investments — Other Securities

N/A

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

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

## Part VIII Investments — Program Related

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

## Part IX Other Assets

N/A

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) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, line 15, column (B))* | |

## 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) Deferred Liab-Post Retirement Benefits | 7,483,832. |
| (3) Other Liability-Advanced Payment | 3,249,400. |
| (4) Other Liability-Commerce Bank | 63,924. |
| (5) Right-of-Use Finance Lease Liability | 79,887. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, line 25, column (B))* | 10,877,043. |

**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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . . . . . See Part XIII. [X]

## Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return N/A

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 | |
| 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 | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 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 | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)* | | | 5 | |

## Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 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 | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 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 | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)* | | | 5 | |

## 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.

### Part V, Line 4 - Intended Uses Of Endowment Fund

Endowment funds are designated for purposes that align within this organization's exempt purpose.

### Part X - FASB ASC 740 Footnote

Northern Light Health, its hospitals, and certain other affiliates have been determined by the Internal Revenue Service to be tax-exempt charitable organizations as described in Section 501(c)(3) or 501(c)(2) of the Internal Revenue Code (the Code) and, accordingly, are exempt from federal income taxes on related income

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

**Part X - FASB ASC 740 Footnote (continued)**

pursuant to Section 501(a) of the Code. Accordingly, no provision for federal income taxes has been recorded in the accompanying financial statements for these organizations.

Tax-exempt charitable organizations could be required to record an obligation for income taxes as the result of a tax position they have historically taken on various tax exposure items, including unrelated business income or tax status. Under guidance issued by FASB, assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position. Estimated interest and penalties, if applicable, related to uncertain tax positions are included as a component of income tax expense. 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 Northern 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 liabilities using enacted tax rates in effect in the years the differences are expected to reverse. The deferred tax assets and liabilities for these entities are not material.

**SCHEDULE H (Form 990)**

Department of the Treasury
Internal Revenue Service

# Hospitals

**Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.**
**Attach to Form 990.**
**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

**Name of the organization** Acadia Hospital, Corp
Northern Light Acadia Hospital

**Employer identification number** 01-0459837

## Part I Financial Assistance and Certain Other Community Benefits at Cost

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a | 1a | X | |
| **b** | If "Yes," was it a written policy? | 1b | X | |
| **2** | If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: | | | |
| | [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities | | | |
| | [ ] Generally tailored to individual hospital facilities | | | |
| **3** | Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. | | | |
| **a** | Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing free care? | | | |
| | If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: | 3a | X | |
| | [ ] 100% [X] 150% [ ] 200% [ ] Other _____ % | | | |
| **b** | Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? | | | |
| | If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: | 3b | X | |
| | [ ] 200% [X] 250% [ ] 300% [ ] 350% [ ] 400% Other _____ % | | | |
| **c** | If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. | | | |
| **4** | Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | 4 | X | |
| **5a** | Did the organization budget amounts for free or discounted care provided under its FAP during the tax year? | 5a | X | |
| **b** | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b | | X |
| **c** | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | 5c | | |
| **6a** | Did the organization prepare a community benefit report during the tax year? | 6a | X | |
| **b** | If "Yes," did the organization make it available to the public? | 6b | X | |
| | Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H. | | | |

**7** Financial Assistance and Certain Other Community Benefits at Cost

| **Financial Assistance and Means-Tested Government Programs** | **(a)** Number of activities or programs (optional) | **(b)** Persons served (optional) | **(c)** Total community benefit expense | **(d)** Direct offsetting revenue | **(e)** Net community benefit expense | **(f)** Percent of total expense |
|---|---|---|---|---|---|---|
| **a** Financial assistance at cost (from Worksheet 1) | | 452 | 8,241,344. | | 8,241,344. | 10.53 |
| **b** Medicaid (from Worksheet 3, column a) | | | | | | |
| **c** Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| **d Total.** Financial assistance and means-tested government programs | 0 | 452 | 8,241,344. | 0. | 8,241,344. | 10.53 |
| **Other Benefits** | | | | | | |
| **e** Community health improvement services and community benefit operations (from Worksheet 4) | 5 | | 274,367. | | 274,367. | 0.35 |
| **f** Health professions education (from Worksheet 5) | 7 | 15 | 703,939. | | 703,939. | 0.90 |
| **g** Subsidized health services (from Worksheet 6) | | | | | | |
| **h** Research (from Worksheet 7) | | | | | | |
| **i** Cash and in-kind contributions for community benefit (from Worksheet 8) | 1 | | 7,115. | | 7,115. | 0.01 |
| **j Total.** Other benefits | 13 | 15 | 985,421. | 0. | 985,421. | 1.26 |
| **k Total.** Add lines 7d and 7j | 13 | 467 | 9,226,765. | 0. | 9,226,765. | 11.79 |

## Part II Community Building Activities.

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

| | | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|---|---|---|---|---|---|
| 1 | Physical improvements and housing | | | | | | |
| 2 | Economic development | | | | | | |
| 3 | Community support | | | | | | |
| 4 | Environmental improvements | | | | | | |
| 5 | Leadership development and training for community members | | | | | | |
| 6 | Coalition building | | | | | | |
| 7 | Community health improvement advocacy | | | | | | |
| 8 | Workforce development | | | | | | |
| 9 | Other | | | | | | |
| 10 | Total | 0 | 0 | 0. | 0. | 0. | 0. |

## Part III Bad Debt, Medicare, & Collection Practices

### Section A. Bad Debt Expense

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1 | Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 | | X | |
| 2 | Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount Part VI | 2 | 1,046,107. | | |
| 3 | Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit | 3 | | | |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements. Part VI | | | | |

### Section B. Medicare

| | | | |
|---|---|---|---|
| 5 | Enter total revenue received from Medicare (including DSH and IME) | 5 | 3,589,973. |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 7,355,513. |
| 7 | Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | -3,765,540. |
| 8 | Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: Part VI | | |

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

### Section C. Collection Practices

| | | | | | |
|---|---|---|---|---|---|
| 9a | Did the organization have a written debt collection policy during the tax year? | 9a | | X | |
| b | If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI Part VI | 9b | | X | |

## Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

| | (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers', directors', trustees', or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |

## Part V Facility Information

Section A. Hospital Facilities (list in order of size, from largest to smallest — see instructions)

How many hospital facilities did the organization operate during the tax year? 1

| Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility): | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) | Facility reporting group |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 Northern Light Acadia Hospital<br>268 Stillwater Avenue<br>Bangor, ME 04401<br>northernlighthealth.org/Acadia<br>38093 | X | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |

**Part V Facility Information** *(continued)* Copy 1 of 1

**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

**Name of hospital facility or letter of facility reporting group:** Northern Light Acadia Hospital

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 1

| | | | Yes | No |
|---|---|---|---|---|
| **Community Health Needs Assessment (CHNA)** | | | | |
| **1** | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | | X |
| **2** | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | 2 | | X |
| **3** | During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12 | 3 | X | |
| | If "Yes," indicate what the CHNA report describes (check all that apply): | | | |
| **a** | [X] A definition of the community served by the hospital facility | | | |
| **b** | [X] Demographics of the community | | | |
| **c** | [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | | |
| **d** | [X] How data was obtained | | | |
| **e** | [X] The significant health needs of the community | | | |
| **f** | [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | | |
| **g** | [X] The process for identifying and prioritizing community health needs and services to meet the community health needs | | | |
| **h** | [X] The process for consulting with persons representing the community's interests | | | |
| **i** | [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA | | | |
| **j** | [ ] Other (describe in Section C) | | | |
| **4** | Indicate the tax year the hospital facility last conducted a CHNA: 2025 | | | |
| **5** | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted. Part V | 5 | X | |
| **6a** | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C. Part V | 6a | X | |
| **b** | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | 6b | X | |
| **7** | Did the hospital facility make its CHNA report widely available to the public? | 7 | X | |
| | If "Yes," indicate how the CHNA report was made widely available (check all that apply): | | | |
| **a** | [X] Hospital facility's website (list url): See Part V, line 16j for URL | | | |
| **b** | [X] Other website (list url): See Part V, line 16j for URL | | | |
| **c** | [X] Made a paper copy available for public inspection without charge at the hospital facility | | | |
| **d** | [ ] Other (describe in Section C) | | | |
| **8** | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | 8 | X | |
| **9** | Indicate the tax year the hospital facility last adopted an implementation strategy: 2025 | | | |
| **10** | Is the hospital facility's most recently adopted implementation strategy posted on a website? | 10 | X | |
| **a** | If "Yes," (list url): See Part V, line 16j for URL | | | |
| **b** | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | | X |
| **11** | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. Part V | | | |
| **12a** | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | | X |
| **b** | If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | | |
| **c** | If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $ | | | |

**Part V Facility Information** *(continued)* Copy 1 of 1

**Financial Assistance Policy (FAP)**

**Name of hospital facility or letter of facility reporting group:** Northern Light Acadia Hospital

| | | | Yes | No |
|---|---|---|---|---|
| | Did the hospital facility have in place during the tax year a written FAP that: | | | |
| **13** | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: | **13** | X | |
| **a** | [X] FPG, with FPG family income limit for eligibility for free care of and FPG family income limit for eligibility for discounted care of 150 % 250 % | | | |
| **b** | [ ] Income level other than FPG (describe in Section C) | | | |
| **c** | [ ] Asset level | | | |
| **d** | [ ] Medical indigency | | | |
| **e** | [ ] Insurance status | | | |
| **f** | [ ] Underinsurance status | | | |
| **g** | [ ] Residency | | | |
| **h** | [X] Other (describe in Section C) Part V | | | |
| **14** | Explained the basis for calculating amounts charged to patients? | **14** | X | |
| **15** | Explained the method for applying for financial assistance? | **15** | X | |
| | If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | | | |
| **a** | [X] Described the information the hospital facility may require an individual to provide as part of their application | | | |
| **b** | [X] Described the supporting documentation the hospital facility may require an individual to submit as part of their application | | | |
| **c** | [X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | | |
| **d** | [ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | | |
| **e** | [ ] Other (describe in Section C) | | | |
| **16** | Was widely publicized within the community served by the hospital facility? | **16** | X | |
| | If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | | | |
| **a** | [X] The FAP was widely available on a website (list url): See Part V, Line 16j for URL | | | |
| **b** | [X] The FAP application form was widely available on a website (list url): See Part V, Line 16j for URL | | | |
| **c** | [X] A plain language summary of the FAP was widely available on a website (list url): See Part V, Line 16j for UR | | | |
| **d** | [X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| **e** | [X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| **f** | [X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| **g** | [X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | | |
| **h** | [X] Notified members of the community who are most likely to require financial assistance about availability of the FAP | | | |
| **i** | [X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations | | | |
| **j** | [X] Other (describe in Section C) Part V | | | |

**Part V Facility Information** *(continued)* Copy 1 of 1

**Billing and Collections**

**Name of hospital facility or letter of facility reporting group:** Northern Light Acadia Hospital

| | | Yes | No |
|---|---|---|---|
| **17** Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | 17 | X | |
| **18** Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: | | | |
| **a** ☐ Reporting to credit agency(ies) | | | |
| **b** ☐ Selling an individual's debt to another party | | | |
| **c** ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | | |
| **d** ☐ Actions that require a legal or judicial process | | | |
| **e** ☐ Other similar actions (describe in Section C) | | | |
| **f** ☒ None of these actions or other similar actions were permitted | | | |
| **19** Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? | 19 | | X |
| If "Yes," check all actions in which the hospital facility or a third party engaged: | | | |
| **a** ☐ Reporting to credit agency(ies) | | | |
| **b** ☐ Selling an individual's debt to another party | | | |
| **c** ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | | |
| **d** ☐ Actions that require a legal or judicial process | | | |
| **e** ☐ Other similar actions (describe in Section C) | | | |

**20** Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):

- **a** ☒ Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

**Policy Relating to Emergency Medical Care**

| | | | |
|---|---|---|---|
| **21** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's FAP? | 21 | X | |
| If "No," indicate why: | | | |
| **a** ☐ The hospital facility did not provide care for any emergency medical conditions | | | |
| **b** ☐ The hospital facility's policy was not in writing | | | |
| **c** ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) | | | |
| **d** ☐ Other (describe in Section C) | | | |

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

**Name of hospital facility or letter of facility reporting group:** Northern Light Acadia Hospital

| | | Yes | No |
|---|---|---|---|
| **22** | Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care: | | |
| **a** ☐ | The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period | | |
| **b** ☒ | The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period | | |
| **c** ☐ | The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period | | |
| **d** ☐ | The hospital facility used a prospective Medicare or Medicaid method | | |
| **23** | During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23** | | X |
| | If "Yes," explain in Section C. | | |
| **24** | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24** | | X |
| | If "Yes," explain in Section C. | | |

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**Part V, Line 5 - Account Input from Person Who Represent the Community**

Facility: Northern Light Acadia Hospital

The Maine Shared CHNA research team conducted a statewide qualitative assessment among stakeholders to identify and prioritize significant health issues in communities across the state. The assessment, coordinated with the Maine CDC, engaged public health expertise throughout the process. Community outreach was conducted between February 2024 and December 2024. Forms of engagement included statewide focus groups, county-level focus groups, key informant interviews, a community survey, and stakeholder forums. The purpose of these outreach efforts was to gather feedback on data and to identify health priorities, community assets, and gaps in resources to be used in health improvement planning. Details about our engagement efforts can be found on the Penobscot County's CHNA report's methodology section starting on page A1. (https://northernlighthealth.org/Community-Health-Needs-Assessment/2025-Shared-CHNA-Reports)

A virtual stakeholder forum was held in Penobscot County in partnership with the Maine CDC, and Community Action Partnership to solicit input from individuals representing populations with health disparities including medically underserved, low-income, or minority populations on prioritizing needs based on a review of the community engagement efforts. The following organizations attended the September 19, 2024, Penobscot County Shared CHNA Community Engagement Forum and provided valuable feedback on the most recent Maine Shared CHNA.

Persons representing broad interests of the community who were consulted during the stakeholder engagement process (the following list was extracted from the Penobscot County CHNA report, pages A8-9): Bangor Area Comprehensive Transportation System, Bangor Public Health and Community Services, Bangor Public Health Department, Health

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**Part V, Line 5 - Account Input from Person Who Represent the Community (continued)**

Access Network, Heart of Maine United Way, Maine Center for Disease Control and Prevention, Maine Multicultural Center, Millinocket Regional Hospital, Northern Light Acadia Hospital, Northern Light Eastern Maine Medical Center, Northern Light Health, Penobscot Community Health Care - Hope House, Penobscot Community Health Center, Penobscot Valley Hospital, Penquis, St. Joseph Healthcare, Wabanaki Public Health.

**Part V, Line 6a - List Other Hospital Facilities that Jointly Conducted Needs Assessment**

Facility: Northern Light Acadia Hospital

The Maine Shared Community Health Needs Assessment (Maine Shared CHNA) is a collaborative partnership between Central Maine Healthcare (CMHC), Northern Light Health (NLH), MaineGeneral Health (MGH), MaineHealth (MH), the Maine Center for Disease Control and Prevention (Maine CDC), and the Maine Community Action Partnership (MeCAP). By engaging and learning from people and communities and through data analysis, the partnership aims to improve the health and well-being of all people living in Maine. Northern Light Health member organizations participating in the Shared CHNA included Acadia Hospital, AR Gould Hospital, Blue Hill Hospital, CA Dean Hospital, Eastern Maine Medical Center, Inland Hospital, Maine Coast Hospital, Mayo Hospital, Mercy Hospital, and Sebasticook Valley Hospital. See Line 5's response for a comprehensive list of participating organizations, including other non-Northern Light Health hospitals who were consulted during the engagement process.

**Part V, Line 6b - CHNA Conducted by Orgnizations Other Than Hospital**

Facility: Northern Light Acadia Hospital

The 2025 Maine Shared CHNA was conducted in collaboration with the Maine Center for Disease Control and Prevention (Maine CDC), and the Maine Community Action Partnership (MeCAP), local public health and community agencies. Together, with the hospital facilities, these organizations helped to gather input through community engagement efforts while providing expertise and guidance throughout the process. See

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**Part V, Line 6b - CHNA Conducted by Orgnizations Other Than Hospital (continued)**

the response for Line 5 for a list of participating organizations who were consulted during the engagement process.

**Part V, Line 11 - Explanation of Needs Not Addressed and Reasons Why**

Facility: Northern Light Acadia Hospital

Northern Light Health recently conducted their 2025 Shared Community Health Needs Assessment that will inform priority work for implementation in FY26 - FY28. In FY25, Northern Light Acadia Hospital developed our plan to address significant needs identified in our board approved 2025 Community Health Implementation Strategy (aka, implementation strategy). Though priority work from the 2025 Shared CHNA won't begin until FY26, Acadia Hospital will be prepared to implement priority work from our 2025 strategy with no gap in implementation efforts between the two CHNA cycles. While conducting the 2025 Shared CHNA research and outreach, Acadia Hospital continued to implement priority work from the final year, FY25, of the three-year 2022 Community Health Strategy (implementation years FY23, FY24, and FY25). Below reflect these efforts related to the 2022 Community Health Strategy.

Mental Health

Actions taken by Northern Light Acadia Hospital to address this priority in FY25: Acadia Hospital trained staff in Psychological First Aid (PFA), an evidence-informed approach to help anyone—children, adolescents, adults, and families—in the immediate aftermath of a traumatic experience and has proven to be effective when someone is experiencing a mental health crisis at any time. PFA shines a light on the impact of collective trauma, builds resiliency, and assists in self-care action plans by incorporating five evidence-based principles: safety, calming, connectedness, self and community reliance, and hope.

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**Part V, Line 11 - Explanation of Needs Not Addressed and Reasons Why (continued)**

Certified Acadia Hospital staff then engaged schools and/or youth serving organizations to educate and empower others to respond to mental and behavioral health needs of children using the PFA training model. Attendees received training in eight core elements; engagement, safety, stabilization, information gathering, practical assistance, connection to social supports, information on coping, and connecting with collaborative services. Acadia Hospital conducted 17 PFA training sessions with 332 individuals trained. Northern Light Health's systemwide collective impact of our shared objective, since this effort began in 2023, has resulted in 110 training sessions with 2,066 individuals trained.

Social Determinants of Health

Actions taken by Northern Light Acadia Hospital to address this priority in FY25: Findhelp.org is the nation's leading social care network, making it easier to connect patients and their families with free or reduced-cost programs from local partners and national support services with dignity and ease, and is one component of Northern Light Health's response to need in the communities we serve. Northern Light findhelp will continue to develop, allowing users to search and connect to community services.

Northern Light Acadia Hospital engaged in meaningful, trusted community partnerships to reach priority populations with equitable access to community resources and social supports and connect individuals with community resources they need to improve their health and well-being through the findhelp.org platform. In fiscal year 2025, Northern Light's Community Health researched findhelp data, and engaged clinical user feedback, to understand the most frequently searched social health needs in our geographic region to meet the needs of specific populations. These

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**Part V, Line 11 - Explanation of Needs Not Addressed and Reasons Why (continued)**

topic areas were featured on the findhelp platform as specific "folders" containing a minimum of five relevant community resource links providing findhelp users with easy access to the resources compiled by our organization. Northern Light Acadia Hospital created the following Northern Light findhelp resource folders; domestic violence support folder, mental health resources folder, substance use treatment/recovery folder, and a youth support resources folder.

As a result of ongoing community engagement and promotion of Northern Light Health findhelp, use of the platform to find assistance continues to increase. In 2025, there were 18,111 searches by Penobscot County residents compared to 6,939 searches in 2023. Search data trends show that food assistance remains the dominant need in Penobscot County.

Substance Use

Actions taken by Northern Light Acadia Hospital to address this priority in FY25: In collaboration with other Northern Light Health member organizations and community-based organizations, trained Acadia Hospital staff representing pharmacy and community health departments, worked diligently to improve processes and partnerships to reduce barriers and provide equitable access to state-sponsored naloxone (Narcan) kits for priority populations.

Northern Light Acadia Hospital participated in the Maine Naloxone Distribution Initiative which provides state-purchased naloxone to community organizations, clinical sites, and end-users throughout the State of Maine to distribute free of charge. Through a collaboration Bangor Public Health, Acadia Hospital worked to provide education on the use of these naloxone kits to end-users to facilitate the

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**Part V, Line 11 - Explanation of Needs Not Addressed and Reasons Why (continued)**

reversal of private overdoses in the community. Acadia Hospital distributed 82 state-sponsored naloxone kits. Northern Light Health's systemwide collective impact of our shared objective, since this effort began in 2023, has resulted in 3,257 naloxone kits distributed throughout Northern Light Health's service area.

Additional information related to actions taken by Acadia Hospital on the above priorities can be found in their FY23-25 Progress Report to Our Community at https://northernlighthealth.org/Community-Health-Needs-Assessment/2022-Community-Health-Strategy.

Acadia Hospital considered all priorities identified in the Shared CHNA, as well as other sources, through an extensive review process. Access to care was not selected as an independent priority of focus as many of our efforts identified in our strategy are connected to access issues. In addition, our hospital has current initiatives that are ongoing and part of our continual mission to improve access to care such as provider recruitment, engagement of navigators or the equivalent, and other efforts that support this priority.

**Part V, Line 13h - Other Factors Used in Determing Amounts Charged Patients**

Facility: Northern Light Acadia Hospital

Income Level

**Part V, Line 16j - Other Means Hospital Facility Publicized the Policy**

Facility: Northern Light Acadia Hospital

Response for 7a (list URL) is https://northernlighthealth.org/Acadia-Hospital

Response for 7b (list URL) is

**Part V** **Facility Information** *(continued)* Copy of

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

### Part V, Line 16j - Other Means Hospital Facility Publicized the Policy (continued)

https://northernlighthealth.org/Community-Health-Needs-Assessment/2025-Shared-CHNA-Reports

Response for 10a (list URL) is

https://northernlighthealth.org/Community-Health-Needs-Assessment/2025-Community-Health-Strategy

16j. Response for 16a, 16b, 16c (list url) is

https://northernlighthealth.org/billing-help/Bill-Pay-Assistance under "Pay My Bill"

**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 2

| Name and address | Type of facility (describe) |
|---|---|
| 1 1 Northern Light Behavioral Health<br>268 Stillwater Ave<br>Bangor, ME 04401 | Outpatient Clinics |
| 2 2 Northern Light Mood & Memory<br>268 Stillwater Avenue<br>Bangor, ME 04401 | Outpatient Clinic |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

## Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's FAP.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

### Part I, Line 6a - Related Organization Community Benefit Report

Northern Light Acadia Hospital is a member of Northern Light Health (EIN = Eastern Maine Health Systems DBA NLH 01-0527066). Our Community Benefit Report is included in the following documents annually:

• Northern Light Health's Annual Report; a sub-section in the report https://northernlighthealth.org/About-Us

• Northern Light Health Community Benefit Reports are available at: https://northernlighthealth.org/Community-Health-Needs-Assessment/Community-Benefit-Reports

### Part I, Line 7 - Explanation of Costing Methodology

Ratio of Patient Care Cost-to-Charges is used in calculations.

### Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense

The costing methodology used to determine the amount is cost to charge ratio.

### Part III, Line 4 - Bad Debt Expense

Patient and trade accounts receivable are stated at the amount management expects to collect from outstanding balances. See Footnote 2 of the attached financial statements, page 15 to 19 - Patient Service Revenue and Accounts Receivable section.

### Part III, Line 8 - Explanation Of Shortfall As Community Benefit

Medicare losses should be treated as a community benefit because the losses are incurred in performing an important public service, and Maine hospitals experience

## Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**Part III, Line 8 - Explanation Of Shortfall As Community Benefit (continued)**

one of the lowest Medicare reimbursement rates in the country.

**Part III, Line 9b - Provisions On Collection Practices For Qualified Patients**

All account guarantors who express an inability to pay inpatient and outpatient services will be screened for eligibility for charity care using an application and guidelines established by Northern Light Acadia Hospital. An account may be reconsidered for charity care at any time when new information is available about a patient's inability to pay.

**Part VI, Line 2 - Needs Assessment**

No additional assessment of health care needs was conducted.

**Part VI, Line 3 - Patient Education of Eligibility for Assistance**

Northern Light Health Financial Counselors screen patients for federal, state or government programs and brochures are displayed at all Northern Light locations. Financial Assistance is widely publicized within the community by the following methods:

•Offered by receiving a conspicuous written notice on their billing statements

•Listed on the Northern Light Health web portal www.northernlighthealth.org/billing

•Posters are displayed in public locations in each hospital facility

## Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's FAP.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

### Part VI, Line 3 - Patient Education of Eligibility for Assistance (continued)

•Community posters are displayed outside of the organization (Food Cupboards, Libraries, Auditoriums, Churches, Banks)

•Packets are provided at all check in locations which include an application, instructions, and a Financial Assistance Policy (FAP) Plain Language Summary

### Part VI, Line 4 - Community Information

Located in Bangor, Maine, Northern Light Acadia Hospital has a service area comprised of both primary and secondary service areas, together referred to as the total service area. Total service areas (TSA's) are developed by the Northern Light Health Planning department based on neighboring zip codes from which a majority of a hospital's inpatient admissions originate. TSA's can sometimes overlap due to hospital locations or because of the specialty services provided by the hospitals. Northern Light Acadia Hospital patients are community members from the following counties; Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, and Washington.

Penobscot County's race/ethnicity and selected demographics are provided below for Acadia Hospital based on the hospital's physical location.

