

## Return of Organization Exempt From Income Tax

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

Department of the Treasury  
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

2023

Open to Public  
Inspection

A For the 2023 calendar year, or tax year beginning 10/01, 2023, and ending 9/30, 2024

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C MRH Corp. Northern Light Mayo Hospital 43 Whiting Hill Road Brewer, ME 04412-1005		D Employer identification number 84-3689003
	F Name and address of principal officer: John Doyle Same As C Above		E Telephone number (207) 973-9081
	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. See instructions.		G Gross receipts \$ 73,677,345.
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number 5247
J Website: <a href="https://northernlight.org/mayo">https://northernlight.org/mayo</a>			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
L Year of formation: 2019 M State of legal domicile: ME			

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: The mission of MRH Corp. d/b/a Northern Light Mayo Hospital is to provide up-to-date, high quality, compassionate and affordable healthcare.		
	2	Check this box <input type="checkbox"/> 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	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	548
	6	Total number of volunteers (estimate if necessary)	6	20
	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.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,672,683.	498,519.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	64,666,143.	71,977,209.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-16,119.	17,837.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,945,938.	1,178,127.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	69,268,645.	73,671,692.
	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)	36,566,607.	36,133,163.
	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)	24,489,818.	29,416,276.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	61,056,425.	65,549,439.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	8,212,220.	8,122,253.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	42,845,965.	48,840,643.
	22	Net assets or fund balances. Subtract line 21 from line 20	18,613,311.	16,462,445.
			24,232,654.	32,378,198.

## 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 7/28/25			
	John Doyle	NLH VP of Finance			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
		Self-Prepared			
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions. Yes ☐ No ☒

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

The mission of MRH Corp. d/b/a Northern Light Mayo Hospital is to provide up-to-date, high quality, compassionate and affordable healthcare.

**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 \$ 57,540,581. including grants of \$ ) (Revenue \$ 73,155,336.)

MRH Corp. d/b/a Northern Light Mayo Hospital is a 25 bed Critical Access Hospital in the Maine Highlands region providing emergency, ambulance, inpatient acute care, primary care, internal medicine, OBGYN, pediatrics, urology, general surgery, orthopedic surgery and behavioral health. Provided \$1,407,544 other uncompensated care (at cost).

## Additional Statistics:

Discharges 899Patient days 3,632Outpatient visits 126,195Emergency room visits 11,475**4b** (Code: ) (Expenses \$ 1,959,718. including grants of \$ ) (Revenue \$ )

Medicare shortfalls (at cost) 2,571 persons served.

**4c** (Code: ) (Expenses \$ 102,275. including grants of \$ ) (Revenue \$ )

Charity care provided (at cost) 140 persons served.

**4d** Other program services (Describe on Schedule O.) See Schedule O

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 59,602,574.

**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)? <i>If "Yes," complete Schedule A.</i>	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? <i>If "Yes," complete Schedule C, Part I.</i>	3	X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	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? <i>If "Yes," complete Schedule C, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part IV.</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	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? <i>If "Yes," complete Schedule D, Part VI.</i>	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? <i>If "Yes," complete Schedule D, Part VII.</i>	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? <i>If "Yes," complete Schedule D, Part VIII.</i>	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? <i>If "Yes," complete Schedule D, Part IX.</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	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)? <i>If "Yes," complete Schedule D, Part X.</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II.</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21	X

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

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III.</i> .....	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> .....	<b>23</b>	X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> .....	<b>25b</b>	X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II.</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> .....	<b>27</b>	X
<b>28</b> 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).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> .....	<b>36</b>	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI.</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. ....	<b>38</b>	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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. ....	<b>1a</b>	73
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. ....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

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

	Yes	No
<b>2a</b> 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. .... <b>2a</b> 548		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .... <b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .... <b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. .... <b>3b</b>		
<b>4a</b> 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)? .... <b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .... <b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .... <b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? .... <b>5c</b>		
<b>6a</b> 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? .... <b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .... <b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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? .... <b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .... <b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .... <b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year. .... <b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .... <b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .... <b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .... <b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .... <b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .... <b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? .... <b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .... <b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12. .... <b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. .... <b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders. .... <b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .... <b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .... <b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year. .... <b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .... <b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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. .... <b>13b</b>		
<b>c</b> Enter the amount of reserves on hand. .... <b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .... <b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. .... <b>14b</b>		
<b>15</b> 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? .... <b>15</b>		X
If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .... <b>16</b>		X
If "Yes," complete Form 4720, Schedule O.		
<b>17 Section 501(c)(21) organizations.</b> 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? .... <b>17</b>		
If "Yes," complete Form 6069.		