Penobscot County - Race/Ethnicity: American Indian/Alaskan Native 1.1% (1,697),

## Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's FAP.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

### Part VI, Line 4 - Community Information (continued)

Asian 1.0% (1,486), Black/African American 1.0% (1,504), Native Hawaiian or Pacific Islander 0.0% (34), Some other race 0.7% (1,038), Two or more races 3.3% (5,101), White 92.9% (141,780), Hispanic 1.6% (2,498), Non-Hispanic 98.4% (150,142), Total county population 152,640.

Penobscot County - Selected Demographics: Median household income $59,438, Unemployment rate 2.9%, Individuals living in poverty 13.4%, Children living in poverty 14.8%, 65+ living alone 31.2%, Veterans 8.6%, and persons with a disability 18.3%.

Other hospitals serving the Northern Light Acadia Hospital community: Based on the State of Maine’s definition of hospital service area, Northern Light Acadia Hospital’s community is served by an additional two other hospitals, Northern Light Eastern Maine Medical Center, and St. Joseph Hospital per Hospital Service Area (HSA) designation. Additionally, the Health Resources & Services Administration designated Acadia Hospital’s service area as having a total of 16 medically underserved areas/populations.

Northern Light Acadia Hospital’s patients also include community members from 15

## Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

### Part VI, Line 4 - Community Information (continued)

counties in Maine where the HSA's are designated as having medically underserved populations and/or medically underserved areas: Androscoggin County has two hospitals; Aroostook County has four hospitals; Cumberland County has six hospitals; Franklin County has one hospital; Hancock County has three hospitals; Kennebec County has two hospitals; Knox County has one hospital; Lincoln County has one hospital; Oxford County has two hospitals; Penobscot County has five hospitals including Acadia Hospital; Piscataquis County has two hospitals; Sagadahoc County has no hospitals; Somerset County has two hospitals; Waldo County has one hospital; and Washington County has two hospitals.

### Part VI, Line 5 - Promotion of Community Health

Northern Light Acadia Hospital furthers its exempt purpose by promoting the health of the community through the following community health improvement grant activity in FY25:

• Community Based Clinical Services: CCBHC (demonstration program to improve community mental health services) - Support development of programs to improve mental health services.

• Health Care Support Services: CDS Rural Dementia Care - Improve community mental health services.

• Social and Environmental Improvement Activities: Maine Youth Mental Health

## Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's FAP.

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5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

### Part VI, Line 5 - Promotion of Community Health (continued)

Awareness Training - Provide youth mental health first aid and mental health first aid trainings to adults who care for (or have contact with) school-aged youth.

### Part VI, Line 6 - Affiliated Health Care System

The 2025 Maine Shared Community Health Needs Assessment (CHNA) was conducted by Northern Light Health in collaboration with several member/affiliated hospitals, non-affiliated hospitals as well as public health and community organizations across the state. The Maine Shared CHNA informs initiatives to promote community health across the system as well as within each member hospital’s local service area. Each member hospital adopted shared local implementation strategies referred to as a Community Health Implementation Strategy and annual community health improvement plans, tailored to meet local needs.

### Part VI, Line 7 - States Filing Community Benefit Report

N/A

**SCHEDULE J**
**(Form 990)**
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
**Attach to Form 990.**
**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization: Acadia Hospital, Corp
Northern Light Acadia Hospital

**Employer identification number:** 01-0459837

## Part I Questions Regarding Compensation

| | | Yes | No |
|---|---|---|---|
| **1a** | Check the appropriate 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. Part III<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☒ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ Personal services (such as 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** | X | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2** | X | |
| **3** | Indicate which, if any, of the following the 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. Part III<br>☐ Compensation committee ☐ Written employment contract<br>☐ Independent compensation consultant ☐ Compensation survey or study<br>☐ 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** | | X |
| **b** | Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** | X | |
| **c** | Participate in or receive payment from an equity-based compensation arrangement? **4c** | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Part III | | |
| | **Only section 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** | | X |
| **b** | Any related organization? **5b** | | X |
| | 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** | | X |
| **b** | Any related organization? **6b** | | X |
| | 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 on lines 5 and 6? If "Yes," describe in Part III **7** | | X |
| **8** | Were any amounts reported on Form 990, Part VII, paid or accrued 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** | | X |
| **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 aren't 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 and/or 1099-NEC 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 | | | | |
| | John Campbell, MD | (i) | 336,888. | 62,148. | 28,673. | 27,600. | 23,938. | 479,247. | 0. |
| 1 | Ex-Officio | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | Paul Bolin | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 2 | EVP, President | (ii) | 482,012. | 94,964. | 102,244. | 96,838. | 29,666. | 805,724. | 70,915. |
| | George Eaton, Esq. | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 3 | Secretary | (ii) | 487,327. | 100,188. | 95,941. | 30,314. | 26,571. | 740,341. | 48,647. |
| | Mark Lukens | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 4 | SVP, Pres-Pt Yr | (ii) | 347,777. | 11,753. | 3,359. | 0. | 22,347. | 385,236. | 0. |
| | Charmaine Patel | (i) | 270,212. | 444. | 12,698. | 17,713. | 22,928. | 323,995. | 0. |
| 5 | VP-Sr Phys Exec | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | James Rohrbaugh | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 6 | Treasurer | (ii) | 314,621. | 0. | 125,525. | 0. | 18,083. | 458,229. | 0. |
| | Timothy Dentry | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 7 | Ex-Officio | (ii) | 1,302,495. | 264,580. | 24,378. | 31,050. | 36,878. | 1,659,381. | 0. |
| | Wendy Merchant | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 | VP Finance | (ii) | 231,076. | 37,861. | 10,239. | 23,914. | 37,743. | 340,833. | 0. |
| | Noah Lundy | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 9 | VP HR-Pt Yr | (ii) | 212,511. | 35,646. | 25,064. | 17,439. | 21,863. | 312,523. | 0. |
| | Doug Townsend | (i) | 201,475. | 31,438. | 3,821. | 20,555. | 21,808. | 279,097. | 0. |
| 10 | VP Operations | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | Yoosuf Siddiqui | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 11 | VP HR | (ii) | 187,658. | 31,711. | 2,357. | 18,725. | 37,854. | 278,305. | 0. |
| | Brent Scobie | (i) | 181,452. | 31,438. | 11,637. | 23,623. | 38,294. | 286,444. | 0. |
| 12 | VP Quality & CS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | Lewis Mehl-Madrona | (i) | 310,459. | 222. | 16,227. | 29,068. | 24,109. | 380,085. | 0. |
| 13 | Phys-Psychiatry | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | Monir Musavi | (i) | 320,632. | 111. | 3,196. | 0. | 1,328. | 325,267. | 0. |
| 14 | Phys-Psychiatry | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | Anthony T. Ng | (i) | 348,027. | 444. | 2,546. | 27,007. | 38,141. | 416,165. | 0. |
| 15 | Medical Director | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | Jason M. Dobrovolny | (i) | 404,839. | 0. | 1,250. | 12,481. | 37,445. | 456,015. | 0. |
| 16 | NP-Psychiaty-Lead | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |

**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.

**Part 1, Line 1a - Relevant Information Regarding Compensation Benefits**

The following received tuition:

Charmaine Patel, director/officer $6,750

**Part I, Line 3 - Methods Used By Related Org. To Establish CEO/Exec. Dir. Compensation**

The EVP, President of Northern Light Acadia Hospital is employed by the system parent, Eastern Maine Healthcare Systems d/b/a Northern Light Health (NLH). The NLH Executive Performance Management Committee (the Committee) is responsible to determine the compensation of the EVP, President of Northern Light Acadia Hospital in consultation with the NLH President/CEO. The Committee used the following methods to establish the EVP, President's compensation:

- Compensation committee
- Independent compensation consultant
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

**Part I, Line 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation**

Line 4(b) Supplemental non-qualified retirement plan:

**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.

**Part I, Line 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation (continued)**

Paul Bolin -

A pension obligation satisfied through a supplemental non-qualified retirement plan is based on a percent of qualified earnings or by specific agreement. The portion accrued for the supplemental non-qualified retirement plan is $69,880, based on the amounts contributed and related earnings. The supplemental non-qualified retirement benefit is subject to a substantial risk of forfeiture.

Compensation includes a lump-sum payout of $70,915 from the supplemental non-qualified retirement plan. Existence of the non-qualified plan was reported in prior years and does not represent additional expense beyond what was previously accrued in the company's financial statements.

George Eaton-

Compensation includes a lump-sum payout of $48,647 from the supplemental non-qualified retirement plan. Existence of the non-qualified plan was reported in prior years and does not represent additional expense beyond what was previously accrued in the company's financial statements.

**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.

**Part I, Line 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation (continued)**

Anthony Filer-

Compensation includes a lump-sum payout of $94,026 from the supplemental non-qualified retirement plan. Existence of the non-qualified plan was reported in prior years and does not represent additional expense beyond what was previously accrued in the company's financial statements.

Other Compensation information:

Paul Bolin

This director/officer is employed by the system parent organization, Eastern Maine Healthcare Systems d/b/a Northern Light Health and is responsible for the operations of Northern Light Acadia Hospital and Northern Light Acadia Healthcare and system-wide human resources, including Northern Light Acadia Hospital.

Mark Lukens

This director/officer is employed by the system parent organization, Eastern Maine Healthcare Systems d/b/a Northern Light Health and is responsible for operation support services of Northern Light Acadia Hospital and Northern Light Acadia

**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.

**Part I, Line 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation (continued)**

Healthcare.

Wendy Merchant

This officer is employed by the system parent organization, Eastern Maine Healthcare Systems d/b/a Northern Light Health and is responsible for finance support services of Northern Light Acadia Hospital and other related organizations of Northern Light Acadia Hospital.

Noah Lundy

This officer is employed by the system parent organization, Eastern Maine Healthcare Systems d/b/a Northern Light Health and is responsible for human resource support services of Northern Light Acadia Hospital and other related organizations of Northern Light Acadia Hospital.

Yoosuf Siddiqui

This officer is employed by the system parent organization, Eastern Maine Healthcare Systems d/b/a Northern Light Health and is responsible for hurman resource support services of Northern Light Acadia Hospital and and other related organizations of

**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.

**Part I, Line 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation (continued)**

Northern Light Acadia Hospital.

Timothy Dentry

This director/officer is employed by the system parent organization, Eastern Maine Healthcare Systems d/b/a Northern Light Health and is responsible for system-wide operations of ten hospitals and other related health care activities, including Northern Light Acadia Hospital.

George Eaton

This officer is employed by the system parent organization, Eastern Maine Healthcare Systems d/b/a Northern Light Health and is responsible for system-wide operations of ten hospitals and other related health care activities, including Northern Light Acadia Hospital.

James Rohrbaugh

This officer is employed by the system parent organization, Eastern Maine Healthcare Systems d/b/a Northern Light Health and is responsible for system-wide operations of ten hospitals and other related health care activities, including Northern Light

**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.

**Part I, Line 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation (continued)**

Acadia Hospital.

Anthony Filer

This officer was employed by the system parent organization, Eastern Maine Healthcare Systems d/b/a Northern Light Health and was responsible for system-wide operations of ten hospitals and other related health care activities, including Northern Light Acadia Hospital.

Amy Kearns

This officer was employed by the system parent organization, Eastern Maine Healthcare Systems d/b/a Northern Light Health and was responsible for finance support services of Northern Light Acadia Hospital and Northern Light Acadia Healthcare.

Compensation for employees of Northern Light Acadia Hospital listed in Form 990, Part VII and Schedule J, Part II are for administrative services. Board members are not compensated for the time devoted on the board.

# Continuation Sheet for Schedule J (Form 990)



Name of the organization

Acadia Hospital, Corp

**Employer identification number**

01-0459837

**Part II Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (Schedule J, Part II)

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or NEC 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 | | | | |
| Joshua Newman | (i) | 319,647. | 444. | 13,441. | 28,967. | 38,677. | 401,176. | 0. |
| Dir-Residency Prog | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| Amy Kearns | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| Former VP Finance | (ii) | 154,516. | 31,991. | 3,178. | 13,708. | 24,614. | 228,007. | 0. |
| Anthony Filer | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| Former SVP-CFO | (ii) | 662,989. | 136,597. | 117,510. | 31,050. | 39,477. | 987,623. | 94,026. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE K**
**(Form 990)**
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax-Exempt Bonds

**Complete if the organization answered "Yes" on Form 990, Part IV, 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

**Open to Public Inspection**

Name of the organization: Acadia Hospital, Corp
Northern Light Acadia Hospital

**Employer identification number**: 01-0459837

## 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) Pooled financing | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | Maine Health & Higher Edu | 01-0314384 | 56042R8N5 | 11/15/2022 | 42,003,303. | Finance & refinance constructi | | X | | X | X | |
| B | | | | | | | | | | | | |
| C | | | | | | | | | | | | |
| D | | | | | | | | | | | | |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 1,665,000. | | | |
| 2 | Amount of bonds legally defeased | | | | |
| 3 | Total proceeds of issue | 42,003,303. | | | |
| 4 | Gross proceeds in reserve funds | 2,758,506. | | | |
| 5 | Capitalized interest from proceeds | | | | |
| 6 | Proceeds in refunding escrows | | | | |
| 7 | Issuance costs from proceeds | 738,101. | | | |
| 8 | Credit enhancement from proceeds | | | | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | 38,506,599. | | | |
| 11 | Other spent proceeds | 97. | | | |
| 12 | Other unspent proceeds | | | | |
| 13 | Year of substantial completion | 2024 | | | |

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | | X | | | | | | |
| 15 | Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, 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 | | | | | | |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | % | | % | | % | | % | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | % | | % | | % | | % | |
| 6 Total of lines 4 and 5 | % | | % | | % | | % | |
| 7 Does the bond issue meet the private security or payment test? | | | | | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | % | | % | | % | | % | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | | | | | | |

## Part IV Arbitrage

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | X | | | | | | | |
| b Exception to rebate? | | | | | | | | |
| c No rebate due? | | | | | | | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | | | | | | |

## Part IV Arbitrage *(continued)*

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| **4a** Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | | | | | |
| **b** Name of provider | | | | | | | | |
| **c** Term of hedge | | | | | | | | |
| **d** Was the hedge superintegrated? | | | | | | | | |
| **e** Was the hedge terminated? | | | | | | | | |
| **5a** Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | | | | | |
| **b** Name of provider | | | | | | | | |
| **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 isn't available under applicable regulations? | X | | | | | | | |

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

**SCHEDULE L (Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

# Transactions With Interested Persons

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

**Open to Public Inspection**

Name of the organization: Acadia Hospital, Corp
Northern Light Acadia Hospital

**Employer identification number:** 01-0459837

## 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 | (d) Corrected? No |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

**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 | (d) Loan to or from the organization? From | (e) Original principal amount | (f) Balance due | (g) In default? Yes | (g) In default? No | (h) Approved by board or committee? Yes | (h) Approved by board or committee? No | (i) Written agreement? Yes | (i) Written agreement? No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| 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 |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

## 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 | (e) Sharing of organization's revenues? No |
|---|---|---|---|---|---|---|
| (1) | Claire Scobie | fam mem=officer | 73,970. | compensation | | X |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| (10) | | | | | | |

## Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

### Supplemental Information

Claire Scobie is a family member of an officer and is an employee of Northern Light Acadia Hospital.

**SCHEDULE O**
**(Form 990)**
(Rev. December 2024)
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 Form 990-EZ.**
**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization: Acadia Hospital, Corp
Northern Light Acadia Hospital

**Employer identification number**: 01-0459837

## Form 990, Part III, Line 4d - Other Program Services Description

Expenses | Including Grants | Revenue

Provided mental health services regardless of ability to pay. Provided other uncompensated care (at cost) of $1,046,107.

Expenses | Including Grants | Revenue

Please see the following excerpt from the Northern Light Health Annual Report 2025 to the Community for details of community benefit projects at NLH members:

Guiding the way

Every day, our Northern Light Health team demonstrates extraordinary commitment to our mission and to the patients, families, and communities who rely on us. Their dedication serves as a constant reminder of the strength that only comes from working together with purpose.

This annual report tells some of the stories that reflect our determination to care for the people of Maine. From our smallest health centers to our largest hospitals, Northern Light Health is united in our belief that every person in our state deserves high-quality, compassionate care as close to home as possible.

We are proud of our progress, inspired by the work ahead, and committed to leading Northern Light Health toward a future filled with promise. We are committed to serving you for generations to come.

Thank you for your trust and support.

R. Guy Hudson, MD

**Form 990, Part III, Line 4d - Other Program Services Description**

President & CEO

Northern Light Health

John Ryan

Board Chair

Northern Light Health

Traveling Home

There's no place like Hancock County

After 24 years on the road as a travel nurse, Karen Beinhauer, BSN, RN, has learned that every hospital has its own rhythm. It wasn't until she arrived at Northern Light Maine Coast Hospital that she realized she'd found something she didn't even know she was searching for — a place to call home.

"I knew this was where I wanted to stay because when I got here, it felt like coming home," Beinhauer says. "The people, the community, the staff, it just felt comfortable and kind. Everyone waves, everyone helps. It's a special place."

Beinhauer's path to Maine wasn't straightforward. She began her nursing career in Mississippi in the early 2000s, working as a single mother in an intensive care unit (ICU). "I was struggling to make my student loan payments," she remembers. My mom suggested travel nursing, and I laughed, 'That's for single people!' But the next day, a travel nursing brochure showed up in my mailbox. I called, signed up, and that was the start of my journey."

**Form 990, Part III, Line 4d - Other Program Services Description**

After more than two decades on the road, Beinhauer worked across the country, and found her way to Maine. "It's paradise here," she says. "The sea air, the trees, it smells like Christmas in June. I collect sea glass and shells, go clamming, and make little art pieces for friends. When I'm not at work, you'll find me on the beach on Little Cranberry Island just enjoying life."

When she joined Maine Coast Hospital, Beinhauer felt an immediate connection with the team. "We have an incredible group," she adds. "Our managers and supervisors step in to help whenever needed, and everyone supports each other. It's about caring for our patients and for each other."

For Ann-Margaret Shaheen, MSN, RN, chief nursing officer at Northern Light Maine Coast and Blue Hill hospitals, Beinhauer's story represents something much larger. "Travel nurses are vital to our staffing model at the current time, but they are not a permanent solution," Shaheen explains.

Travel nurses typically sign 13-week contracts. Because they move frequently and work in varied settings, travelers are often quick learners who bring rich clinical experience. "We value their expertise," states Shaheen. "Our goal, however, is to grow our local teams and to decrease turnover. This will help us improve teamwork, build relationships, and ultimately to standardize processes and quality initiatives that improve patient safety."

"When a travel nurse decides to stay, I believe it speaks volumes about our culture

**Form 990, Part III, Line 4d - Other Program Services Description**

and work environment. It also strengthens our care team."

"We've had two former travel nurses stay and become charge nurses — leaders among their peers," Shaheen says. "Another stayed and grew into a managerial role. It's wonderful to recruit these nurses and to see that professional growth happens right here."

What draws them in? Beyond a supportive work environment with opportunity for professional growth, Shaheen credits the beauty of coastal Maine. "We have Acadia National Park, internationally renowned art, music, and sailing, community theater, organic farms, and a welcoming spirit," she says. "People fall in love with this area and with the people who live and work here."

Expenses Including Grants Revenue

When every mile matters

For babies born too soon or with critical health needs, every moment matters. Thanks to the incredible generosity of our community, Northern Light Eastern Maine Medical Center now has a new modern ambulance created just for babies in need of critical care. Funded entirely by donations from the Northern Light Eastern Maine Medical Center Auxiliary, the Professional Logging Contractors of the Northeast, and compassionate community members, the new ambulance gives Maine's smallest patients their strongest possible start in life.

As the only Level III Neonatal Intensive Care Unit (NICU) north of Portland, Eastern Maine Medical Center cares for more than 450 newborns each year, including about 150 who begin their fight for life in other hospitals. Our Neonatal Transport Team is made up of highly trained nurses who stand ready day and night to bring these babies

**Form 990, Part III, Line 4d - Other Program Services Description**

safely to our NICU.

"Every time we transport a newborn, we know we're carrying someone's whole world," says Ken Roy, RN, a member of the Neonatal Transport Team. "This ambulance gives us everything we need to provide the best care possible and helps us give families hope when they need it most. Parents are often fearful of their newborn infant leaving their side and traveling to a tertiary center miles away, and they are assured that their infant is traveling in a very safe and reliable ambulance," he adds.

"This ambulance means peace of mind for families and a smoother, safer journey for their babies," says Mikele Neal, RN, associate vice president of Patient Care Services. "It's a gift from our community that will touch lives for years to come."

Mission ready for flight
Northern Light Acadia Hospital and the 101st Air Refueling Wing,
Maine Air National Guard unite for mental health
At Northern Light Acadia Hospital, the mission to improve the health of our communities extends far beyond the hospital's walls. A growing partnership with the Maine Air National Guard's 101st Air Refueling Wing, is strengthening mental health awareness among military service members and changing lives.

For Susan Slick, MHR, MBA, director of education at Acadia, and a technical sergeant in the 101st, this collaboration represents the perfect intersection of her two worlds.

**Form 990, Part III, Line 4d - Other Program Services Description**

"I joined the Maine Air National Guard right out of high school," Slick says. "I also started working at Acadia Hospital when it was first built. I thought I'd stay at both for my whole career."

After a detour, led by her husband's active-duty Air Force career around the country, Slick returned home to Bangor and rejoined the team at Acadia. "I left the best job I ever had," she says. "When I got the chance to come back, I took it."

After resuming her role at the hospital, Slick wanted to do more. "I really wanted to bridge the two worlds, what I've learned in the military and what I've learned in mental health," she says. "So, I rejoined the Guard with the goal of bringing mental health training and understanding to my fellow service members."

That vision led to several joint mental health and resiliency workshops between Acadia and the 101st, including Psychological First Aid, a course designed to teach calm, compassionate support in times of crisis.

"Psychological first aid is like CPR for emotional health," Slick explains. "It's not just for when someone is depressed or suicidal. It can be used anytime someone is in crisis like after a car accident, a natural disaster, or a difficult deployment"

For Master Sergeant Amanda Allard, executive secretary for the 101st and member of the base's Disaster Mental Health Team, the training proved immediately valuable.

**Form 990, Part III, Line 4d - Other Program Services Description**

"Acadia Hospital approached us about the Psychological First Aid course, and we jumped at the chance," Allard says. "It taught us techniques we can use right away, like box breathing, to help calm someone and get them through that initial phase of trauma."

Allard soon found herself using the skill outside of work. "My husband and I came across a car accident one night," she recalls. "One woman was very upset, so I used box breathing with her, in for four seconds, hold, out for four seconds, hold again. She looked at me afterward and said, 'Do it again.' It was so validating to see how much it helped."

Allard says the training changed the way she approaches stressful situations. "It helped me understand that if I walk into a situation calm, that calm spreads," she says. "These are things I use not just at work, but in my personal life, too."

"The collaboration between Northern Light Acadia Hospital and the 101st Air Refueling Wing to provide these trainings is crucial," Allard says. "The continued collaboration helps us all be better prepared to take care of each other."

Slick agrees. "The Guard and Acadia both support each other in incredible ways," she says. "Taking care of people mentally, emotionally, and physically is at the heart of what we do."

Learn more at northernlighthealth.org/behavioralservices

**Form 990, Part III, Line 4d - Other Program Services Description**

Care that meets you where you are

Located just a few blocks off the main road in Sangerville, the Northern Light Health Center serves as a vital connection point between Northern Light Mayo Hospital and Northern Light CA Dean Hospital. The facility offers greater access to services than many rural communities could imagine.

A 30-minute drive from Greenville and just a 12-minute drive from Dover-Foxcroft, the Sangerville health center is a hub for care, accessible to patients in Piscataquis and parts of Penobscot and Somerset Counties. The facility offers an unique breadth of services for a rural location, including urology, women's health, prenatal care, newborn and pediatric care, primary care, diabetes management, physical and occupational therapy, ultrasound and x-ray, lab draws, walk-in care, and behavioral health support, all under one roof.

Many practitioners at Sangerville split their time between the health center, Mayo, and CA Dean Hospital locations. While Ahmed Elnoor, MD, a urologist and Kristin Hartt, MD, a family practitioner focusing on women's health see patients in Sangerville, Dr. Elnoor performs surgery and Dr. Hartt delivers babies at Mayo Hospital.  Galen Durose, MD, a family medicine provider, sees patients in Greenville and Sangerville. This integrated model allows patients to receive coordinated care close to home.

"Being able to care for patients throughout their lifespan from routine primary care to pregnancy and delivery right here in Sangerville makes a meaningful difference

**Form 990, Part III, Line 4d - Other Program Services Description**

for families," says Dr. Hartt. "I'm proud to be part of a team that brings comprehensive care to our community, without the need for long travel."

By building on historic ties with CA Dean hospital and leveraging proximity to Dover-Foxcroft, the Sangerville health center continues to ensure that patients in rural Maine have exceptional access to care right in their own backyard.

From hospital to horseback

Healing through horses

At Northern Light Mercy Hospital, compassion often extends well beyond the walls of the workplace. For Donna Lariviere, an occupational therapist, that commitment continues at a local horseback riding center, where she spends countless hours supporting therapeutic riding and hippotherapy programs. This specialized therapy provided by trained clinicians, including occupational therapists, uses the horse's natural movement as part of treatment. She helps with lessons, barn operations, and daily horse care, serving riders who range in age from just 15 months to adults in their nineties.  Each rider enters the arena with their own goals, challenges, and hopes, and Lariviere meets them where they are.

"Therapeutic riding gives disabled riders physical support by helping them get stronger, but it also gives them emotional support because it gives them confidence by doing something different," Lariviere adds

Beyond physical gains, therapeutic riding offers powerful emotional and

**Form 990, Part III, Line 4d - Other Program Services Description**

psychological benefits. Riders often experience increased confidence, improved emotional regulation, reduced stress, and meaningful social connection, whether through bonding with the horse or interacting with others in the program.

The work, she says, is deeply rewarding, in part because her two worlds naturally overlap. "My two worlds really intersect," Lariviere says. "The same skills I use as an occupational therapist at Mercy hospital, meeting people where they are, building trust, and focusing on what matters most to them, are the skills I bring into the arena every day."

| Expenses | Including Grants | Revenue |
|---|---|---|

Advancing cancer care close to home

For people facing cancer, the journey can be uncertain. Between appointments, treatments, and everything that comes with a diagnosis, being surrounded by family, friends, and familiar places can make an incredible difference.

At Northern Light AR Gould Hospital, a new TrueBeam linear accelerator, an advanced radiation therapy system, now ensures that patients can continue to receive state-of-the-art care without leaving their communities. This technology delivers quicker, more precise treatments, and replaces an older model that served Aroostook County for more than a decade.

"Radiation is an essential option for cancer treatment," explains Naghmeh Isfahanian, MD, radiation oncologist. "It can be used before surgery to shrink a tumor, after surgery to eliminate remaining cancer cells, or even as a primary treatment on its own. The new linear accelerator allows us to deliver those treatments faster and

**Form 990, Part III, Line 4d - Other Program Services Description**

more accurately while protecting healthy tissue and minimizing side effects"

With its enhanced imaging and speed, the TrueBeam also expands what is possible. "We can now treat certain cancers, like those in the liver or multiple brain lesions, that we could not safely treat before," says Dr. Isfahanian.

For patients in northern Maine, where winter roads and long drives can turn daily radiation treatments into a major challenge, having this technology closer to home is life-changing. "Radiation therapy typically happens Monday through Friday for several weeks," Dr. Isfahanian notes. "For someone who would otherwise have to travel two or three hours each way, being able to stay close to home truly matters."

Other recent investments, including new infusion chairs at Northern Light Mayo Hospital and a hair preservation program at Northern Light Maine Coast Hospital, are just some of the ways Northern Light Health extends advanced, compassionate cancer care to patients throughout Maine.

"Every patient deserves quality safe care," says Brenda Farnham, BSN, RN, associate vice president for clinical services at Northern Light Cancer Care in Brewer. "Sixty-one percent of Maine's population lives in rural communities. We know the barriers people face, such as distance, weather, cost, and time away from work and family. By continuing to invest in facilities, equipment, and creative care models, we can reduce those burdens and improve outcomes."

**Form 990, Part III, Line 4d - Other Program Services Description**

David Brewster: A neighbor's gift;

a community's lifeline to Northern Light CA Dean Hospital

Some places stay with you long after you first encounter them. For David Brewster, that place is Moosehead Lake. A college trip decades ago brought him to the region for the first time, and something about its vastness, quiet strength, and sense of community settled into his soul. He never got it out of his system, nor did he ever want to.

Today, Brewster, a retired attorney from Boston, treasures his home in Beaver Cove, where his family now gathers and feels connected to something larger than themselves. With that deep affection has come an equally deep sense of responsibility to the people who call this region home year-round.

Brewster has long been known locally as someone who gives generously and quietly, supporting Northern Light CA Dean Hospital and other charities that ensure his neighbors have access to food, shelter, transportation, and healthcare.

"The Moosehead Lake region has been part of my life for so many years, and giving back has always been central to who I am. Helping neighbors access care is one small way to honor a place that means so much to our family," reflects Brewster.

In 2025, that commitment took on new urgency. Donors of Northern Light CA Dean and Mayo Hospitals learned of the critical need for a wheelchair-accessible van to help patients across Piscataquis County, where there is no public transportation. For older adults, people with mobility challenges, and patients requiring frequent

**Form 990, Part III, Line 4d - Other Program Services Description**

medical visits, reaching care can sometimes feel impossible.

Brewster understood this immediately. After decades navigating the rural roads and long distances of the Moosehead Lake region, he knew how life-changing reliable transportation could be. Within days of receiving the appeal, he contacted the philanthropy team to learn more. When he heard how many people the van would serve, he offered to fund the entire purchase so the barrier could be removed at once.

His gift is more than a donation; it is a lifeline. The new van will help residents reach essential appointments safely, restore mobility, and lift a heavy burden off of families and caregivers.

For the people of Piscataquis County, Brewster's generosity is invaluable. For Brewster and his family, it is a heartfelt tribute to a place they love and a community they proudly call home.

Giving by Organization

| | |
|---|---|
| Acadia Hospital | $154,145 |
| AR Gould Hospital | $151,445 |
| Blue Hill Hospital | $490,320 |
| CA Dean Hospital | $210,058 |
| EMMC & Children's Miracle Network Hospitals | $3,851,036 |
| Home Care & Hospice | $498,322 |
| Inland Hospital | $55,964 |
| Maine Coast Hospital | $322,378 |

## Form 990, Part III, Line 4d - Other Program Services Description

| | |
|---|---|
| Mayo Hospital | $77,368 |
| Mercy Hospital | $2,502,496 |
| Northern Light Health Foundation | $24,310 |
| Sebasticook Valley Hospital | $95,153 |
| Total | $8,432,995 |

Community Benefit

For the year ended September 30, 2025

Total Community Investment by Category

| | |
|---|---|
| Community Health Improvement Services | $2,366,195 |
| Health Professions Education | $1,822,491 |
| Research | $1,517,647 |
| Cash and In-Kind Contributions | $131,121 |
| Community Building Activities | $347,504 |
| Community Benefit Operations | $1,901,310 |
| Traditional Charity Care | $10,300,762 |
| Unpaid Cost of Public Programs: | |
| Medicaid | $68,118,402 |
| Medicare | $151,080,806 |
| Total Systemwide | $237,586,238 |

Northern Light Health Member Community Benefit

| | |
|---|---|
| Acadia Hospital | $12,992,305 |
| AR Gould Hospital | $19,401,076 |
| Blue Hill Hospital | $433,598 |

**Form 990, Part III, Line 4d - Other Program Services Description**

| | |
|---|---|
| CA Dean Hospital | $416,063 |
| Eastern Maine Medical Center | $143,946,350 |
| Home Care & Hospice | $1,070,707 |
| Home Office | $442,685 |
| Inland Hospital | $11,620,066 |
| Maine Coast Hospital | $9,281,055 |
| Mayo Hospital | $103,478 |
| Mercy Hospital | $36,320,867 |
| Sebasticook Valley Hospital | $1,557,988 |

| Expenses | Including Grants | Revenue |
|---|---|---|

Safe beginnings

Northern Light Health earns gold for infant sleep safety

Northern Light Health is proud to share that all of our hospitals with birthing programs have earned Gold Safe Sleep Hospital certification from the Cribs for Kid® National Safe Sleep Hospital Certification Program. This recognition honors our commitment to following the highest standards in infant safe sleep and ensuring that every newborn receives the safest start possible.

"This achievement reflects the dedication and compassion of our teams across Northern Light Health," says Natalia Hall, MBA, associate vice president, Northern Light Women's Health. "Our caregivers have worked diligently to meet these gold-level standards, because every baby deserves a safe and healthy beginning."

Congratulations to our safe sleep certified hospitals, delivering on our promise of comprehensive and compassionate care for expectant mothers, newborns, and families

**Form 990, Part III, Line 4d - Other Program Services Description**

throughout Maine every day.

• Northern Light AR Gould Hospital

• Northern Light Eastern Maine Medical Center

• Northern Light Maine Coast Hospital

• Northern Light Mayo Hospital

• Northern Light Mercy Hospital

On the road or in the hospital,

these new devices never skip a beat

Every second counts when your heart stops. Thanks to a grant from the Maine Emergency Medical Services Stabilization Program, our teams now have new chest compression devices.

"Manual compressions require switching out providers every two minutes, which can be hard in urgent situations," explains Michael St. Laurent, EMT-P, manager of EMS operations. "With these devices, we can maintain consistent compressions while allowing our team to focus on other critical aspects of care for that same patient." Chest compression devices are portable, automated machines built to keep chest compressions going without interruption, allowing EMS and emergency staff the chance to place more focus on airway support, IV access, medication, and other needs.

One device is ready around the clock on a 24-hour ambulance and the other moves between a 12-hour ambulance before moving to the Emergency Department at Northern Light Sebasticook Valley Hospital overnight.

**Form 990, Part III, Line 4d - Other Program Services Description**

"We're so grateful for the state funding that made this possible," says Randy Clark, MBA, president of Northern Light Sebasticook Valley Hospital. "This is another way we can be there for our patients, whether on the road or here in the hospital when every heartbeat matters."

The grant also funded devices that benefit communities supported by Acadia Hospital, CA Dean Hospital, Eastern Maine Medical Center, and Mayo Hospital.

Northern Light Health

By the numbers

Our Members

| | |
|---|---|
| 9 | Hospitals |
| 34 | Primary care locations |
| 38 | Primary care practices |
| 1 | Integrated physician organization |
| 7 | Nursing homes |
| 6 | Emergency transport members |
| 5 | Joint ventures |
| 9,790 | Employees |
| 1 | Home care and hospice organization |

Our Services

| | |
|---|---|
| 379,154 | Primary care visits |

**Form 990, Part III, Line 4d - Other Program Services Description**

30,714 Inpatient admissions

7,393 Observation admissions

2,995 Births

28,546 Surgical cases outpatient

7,363 Surgical cases inpatient

462,302 Imaging procedures

525 Nursing home long-term care beds

721 Available acute care beds

15,686 ER visits inpatient

101,789 ER visits outpatient

2,292,865 Outpatient visits

104,048 Telehealth visits

451 EMMC cardiac surgeries

1,300 Home care and hospice patients

7,410 Cath lab procedures

69,808 Walk-in care visits

LifeFlight of Maine

1,866 Helicopter Air Transports

220 Fixed Wing Air Transports

836 Ground Transports

257 Total Scene Calls

113 Towns Responded to for Scene Calls

514 Traumatic Injury Transports

**Form 990, Part III, Line 4d - Other Program Services Description**

Northern Light Medical Transport

17,607 Total Transports

1,999 Total Number of Wheelchair Van Transports

112 Total Number of Towns/Townships/Unorganized Territories in Response Area

Home Care & Hospice and Telehealth

132,154 Home Health Patient Visits

44,736 Hospice Patient Visits

176,890 Total Home Care & Hospice Patient Visits

198,938 Telehealth Visits Day Monitored

Joint Ventures

County Physical Therapy, LLC

LifeFlight of Maine, LLC

LTC, LLC

MedComm, LLC

Uniship Courier Services, LLC

System Map

Bangor

Northern Light Acadia Hospital

Northern Light Eastern Maine Medical Center

Northern Light Health Foundation

Northern Light Home Care & Hospice

Northern Light Pharmacy

## Form 990, Part III, Line 4d - Other Program Services Description

Northern Light Work Health

Northern Light Healthy Life EAP

Blue Hill

Northern Light Blue Hill Hospital

Brewer

Northern Light Eastern Maine Medical Center

Northern Light Health Home Office

Northern Light Pharmacy

Dover Foxcroft

Northern Light Mayo Hospital

Northern Light Work Health

Ellsworth

Northern Light Home Care & Hospice

Northern Light Maine Coast Hospital

Northern Light Work Health

Greenville

Northern Light CA Dean Hospital

Pittsfield

Northern Light Sebasticook Valley Hospital

## Form 990, Part III, Line 4d - Other Program Services Description

Northern Light Work Health

Portland

Northern Light Home Care & Hospice

Northern Light Mercy Hospital

Northern Light Pharmacy

Northern Light Healthy Life EAP

Northern Light Work Health

Presque Isle

Northern Light AR Gould Hospital

Northern Light Home Care & Hospice

Northern Light Work Health

Waterville

Northern Light Home Care & Hospice

Northern Light Work Health

Our mission, vision, and values

Our Mission

We improve the health of the people and communities we serve.

Our Vision

Northern Light Health will be a leader in healthcare excellence.

**Form 990, Part III, Line 4d - Other Program Services Description**

Our Values

To accomplish its mission and vision, Northern Light Health will embrace these values:

Integrity:

We commit to the highest standards of behavior and doing the correct thing for the right reasons.

Respect:

We respect the dignity, worth, and rights of others, and are deeply committed to fostering psychological safety for all. We prohibit discrimination against and harassment of others.

Compassion:

We deliver care focused on the needs of each person and guide families and individuals through the experience with kindness and professionalism.

Accountability:

We take a responsible and disciplined approach to achieving our priorities and responding to an ever-changing environment.

**Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.**

Edward Gould, trustee and Dyan Walsh, trustee are board members of Bangor Public Library.

**Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents**

Amended Bylaws as follows:

(1) Amended Article III (Board), Section 2 (Number and Tenure; Qualifications) - changed eleven (11) to seven (7) to the following sentence: Including the president of the Member and the president of the Corporation, the Board of Trustees shall consist of no fewer than seven (7) and no more than nineteen (19) Trustees.

**Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder**

Acadia Hospital, Corp. d/b/a Northern Light Acadia Hospital (the "Corporation") is a Maine nonprofit corporation. Eastern Maine Healthcare Systems, d/b/a Northern Light Health ("NLH"), also a Maine nonprofit corporation, is the sole voting corporate member of the Corporation.

**Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body**

Each year at their annual meeting, the directors elect replacements for those directors whose terms are expiring. Election of directors is subject to ratification by the NLH Board of Directors.

**Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders**

The NLH President has authority to appoint and remove the EVP, President of the Corporation. NLH also has joint and superior authority to approve, disapprove or initiate action with respect to the following matters:

I. amendments to the corporations Articles of Incorporation or Bylaws;

II. changes in legal form of organization of the Corporation;

III. election of the Directors/Trustees of the Corporation;

IV. action concerning the Corporation’s operating budget and capital expenditures;

V. the Corporation’s acquisition of assets or assumption of liabilities of an unaffiliated third party;

VI. transfer of 5% or more of the assets of the Corporation;

**Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders (continued)**

VII. financing transactions concerning the Corporation;

VIII. merger, consolidation, sale, lease, mortgage, pledge or other disposition of all or substantially all assets of the Corporation;

IX. add or revise a health care service of the Corporation;

X. discontinue or close a health care service of the Corporation;

XI. action concerning the Corporation's role in the NLH Strategic Plan;

XII. action concerning the Corporation's participation in key strategic affiliations with third parties not affiliated with NLH; and

XIII. dissolution of the Corporation.

**Form 990, Part VI, Line 11b - Form 990 Review Process**

Form 990 is reviewed by the VP of Finance of Northern Light Acadia Hospital. It is also provided to each board member either electronically or in hard copy with an opportunity to ask questions prior to filing with the IRS.

**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

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)**

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.

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management**

The EVP, President of Northern Light Acadia Hospital and the system Chief Executive Officer (CEO) who serves on the board ex-officio are employed by the system parent, Eastern Maine Healthcare Systems d/b/a Northern Light Health (NLH).

The NLH Executive Performance Management Committee (the Committee) is responsible to monitor and evaluate the performance of the NLH 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

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management (continued)**

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.

| SCHEDULE O (Form 990) (Rev. December 2024) 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 Form 990-EZ. Go to *www.irs.gov/Form990* for instructions and the latest information. | OMB No. 1545-0047 Open to Public Inspection |
|---|---|---|

Name of the organization: Acadia Hospital, Corp
Northern Light Acadia Hospital

Employer identification number: 01-0459837

**Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & 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 Northern Light Acadia Hospital EVP, President and Northern Light Acadia Hospital Executive Committee.

On an annual basis, the compensation ranges are compared to the updated survey information.

The Human Resources department will determine where the employee will fall within the ranges established by the Human Resources department based on experience and credentials.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

Northern Light Acadia Hospital makes its governing documents, conflict of interest policy and financial statements available to the public upon request.

**Form 990, Part IX, Line 11g**
**Other Fees For Services**

| | (A) Total | (B) Program Services | (C) Management & General | (D) Fund-raising |
|---|---|---|---|---|
| Banking Fees | 63,466. | | 63,466. | |
| Consulting | 117,681. | 117,681. | | |
| Housekeeping | 936,394. | 761,876. | 174,518. | |
| Lab Expense | 22,765. | 22,765. | | |
| Laundry Linen | 98,523. | 98,523. | | |
| Management Fees | 241,909. | | 241,909. | |
| NLH Support Services | 6,962,299. | 1,921,669. | 5,040,630. | |
| Other Fees for Service | 2,657,788. | 1,432,437. | 1,225,351. | |
| Record Management Fees | 27,504. | 26,377. | 1,127. | |
| Temporary Staffing | 3,152,437. | 3,149,223. | 3,214. | |
| Total | $14,280,766. | $ 7,530,551. | $ 6,750,215. | $ 0. |

**SCHEDULE O**
**(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.**

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

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization: Acadia Hospital, Corp
Northern Light Acadia Hospital

**Employer identification number**: 01-0459837

## Form 990, Part XI, Line 9
## Other Changes In Net Assets Or Fund Balances

| | |
|---|---|
| Change in Post Retirement Health Benefit | $ 1,807,777. |
| Interentity Equity Transfers-NLH Foundation | 7,932. |
| Net Change in Funds held at NLH Foundation | -384,025. |
| Total | $ 1,431,684. |

**SCHEDULE R**
**(Form 990)**

(Rev. December 2024)

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

**Open to Public Inspection**

Name of the organization: Acadia Hospital, Corp
Northern Light Acadia Hospital

**Employer identification number**: 01-0459837

**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) | | | | | |
| (2) | | | | | |
| (3) | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Sec 512(b)(13) controlled entity? Yes | (g) Sec 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|
| (1) Eastern Maine Healthcare Systems (<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>01-0527066 | Supporting org for healthcare affiliates | ME | 501(c)(3) | 12 Type II | N/A | | X |
| (2) Eastern Maine Medical Center (EMMC<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>01-0211501 | Provide healthcare services | ME | 501(c)(3) | 3 | EMHS | | X |
| (3) Eastern Maine Healthcare Real Esta<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>01-0391036 | Leases real estate | ME | 501(c)(2) | | EMHS | | X |
| (4) Rosscare<br>43 Whiting Hill Road, Ste 400<br>Brewer, ME 04412<br>01-0391038 | Provide services to elderly | ME | 501(c)(3) | PF | EMHS | | X |

**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) Disproportionate 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) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |

**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) Sec 512(b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| (1) Affiliated Healthcare Systems<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>01-0385322 | Holding co. | ME | EMHS | C | 0. | 0. | | | X |
| (2) Affiliated Healthcare Manageme<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>01-0349339 | Hlthcr mgmt | ME | AHS | C | 0. | 0. | | | X |
| (3) Affiliated Laboratory, Inc.<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>01-0381283 | Clinicl lab | ME | AHS | C | 0. | 0. | | | X |

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

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

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

| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| (1) | Acadia Healthcare, Inc. | l | 709,137. | FMV |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

**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) Disproportionate 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 | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |

**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

**Part II Continuation of 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) Sec 512(b)(13) controlled entity? Yes | (g) Sec 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|
| Eastern Maine Medical Center Auxilia<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>01-0377901 | Fund raising for exempt EMMC | ME | 501(c)(3) | 10 | EMMC | | X |
| Acadia Healthcare, Inc.<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>22-3183888 | Provide healthcare services | ME | 501(c)(3) | 10 | AHC | X | |
| Northern Light Health Foundation<br>43 Whiting Hill Road, Ste 400<br>Brewer, ME 04412<br>22-2514163 | Raise and manage funds for exempt orgs | ME | 501(c)(3) | 12 Type II | EMHS | | X |
| Inland Hospital<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>01-0217211 | Provide healthcare services | ME | 501(c)(3) | 3 | EMHS | | X |
| Charles A. Dean Memorial Hospital<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>04-3341666 | Provide healthcare services | ME | 501(c)(3) | 3 | EMHS | | X |
| Sebasticook Valley Health<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>01-0263628 | Provide healthcare services | ME | 501(c)(3) | 3 | EMHS | | X |
| The Aroostook Medical Center<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>01-0372148 | Provide healthcare services | ME | 501(c)(3) | 3 | EMHS | | X |
| M Drug, LLC<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>27-2175482 | Pharmacy | ME | 501(c)(3) | 3 | EMMC | | X |
| The Blue Hill Memorial Hospital<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>01-0227195 | Provide healthcare services | ME | 501(c)(3) | 3 | EMHS | | X |

**Part II Continuation of 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) Sec 512(b)(13) controlled entity? Yes | (g) Sec 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|
| Lakewood<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>01-0421234 | Provide skilled and long-term nursing care | ME | 501(c)(3) | 3 | Inland Hospital | | X |
| Mercy Hospital<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>01-0211534 | Provide healthcare services | ME | 501(c)(3) | 3 | EMHS | | X |
| VNA Home Health & Hospice<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>01-0246804 | Provide home health and hospice services | ME | 501(c)(3) | 10 | EMHS | | X |
| Northern Light Wellbeing, LLC<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>47-4315094 | Provide healthcare services | ME | 501(c)(3) | 12 Type II | EMHS | | X |
| Maine Coast Regional Health Faciliti<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>01-0198331 | Provide healthcare services | ME | 501(c)(3) | 3 | EMHS | | X |
| Maine Coast Medical Realty<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>01-0390918 | Lease medical facilities | ME | 501(c)(3) | 12 Type I | MCH | | X |
| Beacon Health, LLC<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>45-2967056 | Accountable care organization | ME | 501(c)(3) | 12 Type II | EMHS | | X |
| Beacon Rural Health, LLC<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>47-4483187 | Accountable care organization | ME | 501(c)(3) | 12 Type II | EMHS | | X |
| LTC, LLC<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>01-0211501 | Operation of nursing homes | ME | 501(c)(3) | 3 | EMMC | | X |

**Part II Continuation of 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) Sec 512(b)(13) controlled entity? Yes | (g) Sec 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|
| Northern Light Medical Transport<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>83-0911574 | Ambulance | ME | 501(c)(3) | 10 | EMHS | | X |
| MRH Corp. dba Northern Light Mayo Ho<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>84-3689003 | Provide healthcare services | ME | 501(c)(3) | 3 | EMHS | | X |
| | | | | | | | |
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**Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust**

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? Yes | (i) Section 512 (b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|---|---|
| Beacon Direct<br>43 Whiting Hill Road<br>Brewer, ME 04412<br>37-1864965 | Healthcare self-funded TPA | ME | EMHS | C | 0. | 0. | | | X |
| | | | | | | | | | |
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Form **8868**
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

**File a separate application for each return.**
**Go to *www.irs.gov/Form8868* for the latest information.**

OMB No. 1545-0047

**Electronic filing *(e-file).*** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

## Part I — Identification

**Type or Print**

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
Acadia Hospital, Corp
Northern Light Acadia Hospital

Taxpayer identification number (TIN)
01-0459837

Number, street, and room or suite number. If a P.O. box, see instructions.
43 Whiting Hill Road

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
Brewer, ME 04412

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 01

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (section 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | Form 990-T (governmental entities) | 15 |

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.
  Plan Name _____
  Plan Number _____
  Plan Year Ending (MM/DD/YYYY)

## Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of John J. Doyle 43 Whiting Hill Road Brewer ME 04412
Telephone No. 207-973-9081 Fax No. 207-973-7139

- If the organization does not have an office or place of business in the United States, check this box . . . . . ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____.
  If this is for the whole group, check this box . . . . . ☐
  If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for . . . . . ☐

**1** I request an automatic 6-month extension of time until 8/15, 20 26, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:
☐ calendar year 20 ____ or
☒ tax year beginning 10/01, 20 24, and ending 9/30, 20 25.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:
☐ Initial return ☐ Final return ☐ Change in accounting period

| | | |
|---|---|---|
| **3a** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . | **3a** | $ 0. |
| **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . . | **3b** | $ 0. |
| **c** **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . . | **3c** | $ 0. |

BerryDunn

Acadia Hospital, Corp
Northern Light Acadia Hospital
01-0459837
Form 990, Part IV, line 20b

Northern Light Health℠

# Eastern Maine Healthcare Systems d/b/a Northern Light Health

CONSOLIDATED FINANCIAL STATEMENTS
and
SUPPLEMENTARY INFORMATION

September 30, 2025 and 2024
With Independent Auditor's Report

**EASTERN MAINE HEALTHCARE SYSTEMS D/B/A NORTHERN LIGHT HEALTH**

**Consolidated Financial Statements**

**September 30, 2025 and 2024**

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BerryDunn
BDMP Assurance, LLP

# INDEPENDENT AUDITOR'S REPORT

Board of Directors
Eastern Maine Healthcare Systems d/b/a Northern Light Health

## Opinion

We have audited the accompanying consolidated financial statements of Eastern Maine Healthcare Systems d/b/a Northern Light Health (Northern Light Health), which comprise the consolidated balance sheet as of September 30, 2025, and the related consolidated statements of operations, changes in net assets, and cash flows for the year then ended, and the related notes to the consolidated financial statements (collectively, the “financial statements”).

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Northern Light Health as of September 30, 2025, and the results of their operations, changes in their net assets, and their cash flows for the year then ended, in accordance with U.S. generally accepted accounting principles (U.S. GAAP).

## Basis for Opinion

We conducted our audit in accordance with U.S. generally accepted auditing standards (U.S. GAAS). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Northern Light Health and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Prior Period Financial Statements

The financial statements of Northern Light Health as of and for the year ended September 30, 2024 were audited by Berry, Dunn, McNeil & Parker, LLC whose report, dated December 19, 2024, expressed an unmodified opinion on the financial statements.

## Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. GAAP; and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Northern Light Health’s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

**Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with U.S. GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with U.S. GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Northern Light Health's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Northern Light Health's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

**Supplementary Information**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary consolidating statements of operations are presented for purposes of additional analysis rather than to present the results of operations of the individual entities and are not a required part of the financial statements. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. GAAS. In our opinion, the consolidating information is fairly stated in all material respects in relation to the financial statements as a whole.

BDMP Assurance, LLP

Portland, Maine
December 17, 2025

**EASTERN MAINE HEALTHCARE SYSTEMS d/b/a NORTHERN LIGHT HEALTH**

**Consolidated Balance Sheets**

**September 30, 2025 and 2024**

## ASSETS

| (Dollars in thousands) | **2025** | 2024 |
|---|---|---|
| Current assets | | |
| Cash and cash equivalents | **$ 83,349** | $ 70,608 |
| Assets whose use is limited or restricted | **16,540** | 16,241 |
| Patient and trade accounts receivable | **307,353** | 299,276 |
| Estimated third-party payor settlements | **142,127** | 134,830 |
| Other receivables | **47,165** | 68,906 |
| Inventory | **29,621** | 30,021 |
| Prepaid expenses and other current assets | **14,023** | 15,489 |
| Total current assets | **640,178** | 635,371 |
| Property and equipment – net | **810,766** | 870,770 |
| Noncurrent assets whose use is limited or restricted | | |
| Internally designated by the Board of Directors | | |
| Funded depreciation | **148,361** | 188,279 |
| Other designated funds | **145,848** | 151,437 |
| Self-insurance and other funds | **54,417** | 72,482 |
| With donor restrictions | **75,883** | 78,399 |
| Beneficial interest in perpetual trusts | **16,773** | 15,985 |
| Total noncurrent assets whose use is limited or restricted | **441,282** | 506,582 |
| Other assets | | |
| Intangibles and other assets | **39,604** | 31,607 |
| Right-of-use – operating lease assets | **43,070** | 41,231 |
| Total other assets | **82,674** | 72,838 |
| Total assets | **$ 1,974,900** | $ 2,085,561 |

The accompanying notes are an integral part of these financial statements.

## LIABILITIES AND NET ASSETS

| (Dollars in thousands) | **2025** | 2024 |
|---|---|---|
| Current liabilities | | |
| Accounts payable | **$ 193,781** | $ 236,998 |
| Accrued expenses and other current liabilities | **142,349** | 145,490 |
| Estimated third-party payor settlements | **19,579** | 27,561 |
| Advance payments | **100,000** | 100,000 |
| Line-of-credit borrowings | **20,000** | 58,878 |
| Current portion of long-term debt | **25,514** | 25,539 |
| Current portion of right-of-use operating lease liabilities | **6,517** | 5,414 |
| Current portion of accrual for self-insurance | **17,083** | 16,693 |
| Total current liabilities | **524,823** | 616,573 |
| Noncurrent liabilities | | |
| Long-term debt – net of current portion | **552,193** | 573,096 |
| Right-of-use operating lease liabilities, net of current portion | **35,530** | 35,616 |
| Accrual for self-insurance and postretirement benefits | **221,633** | 242,329 |
| Other liabilities | **4,807** | 5,408 |
| Total noncurrent liabilities | **814,163** | 856,449 |
| Total liabilities | **1,338,986** | 1,473,022 |
| Net assets | | |
| Without donor restrictions | **543,258** | 518,155 |
| With donor restrictions | **92,656** | 94,384 |
| Total net assets | **635,914** | 612,539 |
| Total liabilities and net assets | **$ 1,974,900** | $ 2,085,561 |

**EASTERN MAINE HEALTHCARE SYSTEMS d/b/a NORTHERN LIGHT HEALTH**

**Consolidated Statements of Operations**

**Years Ended September 30, 2025 and 2024**

| (Dollars in thousands) | **2025** | 2024 |
|---|---|---|
| Revenue | | |
| Net patient service revenue | **$ 2,101,112** | $ 1,993,305 |
| Sales and contract revenue | **7,848** | 6,986 |
| Other revenue | **256,898** | 154,646 |
| Net assets with donor restrictions released from restrictions - operations | **5,967** | 4,448 |
| Total revenue | **2,371,825** | 2,159,385 |
| Expenses | | |
| Compensation and employee benefits | **1,107,950** | 1,114,620 |
| Supplies and other | **1,179,260** | 1,103,459 |
| Depreciation and amortization | **74,540** | 73,606 |
| Interest | **25,019** | 24,002 |
| Total expenses | **2,386,769** | 2,315,687 |
| Loss from operations | **(14,944)** | (156,302) |
| Other gains (losses) | | |
| Income tax expense | **(1,248)** | (230) |
| Joint venture income | **9,392** | 2,085 |
| Investment income and other, net | **888** | 41,989 |
| Total other gains – net | **9,032** | 43,844 |
| Deficiency of revenue and gains over expenses and losses | **(5,912)** | (112,458) |
| Other changes in net assets without donor restrictions | | |
| Net assets with donor restrictions released from restrictions – capital acquisitions | **6,103** | 12,465 |
| Contribution of long-lived assets | **-** | 7 |
| Pension and postretirement plan – related adjustments | **24,912** | (5,425) |
| Increase (decrease) in net assets without donor restrictions | **$ 25,103** | $ (105,411) |

The accompanying notes are an integral part of these financial statements.

## EASTERN MAINE HEALTHCARE SYSTEMS d/b/a NORTHERN LIGHT HEALTH

### Consolidated Statements of Changes in Net Assets

### Years Ended September 30, 2025 and 2024

| (Dollars in thousands) | Net Assets Without Donor Restrictions | Net Assets With Donor Restrictions | Total Net Assets |
|---|---|---|---|
| Net assets – September 30, 2023 | $ 623,566 | $ 89,463 | $ 713,029 |
| Deficiency of revenue and gains over expenses and losses | (112,458) | - | (112,458) |
| Restricted contributions | - | 10,551 | 10,551 |
| Net assets released from restrictions | | | |
| Capital acquisitions | 12,465 | (12,465) | - |
| Operations | - | (4,448) | (4,448) |
| Restricted investment income and realized net gains | - | 1,001 | 1,001 |
| Change in net unrealized gains on investments | - | 10,257 | 10,257 |
| Other | 7 | 25 | 32 |
| Pension and postretirement plan – related adjustments | (5,425) | - | (5,425) |
| (Decrease) increase in net assets | (105,411) | 4,921 | (100,490) |
| Net assets – September 30, 2024 | 518,155 | 94,384 | 612,539 |
| Deficiency of revenue and gains over expenses and losses | **(5,912)** | **-** | **(5,912)** |
| Restricted contributions | **-** | **5,605** | **5,605** |
| Net assets released from restrictions | | | |
| Capital acquisitions | **6,103** | **(6,103)** | **-** |
| Operations | **-** | **(5,967)** | **(5,967)** |
| Restricted investment income and realized net gains | **-** | **1,204** | **1,204** |
| Change in net unrealized gains on investments | **-** | **3,563** | **3,563** |
| Other | **-** | **(30)** | **(30)** |
| Pension and postretirement plan – related adjustments | **24,912** | **-** | **24,912** |
| Increase (decrease) in net assets | **25,103** | **(1,728)** | **23,375** |
| Net assets – September 30, 2025 | **$ 543,258** | **$ 92,656** | **$ 635,914** |

The accompanying notes are an integral part of these financial statements.

## EASTERN MAINE HEALTHCARE SYSTEMS d/b/a NORTHERN LIGHT HEALTH

## Consolidated Statements of Cash Flows

## Years Ended September 30, 2025 and 2024

| (Dollars in thousands) | 2025 | 2024 |
|---|---|---|
| Cash flow from operating activities | | |
| Increase (decrease) in net assets | **$ 23,375** | $ (100,490) |
| Adjustments to reconcile change in net assets to net cash provided (used) by operating activities | | |
| Depreciation, amortization, and accretion | **73,403** | 72,625 |
| Impairment losses on assets | **14,163** | - |
| Gain on sale of property and equipment | **(97)** | (2,876) |
| Net realized and unrealized gains on investments | **(15,985)** | (53,052) |
| Equity in earnings of joint venture | **(9,392)** | (2,085) |
| Pension and postretirement plan-related adjustments | **(24,912)** | 5,425 |
| Contributions with donor restrictions | **(5,605)** | (10,551) |
| Change in operating assets and liabilities | | |
| Patient and trade accounts receivable | **(8,077)** | (16,306) |
| Other current assets | **23,608** | (37,383) |
| Other assets | **(746)** | (1,165) |
| Estimated third-party payor settlements | **(15,279)** | 7,638 |
| Advance payments | **-** | 100,000 |
| Right-of-use – operating lease - net | **(821)** | (1,821) |
| Accounts payable, accrued expenses, and other liabilities | **(46,150)** | 18,309 |
| Accrual for self-insurance and postretirement benefits | **4,607** | 1,472 |
| Net cash provided (used) by operating activities | **12,092** | (20,260) |
| Cash flows from investing activities | | |
| Purchases of property and equipment | **(26,121)** | (65,219) |
| Proceeds from sales of property and equipment | **2,466** | 8,082 |
| Proceeds from distributions of equity of joint ventures | **2,470** | - |
| Purchases of investments | **(98,055)** | (118,539) |
| Proceeds from sales of investments | **175,033** | 115,819 |
| Net changes in money market investments | **(810)** | (1,598) |
| Net cash provided (used) by investing activities | **54,983** | (61,455) |
| Cash flow from financing activities | | |
| Proceeds from issuance of long-term debt | **-** | 243 |
| Repayment of long-term debt | **(26,061)** | (24,923) |
| Advances on lines-of-credit | **-** | 120,212 |
| Repayment of lines-of-credit | **(38,878)** | (61,334) |
| Increase (decrease) in borrowing collateralized by patient accounts receivable | **802** | (591) |
| Restricted contributions and investment income | **6,808** | 11,552 |
| Decrease in pledges receivable restricted for long-term purposes | **2,066** | 1,437 |
| Net cash (used) provided by financing activities | **(55,263)** | 46,596 |
| Net increase (decrease) in cash and cash equivalents | **11,812** | (35,119) |
| Cash and cash equivalents and restricted cash – beginning of year | **80,790** | 115,909 |
| Cash and cash equivalents and restricted cash – end of year | **$ 92,602** | $ 80,790 |

The accompanying notes are an integral part of these financial statements.

## EASTERN MAINE HEALTHCARE SYSTEMS d/b/a NORTHERN LIGHT HEALTH

## Consolidated Statements of Cash Flows (Concluded)

## Years Ended September 30, 2025 and 2024

| (Dollars in thousands) | **2025** | 2024 |
|---|---|---|
| Composition of cash and cash equivalents and restricted cash – end of year | | |
| Operating cash | **$ 83,349** | $ 70,608 |
| Restricted cash – cash investments-bond funds, see Note 6 | **9,253** | 10,182 |
| | **$ 92,602** | $ 80,790 |
| Non-cash related items: | | |
| Right-of-use assets obtained in exchange for new operating leases | **$ 8,817** | $ 15,870 |
| Right-of-use assets obtained in exchange for new finance leases | **$ 8,570** | $ 10,886 |
| Purchases of property and equipment included in accounts payable | **$ 734** | $ 2,347 |

Cash paid for interest approximated $27,399 and $28,345 for the years ended September 30, 2025 and 2024, respectively.

The accompanying notes are an integral part of these financial statements.

## 1. Organization and Business

Eastern Maine Healthcare Systems (EMHS) d/b/a Northern Light Health is the parent company in an integrated healthcare delivery system. Northern Light Health controls its subsidiaries by means of stock ownership, corporate membership, or membership interests. Northern Light Health and its subsidiaries provide a broad range of healthcare and related services throughout Maine.

The primary function of Northern Light Health is to provide overall coordination and direction for the activities of the following corporations. Each affiliated organization is a tax-exempt charitable organization, unless otherwise noted.

**Acadia Hospital, Corp. d/b/a Northern Light Acadia Hospital** — Northern Light Acadia Hospital (Acadia) operates a 100-bed acute care psychiatric hospital located in Bangor, Maine and provides outpatient mental health services. Acadia also provides mental health services through the use of tele-psychiatry and in-person care to Maine hospital emergency departments. Acadia is the sole corporate member of Acadia Healthcare, Inc. d/b/a Northern Light Acadia Healthcare. Northern Light Acadia Healthcare provides an alcohol and drug treatment program, adult and children's case management services, school-based services, and mental health services integrated within primary care practices, and other mental health community services.

**Affiliated Healthcare Systems (AHS)** — AHS is a taxable holding company.

The following are subsidiaries of AHS:

**Affiliated Laboratory, Inc. d/b/a Northern Light Laboratory** — Northern Light Laboratory provides medical laboratory services to various Northern Light Health companies, physicians, and many unaffiliated healthcare clients in Northern New England.

**Affiliated Healthcare Management** — Affiliated Healthcare Management provides support for AHS.

**Beacon Health, LLC d/b/a Northern Light Wellness** — Northern Light Wellness is the sole member of Beacon Rural Health, LLC. Northern Light Wellness is the sole shareholder of Beacon Direct, Inc.

**The Blue Hill Memorial Hospital d/b/a Northern Light Blue Hill Hospital** — Northern Light Blue Hill Hospital (Blue Hill) operates a 10-bed critical access hospital located in Blue Hill, Maine and has family and specialty practices in Blue Hill, Castine, Deer Isle-Stonington, and Bucksport.

**Charles A. Dean Memorial Hospital d/b/a Northern Light CA Dean Hospital** — Northern Light CA Dean Hospital (CA Dean) operates a 15-bed critical access hospital and skilled care facility in Greenville, Maine and has family and specialty practices in Greenville, Monson, and Sangerville.

**Eastern Maine Medical Center d/b/a Northern Light Eastern Maine Medical Center** — Northern Light Eastern Maine Medical Center (EMMC) operates a 411-bed acute care medical center located in Bangor, Maine, which provides a variety of inpatient and ambulatory healthcare services. EMMC is the sole corporate member of Eastern Maine Medical Center Auxiliary, which raises funds to benefit EMMC. EMMC is also the sole corporate member of M Drug, LLC d/b/a Northern Light Pharmacy and LTC, LLC.

**M Drug, LLC d/b/a Northern Light Pharmacy** — Northern Light Pharmacy operates six outpatient pharmacies in Bangor, Brewer, Ellsworth, and Portland, Maine. Northern Light Pharmacy offers a bedside medication delivery service for patients discharged from Acadia, EMMC, Northern Light Maine Coast Hospital and Northern Light Mercy Hospital. Northern Light Pharmacy also operates a division that provides mail order and specialty medications.

**LTC, LLC** — EMMC is the sole member of LTC, LLC. LTC, LLC provides or supports a continuum of nonacute healthcare services. LTC, LLC is a 50% partner in nine separate partnerships, each of which owns and operates a nursing home, residential facility, or apartment dwelling. On a combined basis, the nursing homes offer 261 long-term care beds, 54 assisted living units, 65 specialized care beds, and an 111-bed Alzheimer unit to the residents of Central and Northern Maine.

**EMHS Foundation d/b/a Northern Light Health Foundation** — Northern Light Health Foundation holds and manages funds without donor restrictions and funds with donor restrictions for the benefit of various Northern Light Health companies and other exempt organizations in Maine. The amount of assets held for the benefit of unrelated organizations is not material.

**Inland Hospital d/b/a Northern Light Inland Hospital** — Northern Light Inland Hospital (Inland) operated a 48-bed hospital located in Waterville, Maine. Inland is the sole member of Lakewood d/b/a Northern Light Continuing Care, Lakewood (Lakewood), which operates a 105-bed long-term care facility. Northern Light Inland Hospital ceased operations on May 27, 2025. The financial statement impact of the closure, including exit costs, impairment charges, and related liabilities, is described in further detail in Notes 7, 9 and 18.

**Maine Coast Regional Health Facilities d/b/a Northern Light Maine Coast Hospital** — Northern Light Maine Coast Hospital (Maine Coast) operates a 64-bed acute care hospital located in Ellsworth, Maine.

**Mercy Hospital d/b/a Northern Light Mercy Hospital** — Northern Light Mercy Hospital (Mercy) operates a 200-bed acute care hospital located in Portland, Maine. Mercy provides inpatient and outpatient medical, surgical, obstetrical/gynecological care, and has family and specialty practices in the greater Portland area.

**Northern Light Health** — Northern Light Health includes the operation of the home office as well as a wholly-owned subsidiary, Northern Light Wellbeing, LLC. In addition, Northern Light Health is the contracting entity for population health and care coordination services.

**Northern Light Wellbeing, LLC** — Northern Light Wellbeing LLC provides occupational and workplace healthcare services and employee assistance programs. Northern Light Health is the sole member of Northern Light Wellbeing, LLC.

**Northern Light Medical Transport** — Northern Light Medical Transport provides emergency and non-emergency medical transportation services, including 911 response, in over 40 Maine communities.

**Rosscare** — Rosscare serves as a holding organization for distributions from the Sylvia Ross Trust, whose principal purpose is to fund rental subsidies to qualifying patients for living units at Sylvia Ross Assisted Living Home. The subsidies are distributed based upon applicant financial need contingent on the financial performance of the Trust.

**Sebasticook Valley Health d/b/a Northern Light Sebasticook Valley Hospital** — Northern Light Sebasticook Valley Hospital (SVH) operates a 25-bed critical access hospital located in Pittsfield, Maine and has family practices in Pittsfield, Newport, Unity, and Clinton, Maine, as well as a specialty practice in Pittsfield, Maine.

**The Aroostook Medical Center d/b/a Northern Light A.R. Gould Hospital** — Northern Light A.R. Gould Hospital (A.R. Gould) operates a community hospital in Presque Isle, Maine with 89 licensed beds and a nursing home in Mars Hill, Maine with 72 beds. A.R. Gould has family and specialty practices in Caribou, Fort Fairfield, and Presque Isle, Maine.

**VNA Home Health & Hospice d/b/a Northern Light Home Care & Hospice** — Northern Light Home Care & Hospice provides home health, inpatient and community-based hospice, telehealth, palliative care, and community health services statewide.

**MRH Corp. d/b/a Northern Light Mayo Hospital** — Northern Light Mayo Hospital is a 25-bed, critical access hospital located in Dover-Foxcroft, Maine and has family and specialty practices in Corinth, Dover-Foxcroft, and Milo.

## 2. Summary of Significant Accounting Policies

### Basis of Presentation

The accompanying consolidated financial statements (the financial statements) include the accounts of Northern Light Health and its controlled affiliates (hereinafter referred to as Northern Light Health). The financial statements include 100% of the assets and liabilities of majority-owned subsidiaries. Material intercompany accounts and transactions among the affiliated organizations have been eliminated in preparing the financial statements.

The financial statements have been prepared on the accrual basis of accounting and are presented in conformity with U.S. generally accepted accounting principles (U.S. GAAP) consistent with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 954, *Health Care Entities*, and other pronouncements applicable to healthcare organizations.

For purposes of display, transactions deemed by management to be ongoing and central to the provision of healthcare services are reported as revenue and expenses. Peripheral or incidental transactions are reported as other gains and losses.

Northern Light Health reports its financial position and activities according to the following net asset classifications:

**Net assets without donor restrictions:** Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of Northern Light Health. These net assets may be used at the discretion of Northern Light Health's management and the Board of Directors (Board).

**Net assets with donor restrictions:** Net assets that are subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of Northern Light Health or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statement of operations and the statement of changes in net assets.

## Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates. Significant estimates are made in the areas of patient accounts receivable, the valuation of investments and acquisitions, the determination of impairment of long-lived assets, self-insurance reserves, accrued retirement benefits, liabilities for contractual arrangements, and amounts receivable and payable under reimbursement regulations.

## Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with a maturity of three months or less at the date of purchase, excluding amounts classified as assets whose use is limited or restricted.

Northern Light Health maintains its cash in bank deposit accounts that, at times, may exceed federally insured limits. Northern Light Health has not experienced any losses on such accounts. Northern Light Health believes it is not exposed to any significant credit risk on cash.

## Investments and Investment Income

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value based on quoted market prices. Equity investments that do not have readily determinable fair values can be carried at cost, less impairment, adjusted for observable events that provide evidence of fair value. Realized gains or losses on the sale of investments are determined by use of average cost. Realized and unrealized gains and losses on investments are reported as other gains (losses).

The recorded value of investments in hedge funds and limited partnerships is based on fair value as estimated by management using information provided by external investment managers. For investments in investment companies for which the fair value is not readily determinable, Northern Light Health utilized the Net Asset Value (NAV) reported by each of the underlying funds as a practical expedient to estimate the value of the investment for each of these funds. Management believes that these valuations are a reasonable estimate of fair value as of September 30, 2025 and 2024, but are subject to uncertainty and, therefore, may differ from the value that would have been used had a market for the investments existed. Such differences could be material. Certain of the hedge fund and limited partnership investments have restrictions on the withdrawal of the funds (see Note 14).

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Consequently, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the consolidated balance sheets and statements of operations and changes in net assets.

Several Northern Light Health organizations own interests in joint venture entities. Ownership interests between 20% and 50% in a joint venture are accounted for by using the equity method of accounting and included in intangible and other assets. Using the equity method, the investment is increased by Northern Light Health’s share of the entity's income and additional investments. The investment is decreased by Northern Light Health’s share of the entity's losses and distributions.

## Borrowing Collateralized by Patient Accounts Receivable

Northern Light Health previously entered into a borrowing agreement collateralized by patient accounts receivable with a third party. Eligible patients can elect an arrangement with the third party or pay their balance in full. Northern Light Health receives payment for the account, less a discount rate of 11.00% and 13.50% at September 30, 2025 and 2024, respectively. If the patient loan balance to the third party becomes 60 days past due or there is a change in patient status, as defined by the borrowing agreement, Northern Light Health is required to repay the outstanding balance. Northern Light Health had advances under this arrangement of $7,981,000, and $7,178,000 at September 30, 2025 and 2024, respectively, collateralized by patient accounts receivable. The asset is included in patient and trade accounts receivable, and the corresponding liability is included in accrued expenses and other current liabilities on the consolidated balance sheet.

## Inventory

Northern Light Health records inventory at the lower of cost or market using the first-in, first-out, or average cost methods.

## Assets Whose Use is Limited or Restricted

Assets whose use is limited or restricted include Board-designated assets, assets held in trust under debt agreements, self-insurance trust arrangements, and assets that are donor restricted. Donor restricted trusts held by unrelated entities for the benefit of various Northern Light Health organizations are reported as beneficial interest in perpetual trusts. Board-designated assets may be used at management's discretion.

## Property and Equipment

Property and equipment are initially recorded at cost or, in the case of gifts, at fair market value at the date of the gift. Depreciation of property and equipment is computed using the straight-line method over the estimated useful lives of the related assets.

Buildings and equipment under lease obligations are amortized using the straight-line method over the shorter period of the lease term or estimated useful life of the building or equipment. Such amortization is included in depreciation and amortization in the consolidated statements of operations.

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as an increase in net assets without donor restrictions (excluded from the deficiency of revenue and gains over expenses and losses), unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used, and gifts of cash or other assets that must be used to acquire long-lived assets, are reported as an increase in net assets with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

## Leases

Northern Light Health combines and accounts for lease and non-lease components as a single lease component by the class of underlying asset. Right-of-use (ROU) assets and lease obligations are recognized on the consolidated balance sheet for all leases with a term greater than 12 months.

At the inception of a contract or arrangement, Northern Light Health determines if the contract or arrangement is, or contains, a lease based on the facts and circumstances. Lease classification then is determined as of the lease commencement date. Northern Light Health (i) determines the consideration of the contract, (ii) determines whether the lease is an operating or finance lease, and (iii) recognizes lease ROU assets and lease obligations.

The ROU assets represent Northern Light Health's right to use the underlying assets for the lease term and lease liabilities represent the obligation to make lease payments arising from the leases. ROU assets and lease liabilities are recognized at commencement date based on the present value of lease payments over the lease term. The discount rates related to Northern Light Health's lease liabilities are generally based on estimates of Northern Light Health's incremental borrowing rate, as implicit interest rate within the contract cannot usually be readily determined.

Lease expense on operating leases is recognized over the expected lease term on a straight-line basis, while expense on finance leases is recognized using the effective interest rate method. Lease expense on operating leases is reported as operating lease cost, whereas finance lease ROU assets are amortized to expense over the lease term and interest costs are expensed on the lease obligation throughout the lease term.

## Impairment of Long-Lived Assets

Long-lived assets to be held and used are reviewed for impairment whenever circumstances indicate that the carrying amount of an asset may not be recoverable. Long-lived assets to be disposed of are reported at the lower of the carrying amount or fair value, less cost to sell.

## Asset Retirement Obligations

Northern Light Health recognizes the liability for conditional asset retirement obligations when a legal obligation to perform asset retirement activities exists. The fair value of the liability for the legal obligation associated with an asset retirement is recorded in the period in which the obligation is incurred. When the liability is initially recorded, the cost of the asset retirement is capitalized.

Substantially all of the asset retirement obligations recorded relate to estimated costs to remove asbestos that are contained within Northern Light Health's facilities. The adjustments to the carrying amount of the asset retirement obligation were approximately $(19,000) and $178,000 in 2025 and 2024, respectively, and were primarily attributable to building demolition, sale of building, and revised estimates.