**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. ☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1a</b> 13 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.		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent. . . . . <b>1b</b> 9		
<b>2</b> 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? . . . . .	<b>2</b>	X
<b>3</b> 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? . . . . .	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>	X
<b>6</b> Did the organization have members or stockholders? . . . . . See Schedule O	<b>6</b>	X
<b>7a</b> 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	<b>7a</b>	X
<b>b</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	<b>7b</b>	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	<b>8a</b>	X
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	X
<b>9</b> 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. . . . .	<b>9</b>	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	X
<b>b</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? . . . . .	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	X
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . . See Schedule O		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	X
<b>c</b> 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	<b>12c</b>	X
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	X
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official. . . . . See Schedule O	<b>15a</b>	X
<b>b</b> Other officers or key employees of the organization. . . . .	<b>15b</b>	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	X
<b>b</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? . . . . .	<b>16b</b>	

**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.

☒ Own website ☒ Another's website ☒ 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	Officer	Key employee	Highest compensated employee	Former			
(1) Timothy Dentry Ex-Officio	1 50	X	X				0.	1,891,674.	65,850.
(2) Anthony Filer Treasurer-Pt Yr	1 50		X				0.	786,053.	67,850.
(3) Paul Bolin EVP & CPO	1 50		X				0.	535,244.	112,842.
(4) George Eaton, Esq Secretary	1 50		X				0.	516,153.	54,658.
(5) David McDermott, MD VP-Sr Phys Exec	37 13		X				317,462.	105,821.	34,629.
(6) Marie Vienneau Ex-Officio	30 20	X	X				204,881.	136,587.	108,051.
(7) Glenn Martin Former SVP-Chief Legal Officer	1 50					X	0.	423,053.	3,969.
(8) Jessica Richmond Physician	40 0				X		386,547.	0.	37,462.
(9) Kyrsten Sutton Physician	40 0				X		359,297.	0.	7,852.
(10) Robert Rice Physician	40 0				X		309,482.	0.	31,296.
(11) Jaime Audet VP-HR Oper	1 50		X				0.	274,333.	52,527.
(12) Abhijit Shaligram Physician	40 0				X		287,778.	0.	20,640.
(13) Jennifer Goodrich VP Finance	13 37		X				64,758.	194,274.	42,054.
(14) David Flaherty PA-Emer Med	40 0				X		290,144.	0.	4,718.

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TEEA0107L 08/23/23

Form 990 (2023)

**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	Officer	Key employee	Highest compensated employee	Former			
(15) Denise Scuderi VP Patient Care	50 0		X				161,037.	0.	38,618.
(16) Lori Towne Ex-Officio	50 0	X					168,329.	0.	3,509.
(17) Nikki Chadwick VP Quality & Ed	50 0		X				138,906.	0.	14,265.
(18) Barbara Austin Trustee	0.5 0	X					0.	0.	0.
(19) Christopher Winstead Trustee	0.5 0	X					0.	0.	0.
(20) Jensen Bissell Trustee/Chair	1 0	X	X				0.	0.	0.
(21) Dr. Richard Cabot Trustee	0.5 0	X					0.	0.	0.
(22) Trey Merrill Trustee	0.5 0	X					0.	0.	0.
(23) James Fowle Trustee	0.5 0	X					0.	0.	0.
(24) Vittoria Stevens Trustee	0.5 0	X					0.	0.	0.
(25) Amanda Thomas Trustee/V Chair	1 0	X	X				0.	0.	0.
<b>1b Subtotal</b>							2,688,621.	4,863,192.	700,790.
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>							2,688,621.	4,863,192.	700,790.
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization <b>61</b>									

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>	X	
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual.</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

**Section B. Independent Contractors**

<b>1</b> Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
Cerner Corporation 2800 Rockcreek Parkway Kansas City, MO 64117	Software Support	549,763.
Quest Diagnostics Inc 5763 Collections Ctr Drive Chicago, IL 60693	Laboratory Services	1,937,815.
Simplifi 5020 Northshore Drive North Little Rock, AR 72118	Staffing Services	1,466,501.
Weatherby Medical Staffing PO Box 972633 Dallas, TX 75397-2633	Staffing Services	568,419.
Emergency Physician Associates PO Box 634850 Cincinnati, OH 45263	Physician Services	1,265,142.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>17</b>		



**2023**Department of the Treasury  
Internal Revenue Service

Name of the Organization

Employer identification number

MRH Corp.

84-3689003

**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 organiza- tions 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) Andrew Walker Trustee	0.5 0	X						0.	0.	0.
(2) Tony Zambrano Trustee	0.5 0	X						0.	0.	0.
(3) James Rohrbaugh, CPA Treasurer	1 50			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
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	1a	Federated campaigns .....	1a				
	b	Membership dues .....	1b				
	c	Fundraising events .....	1c				
	d	Related organizations .....	1d	59,593.			
	e	Government grants (contributions) .....	1e	404,005.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	34,921.			
	g	Noncash contributions included in lines 1a-1f. ....	1g				
	h	<b>Total.</b> Add lines 1a-1f .....		498,519.			
	<b>Program Service Revenue</b>			Business Code			
2a		Net Patient Care Service .....	621990	71,884,396.	71,884,396.		
b		Cafeteria .....	722514	56,765.			56,765.
c		Education .....	611710	36,048.	36,048.		
d		.....					
e		.....					
f		All other program service revenue .....					
g		<b>Total.</b> Add lines 2a-2f .....		71,977,209.			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) .....		11,490.			11,490.
	4	Income from investment of tax-exempt bond proceeds .....					
	5	Royalties .....					
	6a	Gross rents .....	6a	(i) Real	(ii) Personal		
	b	Less: rental expenses .....	6b				
	c	Rental income or (loss) .....	6c				
	d	Net rental income or (loss) .....					
	7a	Gross amount from sales of assets other than inventory .....	7a	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses .....	7b			12,000.	
	c	Gain or (loss) .....	7c			5,653.	
	d	Net gain or (loss) .....				6,347.	
	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 .....						
<b>Miscellaneous Revenue</b>			Business Code				
	11a	340b Pharmacy Benefits .....	621990	1,178,127.	1,178,127.		
	b	.....					
	c	.....					
	d	All other revenue .....					
e	<b>Total.</b> Add lines 11a-11d .....		1,178,127.				
12	<b>Total revenue.</b> See instructions .....			73,671,692.	73,098,571.	0.	74,602.