## Costs of Borrowing

Interest costs incurred on borrowed funds during the period of construction of capital assets, net of investment income on borrowed assets held by trustees, are capitalized as a component of the cost of acquiring those assets. The amount of interest that was capitalized totaled approximately $1,162,000 and $3,072,000 in 2025 and 2024, respectively. Deferred financing costs and original issue premiums and discounts are amortized over the period the related obligation is outstanding using the effective interest rate method.

## Endowment

Northern Light Health has interpreted state law as requiring realized and unrealized gains of net assets with donor restrictions to be retained in a net asset with donor restriction classification until appropriated by the Board and expended. As a result of this interpretation, Northern Light Health classifies as net assets with donor restrictions (a) the original value of the gifts donated to the endowment when explicit donor stipulations requiring permanent maintenance of the historical fair value are present, and (b) the original value of the subsequent gifts to the endowment when explicit donor stipulations requiring permanent maintenance of the historical fair value are present. The remaining portion of the donor-restricted endowment fund composed of accumulated gains not required to be maintained in perpetuity is classified as net assets with donor restrictions until those amounts are appropriated for expenditure in a manner consistent with the donor's stipulations.

Northern Light Health administers a formal spending policy consistent with state law to appropriate the net appreciation of net assets with donor restrictions as is deemed prudent by the Board considering Northern Light Health's long-term and short-term needs, price level trends, and general economic conditions. Under this policy, Northern Light Health maintains an annual spending level generally in the range of 3%-6%, with a target of 5%, of each endowment fund's moving five-year average market value. Endowment assets are invested in a manner to generate returns at least equal to the planned spending, plus inflation over the long term. To satisfy its long-term rate-of-return objectives, Northern Light Health targets a diversified asset allocation that places a greater emphasis on equity-based investments within prudent risk constraints. Realized and unrealized gains on net assets with donor restrictions, which are not specifically restricted by donors, are reported as a net asset with donor restrictions until appropriated by the Board and expended.

## Patient Service Revenue and Accounts Receivable

Patient service revenue is reported at the amount that reflects the consideration to which Northern Light Health expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, Northern Light Health bills the patients and third-party payors several days after the services are performed or the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by Northern Light Health. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. Generally, performance obligations satisfied over time relate to patients in hospitals receiving inpatient acute care services or patients receiving services in outpatient centers or in their homes. Northern Light Health measures the performance obligation from admission into the hospital or the commencement of an outpatient service, to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge or completion of the outpatient services. Revenue for performance obligations satisfied at a point in time is generally recognized when goods are provided to patients and customers in a retail setting (for example, pharmaceuticals) and Northern Light Health does not believe it is required to provide additional goods or services related to that sale.

Because all of its performance obligations relate to contracts with a duration of less than one year, Northern Light Health is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

Healthcare entities are paid amounts negotiated with insurance companies or set by government programs which are typically less than established charges. Gross charges are what hospitals charge all patients prior to the application of contractual adjustments and implicit price concessions. Northern Light Health determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, and discounts provided to uninsured patients in accordance with Northern Light Health's policy.

Estimates of contractual adjustments and discounts are based on contractual agreements, discount policies, historical experience, current conditions, reasonable and supportable forecasts, and identified trends. Implicit price concessions are based on historical experience, current conditions, reasonable and supportable forecasts, and identified trends. Patient and trade accounts receivable are stated at the amount management expects to collect from outstanding balances.

Agreements with third-party payors typically provide for payments at amounts less than established charges. A summary of the payment arrangements with major third-party payors follows:

**Medicare**

The acute care medical hospitals are subject to the federal Prospective Payment System (PPS) for Medicare inpatient hospital services, inpatient skilled nursing facility services, inpatient rehabilitation services, and certain outpatient services. Under these prospective payment methodologies, Medicare pays a prospectively determined per discharge, per day, per procedure, or per visit rate for non-physician services. These rates vary according to the applicable Diagnosis Related Group (DRG) or Case-Mix Group. Capital costs related to Medicare inpatient PPS services are paid based upon a standardized amount per discharge weighted by DRG. For most outpatient services, Medicare makes payments based upon the Ambulatory Payment Classification (APC) of each patient. Certain other outpatient services are reimbursed according to fee schedules.

Northern Light Maine Coast Hospital and Northern Light A.R. Gould Hospital participate in a Medicare Rural Community Hospital Demonstration Project and are, therefore, no longer subject to PPS payments for inpatient hospital services and associated capital costs for the duration of this program. During the first fiscal year of the program, Medicare paid for the full reasonable costs incurred for inpatient services provided. The payment for subsequent years is the lesser of reasonable costs or a target amount determined by increasing the first-year program costs by the inpatient prospective payment factor update for each succeeding year. Effective April 1, 2020, Northern Light Maine Coast Hospital became designated as a sole-community hospital, and as such, receives enhanced outpatient reimbursement and is eligible to participate in the 340B program. Several Northern Light Health hospitals receive Disproportionate Share Hospital payments. These payments are made to qualifying hospitals to cover the costs of providing care to low-income patients.

Providers of home health services to clients eligible for Medicare home health benefits are paid on a prospective basis, with no retrospective settlement. The prospective payment is based on the scoring attributed to the acuity level of the client at a rate determined by federal guidelines. Providers of hospice services to clients eligible for Medicare hospice benefits are paid on a fee-for-service basis, with no retrospective settlement, provided the aggregate annual Medicare reimbursement is below a predetermined aggregate capitated rate. Revenue is recognized as the services are performed based on the fixed rate amount.

**MaineCare**

MaineCare is the State of Maine's Medicaid program. Inpatient reimbursement for acute care medical hospitals is based upon prospectively determined rates that vary according to the applicable DRG. Capital and physician service costs related to MaineCare inpatient services are paid based on a percentage of allowable costs. For most outpatient services, MaineCare makes payment based upon the APC of the patient. Outpatient physician services are paid on a percentage of allowable costs and certain other outpatient services are reimbursed according to fee schedules. Acute hospitals receive interim payments for capital costs and physician services at a tentative rate with final settlement determined after completion of annual cost reports by the State. Nursing facilities are reimbursed partially on a prospectively determined per diem rate for direct and routine services together with a fixed cost component that is subject to final settlement determined after completion of an annual cost report by the State.

As a specialty psychiatric hospital facility, Northern Light Acadia Hospital is reimbursed for Medicare inpatient services on a PPS basis. The prospective payment methodology for psychiatric facilities is based on a variable acuity per diem rate. Northern Light Acadia Hospital is reimbursed for MaineCare inpatient services based on a negotiated rate related to established charges. Outpatient services are reimbursed based on a percentage of cost.

Northern Light Blue Hill Hospital, Northern Light CA Dean Hospital, Northern Light Mayo Hospital, and Northern Light Sebasticook Valley Hospital have been granted Critical Access Hospital (CAH) status by the Medicare and MaineCare Programs. Each CAH is reimbursed a percentage of allowable costs for inpatient and outpatient services provided to Medicare and MaineCare patients.

Northern Light Health has entered into various health management contracts. The contracts provide shared gains and losses based on performance against cost benchmarks with adjustments for quality goals.

The State assesses a healthcare provider tax on the revenues of hospitals and long-term care facilities. The amount of tax assessed to Northern Light Health organizations was approximately $42,843,000 and $36,971,000 in 2025 and 2024, respectively. This amount has been reported in supplies and other expenses in the accompanying consolidated statements of operations.

Laws and regulations concerning government programs, including Medicare and MaineCare, are complex and subject to varying interpretation. As a result of investigations by governmental agencies, various healthcare organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge Northern Light Health's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon Northern Light Health. In addition, the contracts Northern Light Health has with commercial payors also provide for retroactive audit and review of claims.

**Managed Care**

Northern Light Health contracts with various managed care insurance carriers to provide health care services to enrolled members. Under these contracts, reimbursement for services provided is generally based on negotiated rates, which may include per diem payments, case rates, capitation arrangements, or discounted fee-for-service schedules.

**Commercial Insurance**

Commercial insurance payors provide services to individuals concerned by private health care insurance. Reimbursement to Northern Light Health from these payors is typically based on negotiated rates, fee schedules, or discounted charges, and may vary depending on contractual terms and service type.

Settlements with third-party payors for retroactive adjustments due to audits, reviews, or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor, and Northern Light Health's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years become settled or are no longer subject to such audits, reviews, and investigations. Adjustments arising from changes in transaction price decreased patient service revenue by $264,000 in 2025 and decreased patient service revenue by $1,087,000 in 2024.

**Implicit Price Concessions**

Consistent with Northern Light Health's mission, care is provided to patients regardless of their ability to pay. Therefore, Northern Light Health has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts Northern Light Health expects to collect based on its collection history with those patients.

Patients who meet Northern Light Health's criteria for charity care are provided care without charge or at amounts less than established rates. Such amounts determined to qualify as charity care are not reported as revenue. Northern Light Health estimates the costs associated with providing charity care by calculating a ratio of total cost to total gross charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of caring for charity care patients was $10,301,000 and $12,124,000 for 2025 and 2024, respectively. Funds received from gifts to subsidize charity services provided were $533,000 and $544,000 for 2025 and 2024, respectively.

For uninsured patients who do not qualify under the Northern Light Health's sliding fee discount program, Northern Light Health bills the patient based on Northern Light Health's amount generally billed (AGB) for services provided. Patient balances are typically due within 30 days of billing; however, Northern Light Health has entered into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant.

Northern Light Health has determined that the nature, amount, timing, and uncertainty of revenue and cash flows are affected by the following factors: payors, service lines, method of reimbursement, and timing of when revenue is recognized. Tables providing details of these factors are presented in Note 5. Patient and trade accounts receivable were $307,353,000, $299,276,000, and $282,970,000 for the years ended September 30, 2025, 2024, and 2023, respectively.

## Contributions and Gifts

Unconditional promises to give cash and other assets to Northern Light Health are reported at fair value at the date the promise is received. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of estimated future cash flows. The discounts on those amounts are computed using a risk-free rate applicable to the year in which the promise is received. Amortization of the discount is included in contribution revenue. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received, and the conditions are met. Gifts are reported as an increase in net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statements of operations as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as additions to net assets without donor restrictions in the accompanying financial statements.

## Deficiency of Revenue and Gains Over Expenses and Losses

The consolidated statements of operations include deficiency of revenue and gains over expenses and losses. Changes in net assets without donor restrictions which are excluded from deficiency of revenue and gains over expenses and losses, consistent with industry practice, include transfers of assets to and from affiliates for other than goods and services, pension and postretirement plan adjustments, and contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

## Other Revenue

Investment income on operating assets without donor restrictions is included in other revenue in the year earned. Grant revenue, 340B drug discount program revenue, cafeteria sales, and gift shop revenue are also included in other revenue.

## Income Taxes

Northern Light Health, its hospitals, and certain other affiliates have been determined by the Internal Revenue Service to be tax-exempt charitable organizations as described in Section 501(c)(3) or 501(c)(2) of the Internal Revenue Code (the Code) and, accordingly, are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Accordingly, no provision for federal income taxes has been recorded in the accompanying financial statements for these organizations.

Tax-exempt charitable organizations could be required to record an obligation for income taxes as the result of a tax position they have historically taken on various tax exposure items, including unrelated business income or tax status. Under guidance issued by FASB, assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the “more likely than not” threshold, based upon the technical merits of the position. Estimated interest and penalties, if applicable, related to uncertain tax positions are included as a component of income tax expense. 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 Northern 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 liabilities using enacted tax rates in effect in the years the differences are expected to reverse. The deferred tax assets and liabilities for these entities are not material.

## Community Benefit

Northern Light Health offers free or reduced-cost programs and services to those in need, injured, or disabled. Member organizations use clinical and non-clinical approaches to improve health, prevent disease, and address health equity by targeting underlying health determinants and partnering with communities to assess health needs.

Community benefits include programs, services, and investments that enhance community health, increase access to care, advance medical knowledge, and reduce government healthcare burdens. These activities support Northern Light Health’s mission and form the basis of its tax exemption.

Northern Light Health’s initiatives extend beyond the facilities and services by addressing community health needs through education, wellness programs, and preventive services like health screenings. Special focus is given to vulnerable populations, improving access to care and promoting health equity. Additional efforts include training healthcare providers, medical research, donations to community organizations, and providing low or no-cost services to uninsured patients. Through these contributions, Northern Light Health aims to improve population health and wellness in the communities it serves.

## Accrual for Self-Insurance Liabilities

The liabilities for outstanding losses and loss-related expenses include estimates for professional and general liability losses incurred, but not reported, as well as losses pending settlement. Insurance recoveries are included in other assets and are not netted against the liability. Such liabilities are necessarily based on estimates, and while management believes that the amounts provided are adequate, the ultimate liability may be in excess of or less than the amounts provided. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The methods for making such estimates and the resulting liability are actuarially reviewed on an annual basis and any adjustments are reflected in operations during the related period.

Northern Light Health also estimates and records a liability for claims incurred, but not reported for employee health and dental benefits provided through self-insured plans. The liability is estimated based on prior claims experience and the expected time period from the date such claims are incurred to the date the related claims are submitted and paid.

## Accounting for Defined Benefit Pension and Other Postretirement Plans

Northern Light Health recognizes the overfunded or underfunded status of its defined benefit and postretirement plans as an asset or liability in its consolidated balance sheets. Certain changes in the funded status of the plans are reported as a change in net assets without donor restrictions presented below the deficiency of revenue and gains over expenses and losses in the consolidated statements of operations and changes in net assets in the year in which the changes occur.

## Advance Payments

Advance payments represent temporary funding assistance provided by Change Healthcare after a disruption to the processing of electronic healthcare transactions and related payments beginning in March 2024. Northern Light Health entered a $112,679,000 financing agreement with Change Healthcare Operations, LLC. As of September 30, 2025 and 2024, Northern Light Health had an outstanding balance of $100,000,000, which is classified under advance payments in current liabilities.

Under the terms of the funding program, recipients must repay the full amount within 45 business days of receiving a repayment notice. If repayment is not made by the due date, Change Healthcare Operations, LLC may invoke its contractual rights, including demanding immediate repayment, offsetting claims or amounts owed to the recipient, or pursuing other legal remedies. Amounts classified as current liabilities reflect repayments contractually due as of September 30, 2025 and 2024.

## COVID-19 Relief Funding

In response to the COVID-19 pandemic, Northern Light Health received financial support through various federal relief programs, including the Provider Relief Fund (PRF) and the Centers for Medicare and Medicaid Services (CMS) Accelerated and Advance Payment Program, and other programs. Northern Light Health complied with the applicable terms and conditions of these programs, and amounts were recognized in accordance with the timing of forgiveness or when eligibility and compliance requirements were substantially met. All CMS advance payments have since been fully recouped.

The Federal Emergency Management Agency (FEMA) provided reimbursement of COVID-19 related expenses totaling $51,598,000 and $1,165,000 for 2025 and 2024, respectively, is reported in other revenue in the accompanying consolidated statement of operations.

Management believes the positions taken reflect a reasonable interpretation of the rules currently available. However, due to the complexity of the related reporting and audit requirements, there remains at least a reasonable possibility that amounts recognized in connection with COVID-19 stimulus programs could change in future periods. Any differences will be recognized in the period in which they become known.

## Recent Accounting Standards

From time to time, new accounting guidance is issued by the FASB or other standard setting bodies that is adopted by us as of the effective date or, in some cases where early adoption is permitted, in advance of the effective date. We have assessed the recently issued guidance that is not yet effective and, unless otherwise indicated above, we believe the new guidance will not have a material impact on our results of operations, cash flows, or financial position.

## Subsequent Events

For purposes of the preparation of these financial statements, Northern Light Health has considered transactions or events occurring through December 17, 2025, which was the date that the financial statements were issued.

On October 1, 2025, A.R. Gould sold the bed rights and equipment of the Mars Hill nursing facility as part of a joint venture agreement for $314,000. A gain of $312,000 was recognized on the sale. Northern Light Health owns a 50% interest in the new joint venture.

On December 1, 2025, Lakewood sold the bed rights, property, and equipment as part of a joint venture agreement for $4,450,000. An estimated gain of $988,000 was recorded on the sale. Northern Light Health owns a 50% interest in the new joint venture.

The sales trigger remedial action for related bonds, see Note 9 for further details.

## 3. Liquidity and Availability of Financial Assets

As of September 30, 2025 and 2024, Northern Light Health has a working average days (based on normal expenditures) cash (from all sources) on hand of 59.97 and 66.98, respectively.

Financial assets available for general expenditures within one year of the balance sheet date consist of the following (dollars in thousands):

| | 2025 | 2024 |
|---|---|---|
| Cash and cash equivalents | **$ 83,349** | $ 70,608 |
| Accounts receivable | **307,353** | 299,276 |
| Estimated third-party payor settlements | **142,127** | 134,830 |
| Other receivables | **47,165** | 68,906 |
| | **$ 579,994** | $ 573,620 |

Northern Light Health has other assets whose use is limited to use for donor-restricted purposes, debt service, and for the professional and general liability insurance program. Additionally, certain other Board-designated assets are designed for future capital expenditures and an operating reserve. These assets whose use is limited, which are more fully described in Note 6 are not for general expenditure within the next year and are not reflected in the table above. However, the Board-designated amounts could be made available, if necessary.

Northern Light Health maintains lines of credit as discussed in more detail in Note 9. As of September 30, 2025 and 2024, $20 million and $35 million, respectively, remained available on the lines of credit. Management regularly monitors liquidity required to meet its operating needs and other contractual commitments.

## 4. Service Agreements

### OptumInsight, Inc. Master Services Agreement

On December 29, 2022, Northern Light Health entered a 10-year master services agreement commencing on March 26, 2023, with OptumInsight, Inc. (Optum) for the provision of certain operational functions including revenue cycle management, information systems, inpatient care management, analytics, enterprise project management, and supply chain. In addition, the agreement includes the provision of advisory services for operational improvement.

The agreement provides for the transfer or assignment of certain contracts and has been subject to subsequent amendments. In some cases, amendments remain in draft form; however, both parties operate under the proposed terms. The amounts presented in these financial statements and related disclosures reflect the substance of these amendments based on current operations. Management's estimates incorporated in these amounts are based on information available as of the reporting date and are not expected to differ materially from amounts that will result upon execution of the final agreements.

The agreement includes monthly fees for the managed operations and advisory services. The fees for managed operations are subject to annual escalation clauses, inflation adjustments commencing in contract year three, and volume adjustments for revenue cycle and inpatient care management commencing in contract year two. The following is a schedule by year of annual payments for managed services and advisory services for the years ending September 30 (dollars in thousands):

| | |
|---|---|
| 2026 | $206,163 |
| 2027 | 216,293 |
| 2028 | 220,643 |
| 2029 | 228,126 |
| 2030 | 235,591 |
| Thereafter | 619,271 |

Northern Light Health has an outstanding payable of $71,118,000 and $83,864,000 included in accounts payable at September 30, 2025 and 2024, respectively, with Optum related to the master services agreement. Northern Light Health has a receivable from Optum related to this agreement of $34,360,000 and $49,101,000 at September 30, 2025 and 2024, respectively, included in other receivables.

The agreement includes performance improvement payments related to revenue cycle, inpatient care management, improvement in certain clinical operations, and supply chain. For the years ended September 30, 2025 and 2024, estimated liabilities for performance improvement payments of $11,391,000 and $3,298,000, respectively, were recorded in supplies and other expense. Of these amounts, $9,921,000 and $6,831,000 were included in accounts payable as of September 30, 2025 and 2024, respectively.

Management's estimates of performance improvement payments are based on contractually determined ratios and metrics from the master services agreement with Optum.

These estimates include:

**Revenue Cycle Management**

Optum is paid quarterly by Northern Light Health if Optum improves the performance of revenue cycle services relative to Northern Light Health’s historical performance. The payment is based on various measured metrics compared to a baseline period centered around collection rate and equals 50% of the total positive impact of Optum’s improvements. Northern Light Health utilizes a third-party for revenue cycle management calculation assistance.

**Inpatient Care**

Optum receives payments from Northern Light Health for improving inpatient care performance, including reductions in excess days and clinical variation. Initially, Optum receives 25% of the savings from both excess days and clinical variation reductions. The clinical variation reduction payment decreases to 12.5% after the first four quarters, continuing for up to three years after the initiative's implementation.

**Supply Chain**

Optum is paid quarterly by Northern Light Health for supply chain initiatives that achieve cost savings. Payment equals 50% of ongoing or recurring savings and 25% of one-time savings, as defined in the contract.

Such liabilities are necessarily based on estimates, and while management believes that the amounts provided are adequate, the ultimate liability may be in excess of or less than the amounts provided. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The methods for making such estimates and the resulting liability are reviewed on a quarterly basis, and any adjustments are reflected in operations during the related period.

There are also a variety of service level metrics that include penalties for certain key indicators. As of September 30, 2025 and 2024, there were no service level metrics that had penalties associated with them.

**Food and Nutrition and Environmental Services**

On December 19, 2024, Northern Light Health entered a 10-year master services agreement commencing on January 1, 2025, with Crothall Healthcare, Inc. (Crothall) and Morrison Management Specialists, Inc. (Morrison) for the provision of management of food and nutrition services and environmental services. Thereafter, the master service agreement auto-renews for successive one-year periods (each a Renewal Term), and either party may terminate during a Renewal Term (no cause required) by providing a 90-day notice.

As part of this agreement, approximately 470 employees were transferred to Crothall and Morrison on January 1, 2025. The change in employment contributed to a settlement cost in the Cash Balance Plan as described in Note 12.

## 5. Net Patient Service Revenue

Net patient service revenue for the years ended September 30, 2025 and 2024 consisted of the following (dollars in thousands):

| | 2025 | 2024 |
|---|---|---|
| Gross patient service revenue | | |
| Inpatient services | $ 2,450,321 | $ 2,097,612 |
| Outpatient services | 4,097,545 | 3,713,765 |
| Gross patient service revenue | 6,547,866 | 5,811,377 |
| Less contractual allowances and implicit price concessions | (4,417,812) | (3,784,108) |
| Less charity care | (28,942) | (33,964) |
| | (4,446,754) | (3,818,072) |
| Net patient service revenue | $ 2,101,112 | $ 1,993,305 |

In assessing collectability, Northern Light Health has elected the portfolio approach. This portfolio approach is being used as Northern Light Health has a large volume of similar contracts with similar classes of customers. Northern Light Health reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all of the contracts (which are at the patient level) by the particular payor or group of payors, will result in the recognition of the same amount of revenue as applying the analysis at the individual patient level.

The composition of patient care service revenue based on payor, service line, and method of reimbursement for the years ended September 30, is as follows:

| | **2025** | | | |
|---|---|---|---|---|
| | **Inpatient** | **Outpatient** | **Home Care And Hospice** | **Total** |
| Payor: | | | | |
| Medicare | **$ 132,339** | **$ 182,706** | **$ 28,058** | **$ 343,103** |
| MaineCare | **149,095** | **224,281** | **2,131** | **375,507** |
| Managed care | **164,362** | **230,433** | **6,475** | **401,270** |
| Commercial insurers | **222,769** | **643,369** | **3,657** | **869,795** |
| Uninsured | **8,148** | **6,544** | **171** | **14,863** |
| Other | **37,070** | **59,504** | **-** | **96,574** |
| Total | **$ 713,783** | **$ 1,346,837** | **$ 40,492** | **$ 2,101,112** |

| | 2024 | | | |
|---|---|---|---|---|
| | Inpatient | Outpatient | Home Care And Hospice | Total |
| Payor: | | | | |
| Medicare | $ 122,252 | $ 173,816 | $ 27,959 | $ 324,027 |
| MaineCare | 101,993 | 194,391 | 1,421 | 297,805 |
| Managed care | 148,011 | 221,562 | 9,548 | 379,121 |
| Commercial insurers | 236,827 | 660,517 | 4,776 | 902,120 |
| Uninsured | 6,759 | 5,512 | - | 12,271 |
| Other | 35,662 | 42,104 | 195 | 77,961 |
| Total | $ 651,504 | $ 1,297,902 | $ 43,899 | $ 1,993,305 |

| | 2025 | 2024 |
|---|---|---|
| Method of reimbursement: | | |
| Fee for service | **$ 1,447,982** | $ 1,304,994 |
| Cost reimbursed | **146,345** | 139,559 |
| Capitation and risk sharing | **19,462** | 19,874 |
| Discounted charges and other | **487,323** | 528,878 |
| | **$ 2,101,112** | $ 1,993,305 |

## 6. Investments and Assets Whose Use is Limited or Restricted

At September 30, investments and assets whose use is limited or restricted consisted of the following (dollars in thousands):

| | 2025 | 2024 |
|---|---|---|
| Assets whose use is limited or restricted – current: | | |
| Cash investments | **$ 7,237** | $ 5,932 |
| Cash investments - bond funds | **9,253** | 10,182 |
| Interest in trusts and charitable gift annuities | **50** | 127 |
| Total assets whose use is limited or restricted - current | **$ 16,540** | $ 16,241 |
| Assets whose use is limited or restricted – noncurrent: | | |
| Cash investments | **$ 45,706** | $ 93,488 |
| Marketable equity securities | **7,375** | 7,115 |
| Mutual funds | **80,033** | 76,747 |
| Institutional funds, common/collective trust, and hedge funds | **285,097** | 304,606 |
| Fixed-income securities | **2,554** | 2,545 |
| Pledges and other receivables | **2,308** | 4,418 |
| Interest in trust and charitable gift annuities | **1,436** | 1,678 |
| Beneficial interest in perpetual trusts | **16,773** | 15,985 |
| Total assets whose use is limited or restricted - noncurrent | **$ 441,282** | $ 506,582 |

For the years ended September 30, 2025 and 2024, investment income and other, net were reported as follows (dollars in thousands):

| | 2025 | 2024 |
|---|---|---|
| Consolidated statements of operations | | |
| Other revenue | $ 2,733 | $ 4,350 |
| Investment income and other, net of fees | 888 | 41,989 |
| Consolidated statements of changes in net assets | | |
| Net assets with donor restrictions – restricted investment income and realized and unrealized investment gains | 1,204 | 1,001 |
| Net assets with donor restrictions – unrealized investment gains | 3,563 | 10,257 |
| Total | $ 8,388 | $ 57,597 |

**Pledges Receivable**

Pledges receivable are reported at the net present value of future unconditional promises to give from donors. Pledges receivable are included in noncurrent assets whose use is limited or restricted with donor restrictions. At September 30, the future amounts receivable for unconditional promises to give are as follows (dollars in thousands):

| | 2025 | 2024 |
|---|---|---|
| Due within one year | $ 1,829 | $ 3,087 |
| Due within two to five years | 661 | 1,655 |
| Total receivable | 2,490 | 4,742 |
| Less allowance for uncollectible pledges and discounts | (328) | (514) |
| Total net receivable | $ 2,162 | $ 4,228 |

## 7. Property and Equipment

At September 30, property and equipment consisted of the following (dollars in thousands):

| | 2025 | 2024 |
|---|---|---|
| Land | $ 19,032 | $ 19,367 |
| Building and land improvements | 669,813 | 678,310 |
| Equipment, furniture, and fixtures | 1,115,406 | 1,107,468 |
| Leasehold improvements | 22,725 | 24,436 |
| | 1,826,976 | 1,829,581 |
| Less accumulated depreciation and amortization | (1,040,576) | (1,007,538) |
| | 786,400 | 822,043 |
| Construction in progress | 24,366 | 48,727 |
| Net property and equipment | $ 810,766 | $ 870,770 |

Northern Light Health and its affiliates have commitments for facility expansions and other projects totaling approximately $5,004,000 and $9,247,000 at September 30, 2025 and 2024, respectively.

Construction in progress includes amounts related to the Enterprise Resource Planning (ERP) transformation and the Electronic Health Record (EHR) implementation. The ERP is a tool to manage core business, financial, supply chain, and human resource processes across a single, integrated system. The EHR integrates each patient's medical history, test results, clinicians' notes, plan of care, and revenue cycle in a single record accessible throughout Northern Light Health. The total costs of the projects are expected to be approximately $134,000,000. At September 30, 2025, there was approximately $18,000,000 in construction in progress, and $560,000 in construction commitments.

Property and equipment includes building and equipment recorded under right-of-use lease assets - finance leases totaling $46,635,000 and $41,535,000 with related accumulated amortization of $21,330,000 and $13,986,000 at September 30, 2025 and 2024, respectively.

During 2025, Northern Light Health recognized an impairment charge of $12,454,000 related to the Inland Hospital closure, which was recorded in supplies and other expense. The impairment was measured in accordance with ASC Topic 360, *Property, Plant, and Equipment* (ASC 360) and reflects the excess of the carrying amount of the related property and equipment over their estimated fair value, which is based on expected proceeds from disposition.

## 8. Intangibles and Other Assets

At September 30, intangibles and other assets consisted of the following (dollars in thousands):

| | 2025 | 2024 |
|---|---|---|
| Investments in joint ventures: | | |
| LTC, LLC interests | **$ 7,889** | $ 3,275 |
| County Physical Therapy, LLC | **310** | 545 |
| LifeFlight of Maine, LLC | **16,913** | 14,367 |
| MedComm, LLC | **129** | 87 |
| Other joint ventures | **471** | 516 |
| Total investments in joint ventures | **25,712** | 18,790 |
| Intangibles resulting from acquisition of Mercy, Maine Coast and Mayo | **3,477** | 3,477 |
| Other receivables | **2,592** | 2,513 |
| Deferred tax assets | **647** | 480 |
| Customer lists | **551** | 758 |
| Other | **6,625** | 5,589 |
| | **$ 39,604** | $ 31,607 |

Northern Light Health's share of earnings in its joint ventures totaled $9,392,000 and $2,085,000 for the years ended September 30, 2025 and 2024, respectively. Distributions from these joint ventures totaled $2,470,000 for the year ended September 30, 2025. There were no distributions from these joint ventures for the year ended September 30, 2024.

During the ordinary course of business, Northern Light Health may provide services to various joint ventures. This income is included in sales and contract revenue and was not material in 2025 and 2024.

Northern Light Health entities own 50% interests in several joint venture entities. Selected financial information derived from the unaudited financial statements of each joint venture entity at September 30, is as follows (dollars in thousands):

| | | 2025 | | |
|---|---|---|---|---|
| Name of Joint Venture | Owner | Total Assets | Long-Term Debt | Net Equity |
| Colonial Acres | LTC, LLC | $ 3,378 | $ - | $ 2,969 |
| Dexter Health Care | LTC, LLC | 2,892 | 28 | 1,852 |
| Katahdin Health Care | LTC, LLC | 2,994 | 73 | 2,294 |
| Ross Manor Associates | LTC, LLC | 12,930 | 7,019 | 2,788 |
| Stillwater Health Care | LTC, LLC | 4,606 | 910 | 2,968 |
| Workman Terrace | LTC, LLC | 75 | - | 74 |
| Park East Villa | LTC, LLC | 1,635 | 1,431 | 123 |
| Hibbard Health Care | LTC, LLC | 8,326 | 4,357 | 2,710 |
| LTC, LLC | | 36,836 | 13,818 | 15,778 |
| County Physical Therapy, LLC | AR Gould | 2,144 | 1,263 | 619 |
| LifeFlight of Maine, LLC | NLH | 52,091 | 9,273 | 33,826 |
| MedComm, LLC | AHS | 534 | - | 259 |
| Uniship Courier Services, LLC | AHS | 1,940 | 644 | 942 |
| Total | | $ 93,545 | $ 24,998 | $ 51,424 |

| | | 2024 | | |
|---|---|---|---|---|
| Name of Joint Venture | Owner | Total Assets | Long-Term Debt | Net Equity |
| Colonial Acres | LTC, LLC | $ 2,400 | $ - | $ 1,988 |
| Dexter Health Care | LTC, LLC | 1,586 | 45 | 417 |
| Katahdin Health Care | LTC, LLC | 1,434 | - | 755 |
| Ross Manor Associates | LTC, LLC | 11,006 | 7,337 | 483 |
| Stillwater Health Care | LTC, LLC | 3,278 | 962 | 1,472 |
| Workman Terrace | LTC, LLC | 1,817 | - | 1,817 |
| Park East Villa | LTC, LLC | 1,618 | 1,418 | 85 |
| Hibbard Health Care | LTC, LLC | 5,395 | 4,511 | (466) |
| LTC, LLC | | 28,534 | 14,273 | 6,551 |
| County Physical Therapy, LLC | AR Gould | 3,186 | 1,771 | 1,090 |
| LifeFlight of Maine, LLC | NLH | 42,747 | 4,541 | 28,733 |
| MedComm, LLC | AHS | 378 | - | 174 |
| Uniship Courier Services, LLC | AHS | 2,018 | 668 | 1,032 |
| Total | | $ 76,863 | $ 21,253 | $ 37,580 |

## 9. Debt

At September 30, long-term debt consisted of the following (dollars in thousands):

| | 2025 | 2024 |
|---|---|---|
| Bonds Payable: | | |
| Acadia Series 2022C Bonds (due in varying amounts each July through the year 2052 with fixed-interest rates ranging from 5.00% to 5.50% per annum) | **$ 36,342** | $ 37,001 |
| Blue Hill Series 2022C Bonds (due in varying amounts each July through the year 2052 with fixed-interest rates ranging from 5.00% to 5.50% per annum) | **18,007** | 18,332 |
| CA Dean Series 2022C Bonds (due in varying amounts each July through the year 2052 with fixed-interest rates ranging from 5.00% to 5.50% per annum) | **13,917** | 14,167 |
| Maine Coast Series 2022C Bonds (due in varying amounts each July through the year 2052 with fixed-interest rates ranging from 5.00% to 5.50% per annum) | **2,275** | 2,315 |
| Mercy Series 2021A Bonds (due in varying amounts each July through the year 2050 with fixed-interest rates ranging from 2.50% to 5.00% per annum) | **65,599** | 68,749 |
| EMMC Series 2021B Bonds (due in varying amounts each July through the year 2043 with fixed-interest rate ranging from 0.36% to 3.12% per annum) | **125,543** | 130,299 |
| EMMC 2019C Series Bonds (due in varying amounts each July through the year 2040 with a fixed-interest rate of 5.00% per annum) | **23,756** | 25,901 |
| Inland/Lakewood Series 2017B Bonds (due in varying amounts each July through the year 2037 with fixed-interest rates ranging from 3.50% to 5.00% per annum) | **4,689** | 5,009 |
| EMHS Series 2016A Bonds (due in varying amounts each July beginning 2037 through the year 2046 with a fixed-interest rate of 5.00% per annum) | **170,825** | 170,825 |
| EMHS Series 2016B Bonds (due in varying amounts each July through the year 2036 with fixed-interest rates ranging from 3.711% to 5.022% per annum) | **60,330** | 64,755 |
| Inland Series 2015A Bonds (due in varying amounts each July through the year 2030 with fixed-interest rates ranging from 3.00% to 5.00% per annum) | **307** | 378 |
| SVH Finance Authority of Maine 2013 Revenue Obligation Bonds (due in varying amounts each January through the year 2029 with fixed interest rate of 3.41% per annum) | **3,008** | 3,314 |
| | **524,598** | 541,045 |
| Net unamortized original issue premium | **30,771** | 32,213 |
| Total bonds payable – net | **555,369** | 573,258 |
| Other long-term debt | | |
| Installment loans and other | **751** | 2,191 |
| Lease obligations-finance leases | **26,631** | 28,535 |
| Total long-term debt, before unamortized debt issuance cost | **582,751** | 603,984 |
| Less unamortized debt issuance costs | **(5,044)** | (5,349) |
| Total long-term debt | **577,707** | 598,635 |
| Current portion | | |
| Current portion of long-term debt | **(17,305)** | (17,873) |
| Current portion of lease obligation-finance leases | **(8,209)** | (7,666) |
| Less current portion | **(25,514)** | (25,539) |
| Long-term debt – net of current portion | **$ 552,193** | $ 573,096 |

## EMHS Obligated Group

In conjunction with the issuance of the 2016 bonds, the majority of the not-for-profit healthcare providers in Northern Light Health became part of the EMHS Obligated Group. The purpose of the obligated group is to simplify the debt structure of Northern Light Health and to allow Northern Light Health to make capital available to members with lower costs of capital and less restrictive debt covenants. The members of the EMHS Obligated Group are jointly liable for the debt service on the obligations issued under the Master Trust Indenture for the EMHS Obligated Group. On September 30, 2025 and 2024, the EMHS Obligated Group had obligations totaling approximately $524,598,000 and $541,045,000, respectively, which are covered under the Master Trust Indenture.

Debt obligations issued under the Master Trust Indenture require that the EMHS Obligated Group on a consolidated basis satisfy certain measures of financial performance (including a minimum debt service coverage ratio) as long as the obligations are outstanding. The EMHS Obligated Group complied with such covenants at September 30, 2025. The EMHS Obligated Group debt service coverage ratio at September 30, 2024 was below the required level. In accordance with the Master Trust Indenture, a consultant was retained to provide recommendations to achieve compliance with the ratio.

## Bonds Payable

**Series 2022C Bonds** — On November 15, 2022, Acadia Hospital issued $40,765,000 in notes payable to secure tax-exempt revenue bonds issued by the Maine Health and Higher Educational Facilities Authority (the Authority) for the purpose of financing new construction. The Series 2022C bonds are collateralized under the 2022 EMHS Obligated Group Supplemental Trust Indenture by a security interest in its gross receipts and a mortgage of certain EMHS Obligated Group facilities.

**Series 2022C Bonds** — On November 15, 2022, Blue Hill Hospital issued $20,200,000 in notes payable to secure tax-exempt revenue bonds issued by the Authority for the purpose of financing new construction. The Series 2022C bonds are collateralized under the 2022 EMHS Obligated Group Supplemental Trust Indenture by a security interest in its gross receipts and a mortgage of certain EMHS Obligated Group facilities.

**Series 2022C Bonds** — On November 15, 2022, CA Dean Hospital issued $15,610,000 in notes payable to secure tax-exempt revenue bonds issued by the Authority for the purpose of financing new construction. The Series 2022C bonds are collateralized under the 2022 EMHS Obligated Group Supplemental Trust Indenture by a security interest in its gross receipts and a mortgage of certain EMHS Obligated Group facilities.

**Series 2022C Bonds** — On November 15, 2022, Maine Coast Hospital issued $2,555,000 in notes payable to secure tax-exempt revenue bonds issued by the Authority for the purpose of financing new construction. The Series 2022C bonds are collateralized under the 2022 EMHS Obligated Group Supplemental Trust Indenture by a security interest in its gross receipts and a mortgage of certain EMHS Obligated Group facilities.

**Series 2021A Bonds** — On May 1, 2021, Mercy Hospital issued $83,370,000 in notes payable to secure tax-exempt revenue bonds issued by the Authority for the purpose of refunding the Series 2020 bonds and Series 2015 note. The Series 2021A bonds are collateralized by a security interest in its gross receipts and a mortgage lien.

**Series 2021B Bonds** — On May 1, 2021, EMMC issued $156,870,000 in notes payable to secure taxable revenue bonds issued by the Authority for the purpose of refunding the Series 2013 bonds. The 2021B bonds are collateralized by a security interest in its gross receipts and a mortgage lien.

**Series 2019C Bonds** — On November 1, 2019, EMMC issued $42,350,000 in notes payable to secure tax-exempt revenue bonds issued by the Authority for the purpose of refunding the Series 2010A bonds. The Series 2019C bonds are collateralized by a security interest in its gross receipts.

**Series 2017B Bonds** — On December 1, 2017, Inland Hospital and Lakewood issued $7,310,000 in notes payable to secure tax-exempt revenue bonds issued by the Authority for the purpose of refunding the Series 2007B bonds. The Series 2017B bonds are collateralized by substantially all of the real property of Inland Hospital and Lakewood and a security interest in their gross receipts.

**Series 2016A Bonds and Series 2016B Taxable Bonds** — On July 13, 2016, the EMHS Obligated Group issued $170,825,000 in notes payable to secure tax-exempt Series 2016A revenue bonds issued by the Authority and $79,450,000 in a Series 2016B Taxable Note pursuant to the Master Trust Indenture with U.S. Bank National Association as trustee. The 2016A bonds were issued for the second phase of the EMMC expansion and modernization project, expansion and modernization of an ambulatory care facility at CA Dean, and refunding of A.R. Gould Series 2012A bonds, A.R. Gould and Blue Hill Series 2010A bonds, and Maine Coast Series 2008D, 2011C, and 2013A bonds. The 2016B bonds were issued for the purpose of refinancing certain line of credit borrowings and term loan indebtedness of Northern Light Health and other members of the EMHS Obligated Group, paying swap termination fees and financing certain transition costs related to members of the EMHS Obligated Group. The Series 2016A and 2016B bonds are collateralized by a security interest in the gross receipts of all members of the EMHS Obligated Group, as well as mortgages and/or security interests in certain real and/or personal property of certain members of the EMHS Obligated Group.

The obligations under the 2016A and 2016B debt instruments were allocated to each of the members of the EMHS Obligated Group based on the member's percentage interest in the obligation. Principal payments on the 2016A bond commence on July 1, 2037.

**Series 2015A Bonds** — In 2015, Inland issued $902,000 in notes payable to secure tax-exempt revenue bonds issued by the Authority for the purpose of refunding the Series 2006A bond. The Series 2015A bonds are collateralized by substantially all of the real property of Inland and a security interest in its gross receipts.

**Finance Authority of Maine 2013 Bonds** — In 2013, SVH issued $10,500,000 in notes payable to secure tax-exempt revenue bonds issued by the Finance Authority of Maine for the purpose of financing construction costs and refunding existing debt. The Series 2013 bonds are collateralized by a security interest in the pledged receipts.

## Bond Payable Updates and Related Transactions

The following summarizes developments affecting the Series 2015A, 2016A, and 2017B Authority Bonds.

On May 27, 2025, Inland Hospital ceased operations. The Obligated Group continues to service the Inland Hospital-related debt, including the Series 2015A and Series 2017B bonds, until a sale or other permitted disposition is completed in accordance with the Master Trust Indenture.

On December 1, 2025, Lakewood sold its bed rights, property, and equipment to a joint venture. Under applicable Treasury Regulations, Northern Light Health is required to complete a remedial action, such as defeasance or redemption, for the associated Series 2017B bonds within 90 days of the sale closing. Management expects to complete these actions within the required timeframe. Until the remedial action is finalized, the Obligated Group remains responsible for debt service on the affected bonds. Proceeds from the sale will be applied in accordance with the bond documents and tax regulatory agreements, and the mortgage securing the Lakewood assets will be released upon completion of the remedial action.

On October 1, 2025, the transition of Mars Hill to a joint venture was completed, and the related compliance requirements for the Series 2016A bonds were satisfied in accordance with governing regulations.

The Lakewood and Mars Hill transactions represent nonrecognized subsequent events and have not been recorded in the accompanying consolidated financial statements. Additional information regarding these events is provided in Note 2.

## Installment Loans

Several Northern Light Health affiliates have mortgages, notes payable, and installment loans outstanding totaling $751,000 and $2,191,000 at September 30, 2025 and 2024, respectively. The notes bear interest at rates ranging between 3.780% and 8.920% per annum and are payable through 2028.

## Letters and Lines of Credit

Northern Light Health obtained a $40,000,000 non-revolving line of credit arrangement with interest of 6.054% at September 30, 2025. The purpose of the line of credit is to provide working capital funds. The line of credit is collateralized pursuant to the terms of the Master Trust Indenture for the Northern Light Health Obligated Group and is set to expire on July 14, 2026. There were borrowings of $20,000,000 and $40,000,000 outstanding at September 30, 2025 and 2024, respectively.

The line of credit issued under the Master Trust Indenture require that the EMHS Obligated Group on a consolidated basis satisfy certain measures of financial performance (including a minimum debt service coverage ratio and a minimum of 45 days cash on hand) as long as the obligations are outstanding. Compliance with the debt service coverage ratio covenant is tested annually and compliance with the days cash on hand covenant is measured on a trailing 12-month basis and tested quarterly. Northern Light Health is in compliance with the debt service coverage ratio and days cash on hand ratio at September 30, 2025. The debt service coverage ratio at September 30, 2024 was below the required level. In accordance with the Master Trust Indenture, a consultant was retained to provide recommendations to achieve compliance with the ratio. There was no days cash on hand requirement at September 30, 2024.

Northern Light Health had a $50,000,000 non-revolving line of credit arrangement with interest of 7.401% at September 30, 2024. The purpose of the line of credit was to provide working capital funds. The line of credit was collateralized pursuant to the terms of the Master Trust Indenture for the Northern Light Health Obligated Group, with a stated expiration of July 15, 2024 which was under an extension for renegotiation but was ultimately not renewed. There were no borrowings at September 30, 2025, and borrowings of approximately $18,878,000 outstanding at September 30, 2024.

EMMC has letter of credit agreements with various maturities and interest rates. Maximum available borrowings under the agreements are $585,359 and $710,359 at September 30, 2025 and 2024, respectively. Beacon Health, LLC had a letter of credit agreement with available borrowings of $584,040 which expired on December 31, 2024. There were no borrowings outstanding at September 30, 2025 and 2024.

## Principal Payments

Principal payments required on long-term debt, excluding lease obligations (see Note 16), for the next five years and thereafter, are as follows (dollars in thousands):

| Years ending September 30: | Bonds | Other Debt | Total |
|---|---|---|---|
| 2026 | $ 17,017 | $ 288 | $ 17,305 |
| 2027 | 17,634 | 241 | 17,875 |
| 2028 | 18,251 | 207 | 18,458 |
| 2029 | 19,048 | 15 | 19,063 |
| 2030 | 20,305 | - | 20,305 |
| Thereafter | 432,343 | - | 432,343 |
| Total | $ 524,598 | $ 751 | $ 525,349 |

## 10. Net Assets with Donor Restrictions

At September 30, net assets with donor restrictions of temporary duration are available for the following purposes (dollars in thousands):

| | 2025 | 2024 |
|---|---|---|
| Cancer care | **$ 4,605** | $ 4,582 |
| Capital projects | **8,908** | 12,450 |
| Charity care | **9,089** | 8,507 |
| Education and research | **2,467** | 2,083 |
| Women's and children's care | **2,857** | 2,849 |
| General healthcare services | **22,838** | 23,442 |
| Total | **$ 50,764** | $ 53,913 |

At September 30, net assets with donor restrictions of permanent duration with restricted income are available for the following purposes (dollars in thousands):

| | 2025 | 2024 |
|---|---|---|
| Cancer care | **$ 3,556** | $ 3,545 |
| Capital projects | **2,192** | 2,192 |
| Charity care | **4,036** | 3,973 |
| Education and research | **897** | 896 |
| Women's and children's care | **771** | 765 |
| General healthcare services | **13,667** | 13,115 |
| Total | **$ 25,119** | $ 24,486 |

At September 30, net assets with donor restrictions of permanent duration with Board-designated income are available for the following purposes (dollars in thousands):

| | 2025 | 2024 |
|---|---|---|
| Capital projects | **$ 2,892** | $ 2,698 |
| General healthcare services | **13,881** | 13,287 |
| Total | **16,773** | 15,985 |
| Total net assets with donor restrictions | **$ 92,656** | $ 94,384 |

## Endowment Funds

Northern Light Health's endowment funds were established for a variety of purposes. Endowment funds are donor-restricted endowment funds. As required by U.S. GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

## Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires Northern Light Health to retain as a fund in perpetuity. At September 30, 2025 and 2024, there were no funds with deficiencies.

## Endowment Net Asset Composition and Changes in Endowment Net Assets

Donor restricted endowment net assets totaled $68,454,000 and $65,370,000 at September 30, 2025 and 2024, respectively. The changes therein for the years then ended, is as follows (dollars in thousands):

| | |
|---|---|
| Endowment net assets – September 30, 2023 | $ 55,831 |
| Investment gain: | |
| Investment income | 299 |
| Net appreciation | 7,944 |
| Change in beneficial interest in perpetual trust | 2,403 |
| Total investment gain | 10,646 |
| Contributions | 245 |
| Appropriations of endowment assets for expenditure | (995) |
| Other | (357) |
| Endowment net assets – September 30, 2024 | $ 65,370 |
| Investment gain: | |
| Investment income | **397** |
| Net appreciation | **3,747** |
| Change in beneficial interest in perpetual trust | **788** |
| Total investment gain | **4,932** |
| Contributions | **330** |
| Appropriations of endowment assets for expenditure | **(1,945)** |
| Other | **(233)** |
| Endowment net assets – September 30, 2025 | **$ 68,454** |

## 11. Self-Insurance and Other Contingencies

### Professional and General Liability

Northern Light Health maintains a retention program with underlying coverage provided by Medical Mutual Insurance Company of Maine and excess insurance coverage provided by various commercial insurance companies. The program serves as a mechanism to fund deductibles with funding determined by independent actuarial projections. For both professional and general liability, the program provides total limits of $2,000,000 per claim and $16,000,000 in the aggregate, subject to a deductible of $1,000,000 per claim and $8,000,000 in the aggregate. Additional excess coverage has been obtained. At September 30, 2025 and 2024, there were no known claims outstanding, which in the opinion of management, will be settled in excess of insurance coverage.

The investment assets and accrued self-insurance reserves of the professional and general liability trust were $53,980,000 and $59,947,000, respectively, as of September 30, 2025 and $72,033,000 and $54,969,000, respectively, as of September 30, 2024.

### Workers' Compensation

Northern Light Health maintains a common trust fund for a group workers' compensation program in accordance with the Maine Workers' Compensation Act. Because the common trust fund is regulated by the Maine Bureau of Insurance, neither the assets nor the liabilities of the trust are reflected in the accompanying financial statements. The assets of the trust were approximately $14,298,000 and $16,676,000 and the liabilities were approximately $13,984,000 and $16,643,000 at September 30, 2025 and 2024, respectively.

### Employee Health Benefits

Employee health and dental benefits are provided through partially self-insured plans or commercially acquired programs. The self-insured medical plan had stop loss coverage that provides reimbursement for claims other than those paid within Northern Light Health in excess of $1,000,000 per individual as of September 30, 2025, and 2024.

### Other Contingencies

Northern Light Health is party in various legal proceedings and potential claims arising in the ordinary course of business. In addition, the healthcare industry as a whole is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations is subject to government review and interpretation, as well as regulatory actions, which could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenue, from patient services and exclusion from the Medicare and Medicaid programs. Such compliance in the healthcare industry has recently come under increased governmental scrutiny. Management does not believe that these matters will have a material adverse effect on Northern Light Health's financial position or results of operations.

## 12. Pension and Postretirement Healthcare Plans

### Cash Balance Plan

Employees of certain Northern Light Health affiliates participate in a Defined Benefit, Cash Balance Plan (the Plan). At the close of every calendar year, participating employers credit the employee's core account with a contribution based on eligible pay, age, and years of credited service. The employee must be at least 21 years of age and have worked 1,000 hours in the current calendar year to receive the contribution for that year. The funding policy of the Plan is to make contributions at least equal to the minimum amount required under the law.

On October 9, 2024, the Board approved a partial freeze to the Plan effective July 1, 2025. The Plan has been amended for all non-union members to continue to make deposits for employees, as of that date, who have achieved five years of service and attained the age of 55. Other currently eligible employees will continue to receive interest credits and will participate in an enhanced 403(b) match program. New hires, rehires, and those ineligible to participate prior to July 1, 2025 are not allowed to enter into the Plan. The impact of this partial freeze was a reduction in the benefit obligation of $21,401,392 and a one-time settlement expenses of $8,939,379 as noted in the tables below.

The following table sets forth the Plan's funded status and amounts recognized in the consolidated balance sheets at September 30 (dollars in thousands):

| | 2025 | 2024 |
|---|---|---|
| Change in benefit obligation | | |
| Benefit obligation – beginning of year | **$ 371,802** | $ 346,795 |
| Service cost | **11,685** | 14,903 |
| Interest cost | **18,254** | 19,884 |
| Benefits paid | **(45,803)** | (34,310) |
| Actuarial (gain)/loss | **(3,260)** | 23,596 |
| Plan amendments | **(21,401)** | - |
| Net change in individual accounts | **463** | 934 |
| Benefit obligation – end of year | **$ 331,740** | $ 371,802 |
| Change in Plan assets | | |
| Fair value of Plan assets – beginning of year | **$ 293,148** | $ 248,393 |
| Actual return on Plan assets | **11,043** | 42,831 |
| Employer contribution | **27,232** | 35,300 |
| Benefits paid | **(45,803)** | (34,310) |
| Net change in individual accounts | **463** | 934 |
| Fair value of Plan assets – end of year | **$ 286,083** | $ 293,148 |
| Funded status at end of year | **$ (45,657)** | $ (78,654) |

| | 2025 | 2024 |
|---|---|---|
| Cumulative amounts recognized in other changes in unrestricted net assets | | |
| Prior-service costs | $ - | $ 8 |
| Actuarial loss | 73,648 | 102,491 |
| Total recognized in other changes in net assets without donor restrictions | $ 73,648 | $ 102,499 |
| Prepaid benefit cost | $ 27,991 | $ 23,845 |
| Accumulated benefit obligation | $ 316,533 | $ 339,039 |

Northern Light Health's contribution to the Plan for 2025 and 2024 exceeded amounts required by the Employee Retirement Income Security Act of 1974 (ERISA). The Plan's Adjusted Funding Target Attainment Percentage under ERISA was 82% and 84% at September 30, 2025 and 2024, respectively. As a result, the Plan is not subject to ERISA benefit restrictions.

For the years ended September 30, 2025 and 2024, net periodic pension cost for the Plan included the following components (dollars in thousands):

| | 2025 | 2024 |
|---|---|---|
| Service cost for benefits earned during the year | $ 11,685 | $ 14,903 |
| Interest cost on projected benefit obligation | 18,254 | 19,885 |
| Expected return on Plan assets | (20,225) | (21,725) |
| Amortization of prior service cost | 4 | 8 |
| Amortization of net loss | 4,424 | 2,581 |
| Net periodic pension benefit cost | 14,142 | 15,652 |
| Recognized settlement loss | 8,939 | - |
| Recognized curtailment loss | 5 | - |
| Total settlement and curtailment losses | 8,944 | - |
| Total cost | $ 23,086 | $ 15,652 |

Net periodic pension costs of $11,401,123 and $748,436 are reported in other gains (losses) for the years ended September 30, 2025 and 2024, respectively. Service cost is reported in compensation and employee benefits in the consolidated statements of operations.

The significant gain related to change in the benefit obligation for the year ended September 30, 2025 was primarily due to the freeze in future benefit accruals effective June 30, 2025 for certain non-union employees and movement in the discount rate.

The following table sets forth the weighted-average assumptions used in determining the benefit obligations at September 30, 2025 and 2024:

| | **2025** | 2024 |
|---|---|---|
| Discount rate | **5.50%** | 5.10% |
| Rate of increase in future compensation | **3.00** | 3.00 |
| Cash balance interest credit rate | **4.50** | 4.50 |

The following sets forth the weighted-average assumptions used to determine net periodic benefit cost for the years ended September 30, 2025 and 2024:

| | **2025** | 2024 |
|---|---|---|
| Discount rate | **5.57%** | 6.10% |
| Rate of increase in future compensation | **3.00** | 3.00 |
| Expected long-term rate of return on plan assets | **6.88** | 7.50 |

The discount rate represents an estimate of the rate at which the pension benefits could be "effectively" settled. The rate of compensation increase represents a best estimate of long-term pay increases and reflects an inflation expectation consistent with the discount rate. The long-term rate of return on Plan assets represents an estimate of the rate of return on current assets, taking into account the Plan's asset allocation, and also reflects an inflation expectation consistent with the discount rate.

Northern Light Health expects to make $25,100,000 in contributions to the Plan during 2026. In addition, the following benefit payments, which reflect expected future services, as appropriate, are expected to be paid during the years ending (dollars in thousands):

| | | |
|---|---|---|
| 2026 | $ | 41,092 |
| 2027 | | 27,223 |
| 2028 | | 27,720 |
| 2029 | | 27,467 |
| 2030 | | 29,863 |
| Thereafter | | 139,785 |

Northern Light Health has adopted a moderately growth-oriented investment policy for the Plan. It is anticipated that as the Plan matures, the policy should move toward a more conservative posture. Northern Light Health's overall strategy is to invest in high-grade securities and other assets with a minimum risk of market value fluctuation. In general, Northern Light Health's goal is to maintain the following allocation ranges:

| | Minimum | Target | Maximum |
|---|---|---|---|
| Public Equity | 44% | 54% | 64% |
| Liability Hedging Assets | 30 | 40 | 50 |
| Multi Asset | - | 4 | 10 |
| Cash | - | 2 | 10 |

## Defined Contribution Plans

Certain of Northern Light Health's affiliates sponsor defined contribution plans, which cover substantially all of their employees, and certain hospital-based physicians meeting the Plans' participation requirements. Expense for the years ended September 30, 2025 and 2024 was approximately $18,646,000 and $17,373,000, respectively. The affiliates fund the amount of the expense annually.

## Deferred Compensation Plans

Several of Northern Light Health's affiliates sponsor deferred compensation plans for eligible employees and supplemental executive retirement plans (SERPs) for certain executives. Assets held by Northern Light Health to provide for the payments of contractual liabilities are subject to the claims of Northern Light Health's general creditors. The assets are invested in temporary cash investments, institutional mutual funds, and common/collective trusts. The investment assets and related liabilities of the deferred compensation and SERPs were $80,423,000 and $80,917,000, respectively, as of September 30, 2025 and $77,135,000 and $77,030,000, respectively, as of September 30, 2024.

## Postretirement Medical Benefits

Various Northern Light Health organizations provide certain medical benefits for retired employees. Employees of these various participating organizations may become eligible for these benefits if they reach normal retirement age while working for such organizations. Early retirement benefits are available to retirees with at least 15 years of vested service. Employees at participating organizations hired after January 1, 2005, and the employees of a nonparticipating company are not eligible for retiree medical benefits. The postretirement medical plan is not funded.

For the years ended September 30, 2025 and 2024, net periodic postretirement medical benefit cost consists of the components listed below (dollars in thousands):

| | 2025 | 2024 |
|---|---|---|
| Service cost for benefits attributed to service during the year | **$ 72** | $ 74 |
| Interest cost on accumulated postretirement benefit obligation | **1,492** | 1,480 |
| Amortization of prior service credit and actuarial gain | **336** | (159) |
| Net periodic postretirement medical benefit cost | **$ 1,900** | $ 1,395 |

Net periodic postretirement medical benefit cost of $1,828,000 and $1,321,000 are reported in other gains (losses) for the years ended September 30, 2025 and 2024, respectively. Service cost is reported in compensation and employee benefits in the statement of operations.

The following table sets forth the components of the accumulated postretirement benefit obligation shown in Northern Light Health's financial statements at September 30 (dollars in thousands):

| | 2025 | 2024 |
|---|---|---|
| Change in postretirement benefit obligation | | |
| Benefit obligation – beginning of year | $ 30,500 | $ 25,364 |
| Service cost | 72 | 74 |
| Interest cost | 1,492 | 1,480 |
| Benefits paid | (2,325) | (1,882) |
| Actuarial loss | 4,276 | 5,464 |
| Benefit obligation at September 30 | $ 34,015 | $ 30,500 |
| Cumulative amounts recognized in other changes in net assets without donor restrictions | | |
| Prior-service costs | $ - | $ 335 |
| Actuarial loss (gain) | 2,890 | (1,385) |
| Total recognized in other changes in net assets without donor restrictions | $ 2,890 | $ (1,050) |

Approximately $2,695,000 and $2,454,000 of the benefit obligation is included in current liabilities as of September 30, 2025 and 2024, respectively, and approximately, $31,320,000 and $28,046,000 of the benefit obligation is included in noncurrent liabilities as of September 30, 2025 and 2024, respectively.

The loss related to changes in the benefit obligation for the year ended September 30, 2025 was primarily due to plan demographic experience and an increase in the Health Reimbursement Arrangement (HRA) election rate assumption.

In determining the accumulated postretirement medical benefit obligation, Northern Light Health used discount rates of 5.40% in 2025 and 5.10% in 2024. The Plan assumed annual rates of inflation in the per capita cost of covered healthcare benefits. The rates are assumed to decrease gradually down from 4.75% to 4.00% on a graded scale, becoming fixed in 2028.

Northern Light Health expects to contribute $2,767,000 to the postretirement benefit plan during 2026.

The following benefit payments, which reflect expected future services, as appropriate, are expected to be paid during the years ending (dollars in thousands):

| Years ending September 30: | |
|---|---|
| 2026 | $ 2,767 |
| 2027 | 2,753 |
| 2028 | 2,726 |
| 2029 | 2,740 |
| 2030 | 2,730 |
| Thereafter | 13,426 |

**Pension and Postretirement Plan-Related Adjustments**

The components of pension and postretirement plan-related adjustments included in other changes in net assets without donor restrictions, net of amortization are as follows (dollars in thousands):

| | Cash Balance Plan | Postretirement Medical Benefits | Total |
|---|---|---|---|
| For the year ended September 30, 2025 | | | |
| Prior service costs | **$ 5** | **$ 336** | **$ 341** |
| Net actuarial gain (loss) | **15,475** | **(4,276)** | **11,199** |
| Recognition of net actuarial gain due to | | | |
| Settlement | **8,939** | **-** | **8,939** |
| Curtailment | **5** | **-** | **5** |
| Amortization of prior service cost | **4** | | **4** |
| Amortization of net actuarial gain | **4,424** | **-** | **4,424** |
| | **$ 28,852** | **$ (3,940)** | **$ 24,912** |
| For the year ended September 30, 2024 | | | |
| Prior service costs | $ 8 | $ 479 | $ 487 |
| Net actuarial loss | (2,391) | (5,464) | (7,855) |
| Amortization of net actuarial gain (loss) | 2,581 | (638) | 1,943 |
| | $ 198 | $ (5,623) | $ (5,425) |

## 13. Concentrations

### Receivables

Various Northern Light Health affiliates grant credit without collateral to their patients, many of whom are insured under third-party payor agreements. At September 30, the accounts receivable from patients and third-party payors, net of contractual allowances, were as follows:

| | 2025 | 2024 |
|---|---|---|
| Medicare and MaineCare | 30% | 27% |
| Commercial and other insurance | 53 | 58 |
| Patients | 17 | 15 |
| | 100% | 100% |

### Labor Force

Certain Northern Light Health hospitals have employees that are members of the Maine State Nurses Association and/or Teamsters Union. Between 23% to 31% of the workforce at each of EMMC, Maine Coast, and AR Gould have contracts expiring at various times through January 2028.

## 14. Fair Value Measurements

U.S. GAAP establishes a fair value hierarchy that distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity (observable inputs that are classified within Levels 1 and 2 of the hierarchy) and the reporting entity's own assumptions about market participant assumptions (unobservable inputs classified within Level 3 of the hierarchy).

Level 1 — Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2 — Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3 — Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The following tables present the carrying amounts and estimated fair value for Northern Light Health's financial assets and liabilities as of September 30, 2025 and 2024 (dollars in thousands):

| | Fair Value Measurements at September 30, 2025 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Assets: | | | | |
| Cash investments | $ 62,196 | $ - | $ - | $ 62,196 |
| Pledges and other receivables | - | 2,308 | - | 2,308 |
| Marketable equity securities | 7,375 | - | - | 7,375 |
| Mutual funds | | | | |
| Participant driven (deferred compensation) | 80,033 | - | - | 80,033 |
| Fixed-income securities – U.S. government | | | | |
| Treasury and agency obligations | - | 1,604 | - | 1,604 |
| Fixed-income securities – corporate obligations | - | 950 | - | 950 |
| Interest in trusts and charitable gift annuities | - | - | 1,486 | 1,486 |
| Beneficial interest in perpetual trust | - | - | 16,773 | 16,773 |
| | $ 149,604 | $ 4,862 | $ 18,259 | 172,725 |
| Common/collective trusts | | | | 389 |
| Public equity funds | | | | 63,284 |
| Public debt funds | | | | 216,492 |
| Multi asset funds | | | | 4,405 |
| Hedge funds | | | | 527 |
| | | | | $ 457,822 |
| Liabilities: | | | | |
| Deferred compensation | $ - | $ 80,917 | $ - | $ 80,917 |
| Total | $ - | $ 80,917 | $ - | $ 80,917 |
| Cash Balance Pension Plan Assets (Note 12) | | | | |
| Institutional mutual funds | | | | |
| Participant driven (deferred compensation) | $ 13,437 | $ - | $ - | $ 13,437 |
| Public equity funds | | | | 155,696 |
| Multi asset funds | | | | 9,639 |
| Liability hedging funds | | | | 107,311 |
| | | | | $ 286,083 |

| | Fair Value Measurements at September 30, 2024 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Assets: | | | | |
| Cash investments | $ 109,602 | $ - | $ - | $ 109,602 |
| Pledges and other receivables | - | 4,418 | - | 4,418 |
| Marketable equity securities | 7,115 | - | - | 7,115 |
| Mutual funds | | | | |
| Participant driven (deferred compensation) | 76,747 | - | - | 76,747 |
| Fixed-income securities – U.S. government | | | | |
| Treasury and agency obligations | - | 1,409 | - | 1,409 |
| Fixed-income securities – corporate obligations | - | 1,136 | - | 1,136 |
| Interest in trusts and charitable gift annuities | - | - | 1,805 | 1,805 |
| Beneficial interest in perpetual trust | - | - | 15,985 | 15,985 |
| | $ 193,464 | $ 6,963 | $ 17,790 | 218,217 |
| Common/collective trusts | | | | 389 |
| Public equity funds | | | | 86,022 |
| Public debt funds | | | | 213,027 |
| Multi asset funds | | | | 4,480 |
| Hedge funds | | | | 688 |
| | | | | $ 522,823 |
| Liabilities: | | | | |
| Deferred compensation | $ - | $ 77,030 | $ - | $ 77,030 |
| Total | $ - | $ 77,030 | $ - | $ 77,030 |
| Cash Balance Pension Plan Assets (Note 12) | | | | |
| Institutional mutual funds | | | | |
| Participant driven (deferred compensation) | $ 17,667 | $ - | $ - | $ 17,667 |
| Public equity funds | | | | 155,220 |
| Multi asset funds | | | | 10,950 |
| Liability hedging funds | | | | 109,311 |
| | | | | $ 293,148 |

The following is a reconciliation of assets in which significant unobservable inputs (Level 3) were used in determining fair value (dollars in thousands):

| | Beneficial Interest in Perpetual Trust | Interest in Trust and Charitable Gift Annuities | Total |
|---|---|---|---|
| Balance at September 30, 2023 | $ 13,582 | $ 1,496 | $ 15,078 |
| Contributions | - | 100 | 100 |
| Distributions | - | (122) | (122) |
| Dividends, net of fees | - | 23 | 23 |
| Unrealized gains | 2,403 | 308 | 2,711 |
| Balance at September 30, 2024 | 15,985 | 1,805 | 17,790 |
| Distributions | **-** | **(432)** | **(432)** |
| Dividends, net of fees | **-** | **20** | **20** |
| Realized gains | **-** | **171** | **171** |
| Unrealized gains (losses) | **788** | **(78)** | **710** |
| Balance at September 30, 2025 | **$ 16,773** | **$ 1,486** | **$ 18,259** |

Unrealized gains or losses on beneficial interest in perpetual trusts in Level 3 are included in the change in net unrealized gains or losses on investments in net assets with donor restrictions. Unrealized gains or losses on interest in trusts and charitable gift annuities in Level 3 are included in net unrealized gains or losses on investments in net assets with donor restrictions. Unrealized gains or losses on other equity investments in Level 3 are included in change in net unrealized gains or losses on investments in investment income.

Fair values of investments are provided by investment custodians, trustees, managers, or advisors. The following is a description of the valuation methodologies used for assets and liabilities measured at fair value:

*Cash Investments* — The carrying value of cash investments approximates fair value as maturities are less than three months and/or include money market funds that are based on quoted prices and actively traded.

*Pledges and Other Receivables* — These are valued at the present value of cash expected to be collected in future years, discounted using a risk-free rate applicable to the year in which the pledge is received. Discount rates ranged from 3.55% to 3.68% at September 30, 2025 and 3.51% to 3.61% at September 30, 2024.

*Marketable Equity Securities* — The fair values of marketable securities are based on quoted market prices.

*Mutual Funds* — The fair values of mutual funds and institutional mutual funds are based on quoted market prices.

*Fixed-Income Securities* — The estimated fair values of debt securities are based on quoted market prices and/or other market data for the same or comparable instruments and transactions.

*Interest in Trusts and Charitable Gift Annuities* — The fair values of the interest in trusts and charitable gift annuities are based on the underlying assets of the trusts and charitable gift annuities reported by the trustees, which all have readily determinable fair values based on quoted market prices of identical or comparable securities. The underlying investments are not readily available to Northern Light Health and, therefore, this is considered to be a Level 3 investment.

*Beneficial Interest in Perpetual Trusts* — The fair values of the beneficial interest in perpetual trusts are based on the underlying assets of the trusts reported by the trustee, which all have readily determinable fair values based on quoted market prices of identical or comparable securities. The underlying investments are not readily available to Northern Light Health and, therefore, this is considered to be a Level 3 investment.

*Deferred Compensation Liability* — The fair values of the deferred compensation liabilities are based on the related assets.

## Investments at Net Asset Values

Investments at NAV include common/collective trusts, institutional funds, equity funds, bond funds, partnerships, and hedge funds. The following tables set forth a summary of Northern Light Health's investments with a reported NAV as of September 30 (dollars in thousands):

| | | Fair Value Estimated Using Net Asset Value Per Share September 30, 2025 | | | |
|---|---|---|---|---|---|
| | Fair Value | Unfunded Commitment | Redemption Frequency | Other Redemption Restrictions | Redemption Notice Period |
| Investments | | | | | |
| Common/Collective trust | | | | | |
| Large Cap U.S. Equity | $ 389 | None | Daily | None | 1 business day |
| Public equity funds | | | | | |
| | 42,148 | None | Daily | None | 1-2 business days |
| | 12,113 | None | Weekly | None | 4-5 business days |
| | 9,023 | None | Monthly | None | 5-14 business days |
| | 63,284 | | | | |
| Public debt funds | | | | | |
| | 182,717 | None | Daily | None | 2-3 business days |
| | 33,775 | None | Monthly | None | 15 business days |
| | 216,492 | | | | |
| Multi asset funds | 4,405 | None | Weekly | None | 1 business day |
| Hedge funds | | | | | |
| | 71 | None | Daily | Baskets of 50,000 shares | 1 business day |
| | 56 | None | Daily | None | 2 business days |
| | 400 | None | Quarterly | None | 28-90 business days |
| | 527 | | | | |
| Total | $ 285,097 | | | | |
| Pension plan investments | | | | | |
| Public equity funds | | | | | |
| | $ 126,352 | None | Daily | None | 2-5 business days |
| | 17,132 | None | Weekly | None | 4 business days |
| | 12,212 | None | Monthly | None | 14-35 business days |
| | 155,696 | | | | |
| Multi asset funds | 9,639 | None | Daily | None | 1 business day |
| Liability hedging funds | 107,311 | None | Daily | None | 2 business days |
| Total | $ 272,646 | | | | |

| | | Fair Value Estimated Using Net Asset Value Per Share September 30, 2024 | | | |
|---|---|---|---|---|---|
| | Fair Value | Unfunded Commitment | Redemption Frequency | Other Redemption Restrictions | Redemption Notice Period |
| Investments | | | | | |
| Common/Collective trust | | | | | |
| Large Cap U.S. Equity | $ 389 | None | Daily | None | 1 business day |
| Public equity funds | | | | | |
| | 42,597 | None | Daily | None | 2 business days |
| | 14,785 | None | Weekly | None | 4-5 business days |
| | 28,640 | None | Monthly | None | 5-14 business days |
| | 86,022 | | | | |
| Public debt funds | | | | | |
| | 179,557 | None | Daily | None | 2-3 business days |
| | 33,470 | None | Monthly | None | 15 business days |
| | 213,027 | | | | |
| Multi asset funds | 4,480 | None | Weekly | None | 1 business day |
| Hedge funds | 688 | None | Quarterly | None | 28-90 business days |
| Total | $ 304,606 | | | | |
| Pension plan investments | | | | | |
| Public equity funds | | | | | |
| | $ 120,477 | None | Daily | None | 2-5 business days |
| | 16,443 | None | Weekly | None | 4 business days |
| | 18,300 | None | Monthly | None | 14-35 business days |
| | 155,220 | | | | |
| Multi asset funds | 10,950 | None | Daily | None | 1 business day |
| Liability hedging funds | 109,311 | None | Daily | None | 2 business days |
| Total | $ 275,481 | | | | |

*Public Equity Funds* — Consists of a highly diversified mix of publicly traded global equities. Common stocks, preferred stocks, or other equity securities are typically utilized. This portfolio is composed of U.S., non-U.S., and global equity segments.

*Public Debt Funds* — Consists of a diversified mix of fixed income managers/mandates who may invest across multiple asset types such as: U.S. governmental bonds, investment grade and high yield corporate bonds, mortgage related bonds, non-U.S./emerging market bonds, etc.

*Liability Hedging Funds* — Consists of a mix of high quality, intermediate to long duration bond strategies, including U.S. long corporate credit, U.S. long treasuries, U.S. strips, U.S. intermediate credit, U.S. intermediate treasuries, etc. The allocation is optimized to hedge a portion of the interest rate risk.

*Large Cap U.S. Equity* — Seeks to provide long-term growth of capital by investing primarily in large cap equity securities and to achieve above average results over a market cycle. Large cap (large capitalization) investments involve stocks of companies generally having a market capitalization between $10 billion and $200 billion.

*Multi-Asset Funds* — Seeks favorable returns and offers a convenient way to diversify a portfolio by combining funds and separate accounts investing in U.S. and non-U.S. stocks, bonds, global commodities, listed real estate, and infrastructure into one fund.

*Hedge Funds* — Seeks to offer investors low correlation to traditional assets, and aims to provide diversification, lower volatility, and higher risk-adjusted returns at the portfolio level. The fund's underlying managers represent a range of hedge fund strategies, which invest in global developed and emerging market equities, debt, and currency markets.

## 15. Functional Expenses

Northern Light Health is a community-based health system dedicated to improving the health of the residents of its region. The financial statements report certain expense categories that are attributable to more than one healthcare service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function, including depreciation, amortization, interest, and other occupancy costs, are allocated to a function based on square-footage or units-of-service basis. Allocated healthcare services costs not allocated on a units-of-service basis are otherwise allocated based on revenue. Fundraising expenses are included in administrative support and totaled approximately $2.9 million and $3.7 million in 2025 and 2024, respectively.

The following is a schedule by year of functional expenses (dollars in thousands):

| | 2025 | | |
|---|---|---|---|
| | Healthcare Service | Administrative Support | Total |
| Salary, payroll taxes, and fringe benefits | $ 1,025,687 | $ 82,263 | $ 1,107,950 |
| Supplies and other | 541,300 | 17,492 | 558,792 |
| Purchased services | 491,722 | 85,903 | 577,625 |
| Provider taxes | 42,843 | - | 42,843 |
| Depreciation and amortization | 63,130 | 11,410 | 74,540 |
| Interest expense | 23,880 | 1,139 | 25,019 |
| | $ 2,188,562 | $ 198,207 | $ 2,386,769 |

| | 2024 | | |
|---|---|---|---|
| | Healthcare Service | Administrative Support | Total |
| Salary, payroll taxes, and fringe benefits | $ 1,009,469 | $ 105,151 | $ 1,114,620 |
| Supplies and other | 466,338 | 18,198 | 484,536 |
| Purchased services | 502,765 | 79,187 | 581,952 |
| Provider taxes | 36,971 | - | 36,971 |
| Depreciation and amortization | 59,148 | 14,458 | 73,606 |
| Interest expense | 22,862 | 1,140 | 24,002 |
| | $ 2,097,553 | $ 218,134 | $ 2,315,687 |

## 16. Leases and Other Commitments

### Leases

Northern Light Health leases certain equipment, warehouse, hospital, and office space subject to various agreements. Operating leases are primarily for real estate, including certain acute care facilities, off-campus outpatient facilities, medical office buildings, and corporate and other administrative offices. Real estate lease agreements typically have initial terms of five to ten years. These real estate leases may include one or more options to renew, with renewals that can extend the lease term from five to ten years. The exercise of lease renewal options is at Northern Light Health's sole discretion. When determining the lease term, options to extend or terminate the lease are included when it is reasonably certain that Northern Light Health will exercise that option.

The following table presents the lease-related assets and liabilities for the years ended September 30 (dollars in thousands):

| | **2025** | 2024 |
|---|---|---|
| Operating Leases | | |
| Right-of-use assets-operating leases | **$ 43,070** | $ 41,231 |
| Operating lease liabilities, current | **$ 6,517** | $ 5,414 |
| Operating lease liabilities, long-term | **35,530** | 35,616 |
| Total operating lease liabilities | **$ 42,047** | $ 41,030 |
| Finance Leases | | |
| Property and equipment | **$ 46,635** | $ 41,535 |
| Accumulated depreciation | **(21,330)** | (13,986) |
| Property and equipment, net | **$ 25,305** | $ 27,549 |
| Current maturities of long-term debt | **$ 8,209** | $ 7,666 |
| Long-term debt | **18,422** | 20,869 |
| Total finance lease liabilities | **$ 26,631** | $ 28,535 |

The following tables present certain information related to lease expense for the operating and financing leases for the years ended September 30 (dollars in thousands):

| **Lease Costs** | **Natural Expense Classification** | **2025** |
|---|---|---|
| Finance lease cost: | | |
| Amortization of right-of-use assets | Depreciation and amortization | **$ 8,338** |
| Interest on lease obligation | Interest expense | **1,194** |
| Operating lease cost: | Other operating costs | **19,213** |
| Total lease cost | | **$ 28,745** |

| Lease Costs | Natural Expense Classification | 2024 |
|---|---|---|
| Finance lease cost: | | |
| Amortization of right-of-use assets | Depreciation and amortization | $ 7,177 |
| Interest on lease obligation | Interest expense | 1,229 |
| Operating lease cost: | Other operating costs | 17,106 |
| Total lease cost | | $ 25,512 |

A maturity analysis of the annual undiscounted cash flows reconciled to the carrying value of the operating and finance lease obligations, and certain other statistical data related to these leases, follows:

| | Operating | Finance | Total |
|---|---|---|---|
| 2026 | $ 9,460 | $ 9,151 | $ 18,611 |
| 2027 | 8,002 | 8,089 | 16,091 |
| 2028 | 6,588 | 5,792 | 12,380 |
| 2029 | 5,578 | 3,057 | 8,635 |
| 2030 | 4,624 | 1,433 | 6,057 |
| Thereafter | 18,348 | 1,226 | 19,574 |
| Total | 52,600 | 28,748 | 81,348 |
| Less discount | (10,553) | (2,117) | (12,670) |
| Total | $ 42,047 | $ 26,631 | $ 68,678 |

| | |
|---|---|
| **2025 Operating:** | |
| **Weighted-average discount rate** | **4.98%** |
| **Weighted-average remaining lease term** | **8.04 years** |
| **2025 Finance:** | |
| **Weighted-average discount rate** | **4.27%** |
| **Weighted-average remaining lease term** | **3.78 years** |
| 2024 Operating: | |
| Weighted-average discount rate | 5.05% |
| Weighted-average remaining lease term | 8.61 years |
| 2024 Finance: | |
| Weighted-average discount rate | 4.40% |
| Weighted-average remaining lease term | 4.12 years |

The following table summarizes supplemental statement of cash flow information related to leases for the years ended September 30:

| | **2025** | 2024 |
|---|---|---|
| Cash paid for amounts included in the measurement of lease liabilities: | | |
| Operating cash flows - operating leases | **$ 8,389** | $ 6,495 |
| Financing cash flows - finance leases | **$ 8,104** | $ 6,787 |

In the ordinary course of business, Northern Light Health routinely lease equipment pursuant to new lease arrangements that will likely result in future lease and rental expense in excess of amounts indicated above.

**Other Commitments**

Northern Light Health has agreements through 2033 with its clinical and ERP systems vendors for remote hosting services, and a perpetual license agreement for clinical systems vendors. The payments provide for the maintenance and support for the licensed software and hardware.

The following is a schedule by year of annual payments under remote hosting agreements, perpetual license agreements, and hardware agreements existing at September 30, 2025 (dollars in thousands):

| Years ending September 30: | |
|---|---|
| 2026 | $ 19,700 |
| 2027 | 17,588 |
| 2028 | 17,588 |
| 2029 | 13,508 |
| 2030 | 11,768 |
| Thereafter | 31,140 |
| | $ 111,292 |

In June 2023, Northern Light Health entered into a supplier finance agreement totaling $20,000,000 with its clinical vendor, facilitated through an intermediary financing corporation. Under the agreement, Northern Light Health is obligated to make 12 quarterly payments of $1,667,000 from November 2023 through August 2026. As of September 30, 2025 and 2024, the outstanding balances under this agreement were $6,666,666 and $13,332,000, respectively, which are included in accounts payable. The contract includes an assignment of payment rights to the intermediary, covering all payment amounts and sums due under the agreement. Late payments may result in additional charges as specified in the agreement.

## 17. Operational and Financial Improvement Initiatives

Northern Light Health incurred operating losses over the past three fiscal years of $15 million in 2025, $156 million in 2024, and $36 million in 2023. The improvement in 2025 compared to 2024 was primarily attributable to the recognition of $52 million in FEMA funds and operating initiatives, including approximately $30 million in Optum contract reductions, $36 million in reduced labor costs, and $19 million of additional 340B program income. The closure of Inland Hospital resulted in a loss of $40 million in 2025 but is expected to reduce ongoing operating costs.

Management has developed a multi-year improvement plan totaling approximately $150 million over the next three fiscal years to support Northern Light Health's financial position, compliance with debt covenants, capital funding needs, and liquidity. Key components include:

### Cost Reductions

Management is restructuring certain shared service functions to improve efficiency and better align resources with organizational needs. Evaluation of contracts and vendor arrangements is expected to result in approximately $9 million of reductions in 2026, before consideration of any performance improvement payments that may be required under existing agreements.

### Revenue Enhancements

Management is implementing measures to improve clinical efficiency and provider productivity. In addition, revenue cycle process improvements and partnership arrangements are projected to generate approximately $12 million of additional net revenue in 2026, before consideration of any performance improvement payments that may be required, and are expected to enhance cash collections.

### Workforce Optimization

Labor productivity initiatives and efforts to reduce reliance on contracted labor, including expansion of the international workforce and recruitment of employed staff, are expected to improve labor costs by approximately $67 million in 2026.

### Operational Efficiency

Management is establishing a system-wide medical group and undertaking operational and clinical redesign efforts intended to improve efficiency. These efforts include evaluation of the clinical footprint and development of care models designed to support patient access and capacity needs.

## Liquidity Management

Northern Light Health is engaged in negotiations to renew its expired line of credit. Management expects to obtain terms similar to those of the previous facilities in order to maintain access to liquidity.

Certain components of the improvement plan were implemented in the fourth quarter of 2025 and are expected to result in an annualized improvement of approximately $50 million, which has been incorporated into the 2026 budget. Management has budgeted partnership programs with Optum to provide a net benefit of approximately $23 million in 2026, and has set a target to identify additional initiatives totaling nearly $60 million for fiscal year 2026.

## 18. Inland Closure

On March 12, 2025, the Board of Directors approved a plan to cease operations at Inland (the Closure), a member organization of Northern Light Health, as part of a broader initiative to optimize service delivery and resource utilization. The Closure was substantially complete by May 27, 2025. Northern Light Health continues to provide substantially all key services through its remaining hospitals and outpatient sites. The Closure does not represent a strategic shift that has, or is expected to have, a material effect on Northern Light Health's operations and financial results; accordingly, results remain in continuing operations.

In connection with the Closure, Northern Light Health recognized costs related to (i) one-time employee termination benefits, (ii) contract termination costs, and (iii) facility exit costs. Exit costs are recognized when the criteria in ASC Topic 420, *Exit or Disposal Cost Obligations,* are met and are measured at fair value as of the recognition date.

For the year ended September 30, 2025, Northern Light Health recognized the following exit and closure costs in supplies and other expense (dollars in thousands):

| | |
|---|---|
| Employee termination benefits | $ 5,383 |
| Contract termination costs (e.g., service, vendor agreements) | 17 |
| Facility exit costs (e.g., decommissioning, move-out) | 429 |
| Total exit costs recognized | $ 5,829 |

A rollforward of the exit cost liability is presented below (dollars in thousands):

| | Employee Termination | Contract Termination | Facility Exit | Total |
|---|---|---|---|---|
| Balance at September 30, 2024 | $ - | $ - | $ - | $ - |
| Charges recognized | 5,383 | 17 | 429 | 5,829 |
| Cash payments | (5,183) | (6) | (171) | (5,360) |
| **Balance at September 30, 2025** | **$ 200** | **$ 11** | **$ 258** | **$ 469** |

As of September 30, 2025, Northern Light Health expects future cash outflows related to exit activities of approximately $469,000 to be paid within 12 months, included in accounts payable.

The Closure plan includes the elimination of approximately 330 positions. Eligible employees are entitled to severance generally equal to one week of pay for each year of continuous service, subject to eligibility criteria including a minimum of three years of service and continued employment through May 12, 2025. A liability for one-time termination benefits was recognized when communication of the benefits was completed and the terms were established.

Contract termination costs primarily relate to dietary and security. Facility exit costs include decommissioning, deinstallation, site remediation, and move-out activities. Liabilities for these costs are recognized when contractual terms require payment or when Northern Light Health ceases use of the rights conveyed under the arrangement.

See Note 7 for impairment charges recognized under ASC 360 related to property and equipment. Impairment charges are not included in the exit cost liability rollforward above. See Note 9 for the impact on related bonds at Inland.

**EASTERN MAINE HEALTHCARE SYSTEMS d/b/a NORTHERN LIGHT HEALTH**

**Consolidating Statement of Operations**

**Year Ended September 30, 2025**

| | Acadia Hospital (Consolidated) | Affiliated Healthcare Systems (Consolidated) | A.R. Gould Hospital | Blue Hill Hospital | CA Dean Hospital | Eastern Maine Medical Center (Consolidated) | Home Care and Hospice | Inland Hospital (Consolidated) | Maine Coast Hospital (Consolidated) | Mayo Hospital | Mercy Hospital | Northern Light Health (Consolidated) | Northern Light Health Foundation | Northern Light Medical Transport | Northern Light Wellness (Consolidated) | Rosscare | Sebasticook Valley Hospital | Eliminations and Reclassifications | 2025 NLH Consolidated |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Revenue | | | | | | | | | | | | | | | | | | | |
| Net patient service revenue | $ 99,669,400 | $ (1,069) | $ 162,533,239 | $ 36,856,588 | $ 22,692,690 | $ 1,083,693,991 | $ 40,492,022 | $ 52,658,682 | $ 120,337,422 | $ 69,752,541 | $ 342,331,444 | $ 1,257,854 | $ - | $ 6,040,905 | $ - | $ - | $ 64,723,747 | $ (1,927,886) | $ 2,101,111,570 |
| Sales and contract revenue | 5,684,161 | 497,395 | 180,819 | 8,231 | - | 9,504,136 | 725,713 | 51,771 | 85,591 | 86,564 | 916,545 | 287,847,522 | 2,847,467 | 898,244 | - | - | 331,412 | (301,817,142) | 7,848,429 |
| Other revenue | 9,481,338 | (68,225) | 22,484,487 | 2,411,754 | 3,372,775 | 164,306,673 | 792,768 | 7,491,835 | 8,947,405 | 3,001,928 | 23,877,122 | 162,736,318 | 10,335 | 721,128 | 4,752 | 496,878 | 1,743,536 | (154,914,715) | 256,898,092 |
| Net assets with donor restrictions released from restrictions – operations | 742,199 | - | 51,963 | 131,999 | 36,118 | 1,516,818 | 1,210,022 | 20,633 | 174,188 | 74,789 | 1,922,350 | 3,625 | 74,875 | - | - | - | 6,928 | - | 5,966,507 |
| Total revenue | 115,577,098 | 428,101 | 185,250,508 | 39,408,572 | 26,101,583 | 1,259,021,618 | 43,220,525 | 60,222,921 | 129,544,606 | 72,915,822 | 369,047,461 | 451,845,319 | 2,932,677 | 7,660,277 | 4,752 | 496,878 | 66,805,623 | (458,659,743) | 2,371,824,598 |
| Expenses | | | | | | | | | | | | | | | | | | | |
| Compensation and employee benefits | 61,336,513 | 280,914 | 85,531,374 | 17,658,326 | 13,374,364 | 476,297,892 | 38,635,972 | 36,529,186 | 46,405,960 | 30,310,556 | 172,719,131 | 95,049,986 | 2,070,084 | 6,157,661 | 172 | 9,115 | 27,539,554 | (1,956,827) | 1,107,949,933 |
| Supplies and other | 24,447,143 | 1,289,009 | 88,722,358 | 21,402,244 | 9,223,101 | 739,120,560 | 13,508,369 | 59,249,847 | 67,264,943 | 31,127,722 | 165,135,562 | 379,678,586 | 855,381 | 2,988,184 | 6,225 | 203,415 | 31,739,901 | (456,702,916) | 1,179,259,634 |
| Depreciation and amortization | 3,160,261 | 4,954 | 3,560,815 | 1,761,687 | 1,808,731 | 29,390,952 | 75,511 | 1,872,083 | 3,213,767 | 1,169,916 | 8,350,867 | 18,616,307 | 7,212 | 279,282 | - | - | 1,267,884 | - | 74,540,229 |
| Interest | 2,110,785 | - | 938,020 | 357,342 | 945,851 | 12,028,202 | 103 | 671,268 | 721,442 | 64,851 | 3,231,131 | 3,796,334 | - | 82 | - | - | 153,683 | - | 25,019,094 |
| Total expenses | 91,054,702 | 1,574,877 | 178,752,567 | 41,179,599 | 25,352,047 | 1,256,837,606 | 52,219,955 | 98,322,384 | 117,606,112 | 62,673,045 | 349,436,691 | 497,141,213 | 2,932,677 | 9,425,209 | 6,397 | 212,530 | 60,701,022 | (458,659,743) | 2,386,768,890 |
| Income (loss) from operations | 24,522,396 | (1,146,776) | 6,497,941 | (1,771,027) | 749,536 | 2,184,012 | (8,999,430) | (38,099,463) | 11,938,494 | 10,242,777 | 19,610,770 | (45,295,894) | - | (1,764,932) | (1,645) | 284,348 | 6,104,601 | - | (14,944,292) |
| Other gains (losses) | | | | | | | | | | | | | | | | | | | |
| Income tax expense | - | 296,216 | - | - | - | (1,931,041) | - | - | - | (5) | - | - | - | - | 386,866 | - | - | - | (1,247,964) |
| Joint venture income (loss) | - | (2,330) | (235,462) | - | - | 7,083,756 | - | - | - | - | - | 2,546,289 | - | - | - | - | - | - | 9,392,253 |
| Investment income (losses) and other, net | (884,561) | (457,485) | 43,747 | (240,601) | (160,584) | (8,460,724) | - | 90 | 62 | 36 | 238,672 | 8,123,827 | 1,399,175 | (46,846) | 35,870 | (12,615) | 30 | 1,310,375 | 888,468 |
| Total other gains (losses) – net | (884,561) | (163,599) | (191,715) | (240,601) | (160,584) | (3,308,009) | - | 90 | 62 | 31 | 238,672 | 10,670,116 | 1,399,175 | (46,846) | 422,736 | (12,615) | 30 | 1,310,375 | 9,032,757 |
| Excess (deficiency) of revenue and gains over expenses and losses | 23,637,835 | (1,310,375) | 6,306,226 | (2,011,628) | 588,952 | (1,123,997) | (8,999,430) | (38,099,373) | 11,938,556 | 10,242,808 | 19,849,442 | (34,625,778) | 1,399,175 | (1,811,778) | 421,091 | 271,733 | 6,104,631 | 1,310,375 | (5,911,535) |
| Net assets with donor restrictions released from restrictions – capital acquisitions | 46,926 | - | 364,654 | - | 2,423,168 | 1,416,972 | - | 117,298 | 645,777 | - | 1,028,191 | - | - | 60,144 | - | - | - | - | 6,103,130 |
| Net change in funds held at affiliates | (5,764) | - | 916 | (5,640) | (741,082) | 119,323 | 338,517 | 101,309 | 5,752 | 3,371 | 4,125 | 2,392 | - | - | - | - | 13,094 | 163,687 | - |
| Interentity equity transfers | 7,932 | - | - | 6,042 | 795,566 | - | - | - | 279,677 | - | - | - | (1,089,217) | - | - | - | - | - | - |
| Pension and postretirement plan – related adjustments | 2,164,577 | 820,633 | - | 729,513 | 567,206 | 15,028,790 | - | - | - | - | - | 6,314,016 | - | 111,364 | - | (4,059) | - | (820,633) | 24,911,407 |
| Increase (decrease) in net assets without donor restrictions | $ 25,851,506 | $ (489,742) | $ 6,671,796 | $ (1,281,713) | $ 3,633,810 | $ 15,441,088 | $ (8,660,913) | $ (37,880,766) | $ 12,869,762 | $ 10,246,179 | $ 20,881,758 | $ (28,309,370) | $ 309,958 | $ (1,640,270) | $ 421,091 | $ 267,674 | $ 6,117,725 | $ 653,429 | $ 25,103,002 |

The above supplementary consolidating information is presented only for purposes of additional analysis and not as a presentation of the results of operations of each component of the consolidating group.

**EASTERN MAINE HEALTHCARE SYSTEMS d/b/a NORTHERN LIGHT HEALTH**

**Consolidating Statement of Operations**

**Year Ended September 30, 2024**

| | Acadia Hospital (Consolidated) | Affiliated Healthcare Systems (Consolidated) | A.R. Gould Hospital | Blue Hill Hospital | CA Dean Hospital | Eastern Maine Medical Center (Consolidated) | Home Care and Hospice | Inland Hospital (Consolidated) | Maine Coast Hospital (Consolidated) | Mayo Hospital | Mercy Hospital | Northern Light Health (Consolidated) | Northern Light Health Foundation | Northern Light Medical Transport | Northern Light Wellness (Consolidated) | Rosscare | Sebasticook Valley Hospital | Eliminations and Reclassifications | 2024 NLH Consolidated |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Revenue | | | | | | | | | | | | | | | | | | | |
| Net patient service revenue | $ 93,956,619 | $ (73,896) | $ 156,348,627 | $ 41,142,558 | $ 21,337,808 | $ 998,397,382 | $ 41,446,406 | $ 83,813,855 | $ 110,534,105 | $ 71,111,135 | $ 309,344,494 | $ 1,167,708 | $ - | $ 6,451,259 | $ - | $ - | $ 60,024,260 | $ (1,696,980) | $ 1,993,305,340 |
| Sales and contract revenue | 5,611,320 | 1,694,016 | 307,894 | 1,255 | 975 | 11,465,860 | 580,434 | 98,717 | 55,575 | 60,386 | 947,132 | 232,743,846 | 3,608,469 | 990,213 | - | - | 414,235 | (251,593,964) | 6,986,363 |
| Other revenue | 5,482,732 | 958,639 | 11,629,267 | 2,162,353 | 1,371,408 | 96,206,417 | 225,629 | 5,204,823 | 5,436,899 | 2,424,682 | 14,699,889 | 163,666,394 | 12,779 | 471,195 | (9,593) | 346,792 | 1,810,690 | (157,455,385) | 154,645,610 |
| Net assets with donor restrictions released from restrictions – operations | 70,743 | - | 65,944 | 176,944 | 15,048 | 1,961,701 | 846,782 | 11,633 | 270,542 | 59,593 | 862,850 | 6,278 | 64,175 | - | - | - | 35,209 | - | 4,447,442 |
| Total revenue | 105,121,414 | 2,578,759 | 168,351,732 | 43,483,110 | 22,725,239 | 1,108,031,360 | 43,099,251 | 89,129,028 | 116,297,121 | 73,655,796 | 325,854,365 | 397,584,226 | 3,685,423 | 7,912,667 | (9,593) | 346,792 | 62,284,394 | (410,746,329) | 2,159,384,755 |
| Expenses | | | | | | | | | | | | | | | | | | | |
| Compensation and employee benefits | 62,709,970 | 204,039 | 92,895,545 | 18,914,413 | 13,945,705 | 474,591,625 | 38,623,247 | 46,065,696 | 47,311,830 | 31,966,460 | 164,701,585 | 89,488,903 | 2,975,469 | 6,472,053 | 8,116 | 8,192 | 26,112,642 | (2,375,457) | 1,114,620,033 |
| Supplies and other | 23,203,819 | 2,409,797 | 80,615,253 | 20,271,530 | 8,512,692 | 670,332,556 | 13,033,648 | 54,279,485 | 66,845,624 | 32,078,931 | 138,596,192 | 368,057,060 | 845,154 | 2,798,326 | 61,575 | 211,151 | 29,676,260 | (408,370,872) | 1,103,458,181 |
| Depreciation and amortization | 2,636,313 | 125,998 | 3,534,380 | 1,707,931 | 1,349,847 | 29,588,690 | 89,307 | 2,125,223 | 3,335,133 | 1,435,456 | 8,401,283 | 17,827,337 | 7,695 | 282,079 | 5,417 | - | 1,153,902 | - | 73,605,991 |
| Interest | 1,533,880 | 119 | 890,212 | 191,556 | 275,941 | 11,999,727 | 694 | 617,277 | 681,526 | 52,667 | 3,457,274 | 4,155,850 | - | - | - | - | 145,244 | - | 24,001,967 |
| Total expenses | 90,083,982 | 2,739,953 | 177,935,390 | 41,085,430 | 24,084,185 | 1,186,512,598 | 51,746,896 | 103,087,681 | 118,174,113 | 65,533,514 | 315,156,334 | 479,529,150 | 3,828,318 | 9,552,458 | 75,108 | 219,343 | 57,088,048 | (410,746,329) | 2,315,686,172 |
| Income (loss) from operations | 15,037,432 | (161,194) | (9,583,658) | 2,397,680 | (1,358,946) | (78,481,238) | (8,647,645) | (13,958,653) | (1,876,992) | 8,122,282 | 10,698,031 | (81,944,924) | (142,895) | (1,639,791) | (84,701) | 127,449 | 5,196,346 | - | (156,301,417) |
| Other gains (losses) | | | | | | | | | | | | | | | | | | | |
| Income tax expense | - | (5,257) | - | - | - | (222,896) | - | - | - | (29) | - | - | - | - | (2,289) | - | - | - | (230,471) |
| Joint venture income (loss) | - | 71,649 | (4,968) | - | - | 216,808 | - | - | - | - | - | 1,801,463 | - | - | - | - | - | - | 2,084,952 |
| Investment income (losses) and other, net | (132,243) | (173,758) | 42,013 | (16,240) | 4,838 | (1,781,238) | - | 76 | 86 | - | 54,465 | 41,097,060 | 2,633,929 | (3,950) | - | (4,682) | 514 | 268,560 | 41,989,430 |
| Total other gains (losses) – net | (132,243) | (107,366) | 37,045 | (16,240) | 4,838 | (1,787,326) | - | 76 | 86 | (29) | 54,465 | 42,898,523 | 2,633,929 | (3,950) | (2,289) | (4,682) | 514 | 268,560 | 43,843,911 |
| Excess (deficiency) of revenue and gains over expenses and losses | 14,905,189 | (268,560) | (9,546,613) | 2,381,440 | (1,354,108) | (80,268,564) | (8,647,645) | (13,958,577) | (1,876,906) | 8,122,253 | 10,752,496 | (39,046,401) | 2,491,034 | (1,643,741) | (86,990) | 122,767 | 5,196,860 | 268,560 | (112,457,506) |
| Net assets with donor restrictions released from restrictions – capital acquisitions | 1,838,147 | - | 251,161 | 73,582 | 3,658,536 | 2,681,657 | - | 48,370 | 2,199,840 | - | 1,553,404 | - | - | - | - | - | 160,722 | - | 12,465,419 |
| Contribution of long-lived assets | - | - | - | - | - | 6,645 | - | - | - | - | - | - | - | - | - | - | - | - | 6,645 |
| Net change in funds held at affiliates | 2,328 | - | 804 | 644 | 33,739 | 83,387 | 200,645 | 81,495 | 861,252 | 318 | 1,987 | 3,657 | - | - | - | - | 7,042 | (1,277,298) | - |
| Interentity equity transfers | - | - | - | - | - | - | 350,000 | - | 291,825 | - | - | (1,164,253) | (641,825) | - | 1,164,253 | - | - | - | - |
| Pension and postretirement plan – related adjustments | (439,864) | 506,753 | - | 44,710 | (38,662) | (7,364,295) | - | - | - | - | - | 2,399,156 | - | (5,444) | - | (21,050) | - | (506,753) | (5,425,449) |
| Dividends to members | - | (6,000,000) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 6,000,000 | - |
| Increase (decrease) in net assets without donor restrictions | $ 16,305,800 | $ (5,761,807) | $ (9,294,648) | $ 2,500,376 | $ 2,299,505 | $ (84,861,170) | $ (8,097,000) | $ (13,828,712) | $ 1,476,011 | $ 8,122,571 | $ 12,307,887 | $ (37,807,841) | $ 1,849,209 | $ (1,649,185) | $ 1,077,263 | $ 101,717 | $ 5,364,624 | $ 4,484,509 | $ (105,410,891) |

The above supplementary consolidating information is presented only for purposes of additional analysis and not as a presentation of the results of operations of each component of the consolidating group.