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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.	1,213,080.	868,098.	344,982.	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.	28,507,389.	26,398,095.	2,109,294.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	405,249.	379,748.	25,501.	
9 Other employee benefits.	4,203,725.	3,830,088.	373,637.	
10 Payroll taxes.	1,803,720.	1,675,031.	128,689.	
11 Fees for services (nonemployees):				
a Management.				
b Legal.	35.	33.	2.	
c Accounting.	11,035.		11,035.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	11,347,385.	10,259,093.	1,088,292.	
12 Advertising and promotion.	34,173.	34,173.		
13 Office expenses.	1,134,426.	651,814.	482,612.	
14 Information technology.	4,071,791.	3,781,284.	290,507.	
15 Royalties.				
16 Occupancy.	1,657,895.	1,293,519.	364,376.	
17 Travel.	77,390.	69,738.	7,652.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	110,180.	106,609.	3,571.	
20 Interest.	52,667.	41,092.	11,575.	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,435,456.	892,048.	543,408.	
23 Insurance.	966,580.	897,618.	68,962.	
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 <u>Medical Supplies</u>	6,558,608.	6,558,608.		
b <u>Taxes &amp; Licenses</u>	1,196,922.	1,190,311.	6,611.	
c <u>Repairs &amp; Maintenance</u>	605,476.	548,134.	57,342.	
d <u>Miscellaneous</u>	133,348.	104,731.	28,617.	
e All other expenses.	22,909.	22,709.	200.	
25 Total functional expenses. Add lines 1 through 24e.	65,549,439.	59,602,574.	5,946,865.	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 <input type="checkbox"/> 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
<b>Assets</b>	<b>1</b> Cash — non-interest-bearing .....	1,695.	<b>1</b>	1,695.
	<b>2</b> Savings and temporary cash investments .....	20,622,999.	<b>2</b>	17,331,024.
	<b>3</b> Pledges and grants receivable, net .....	108,285.	<b>3</b>	54,611.
	<b>4</b> Accounts receivable, net .....	11,859,807.	<b>4</b>	20,671,136.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	79,005.	<b>7</b>	79,005.
	<b>8</b> Inventories for sale or use .....	739,323.	<b>8</b>	730,148.
	<b>9</b> Prepaid expenses and deferred charges .....	22,331.	<b>9</b>	12,091.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 15,164,737.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 6,867,895.		
		7,596,258.	<b>10c</b>	8,296,842.
	<b>11</b> Investments — publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments — other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments — program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	50,000.	<b>14</b>	50,000.
<b>15</b> Other assets. See Part IV, line 11 .....	1,766,262.	<b>15</b>	1,614,091.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	42,845,965.	<b>16</b>	48,840,643.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	17,061,312.	<b>17</b>	11,042,426.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	300,123.	<b>19</b>	417,464.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	171,996.	<b>23</b>	128,935.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	1,079,880.	<b>25</b>	4,873,620.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	18,613,311.	<b>26</b>	16,462,445.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions .....	22,796,497.	<b>27</b>	30,919,069.
	<b>28</b> Net assets with donor restrictions .....	1,436,157.	<b>28</b>	1,459,129.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances.</b> .....	24,232,654.	<b>32</b>	32,378,198.
	<b>33</b> <b>Total liabilities and net assets/fund balances.</b> .....	42,845,965.	<b>33</b>	48,840,643.

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TEEA0111L 08/23/23

Form 990 (2023)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. ☒ **X**

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	73,671,692.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	65,549,439.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	8,122,253.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	24,232,654.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O) See Schedule O	<b>9</b>	23,291.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	32,378,198.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? ..... 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? ..... 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. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b> 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? ..... If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b> 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? .....	<b>3a</b>	<b>X</b>
<b>b</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 .....	<b>3b</b>	

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TEEA0112L 08/23/23

Form 990 (2023)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **MRH Corp.  
Northern Light Mayo Hospital** Employer identification number **84-3689003**

**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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>4 Total.</b> Add lines 1 through 3.						
<b>5</b> 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).						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4.						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10.						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First 5 years.</b> 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 <b>stop here</b> .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)).	<b>14</b>	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14.	<b>15</b>	%
<b>16a 33-1/3% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
<b>b 33-1/3% support test—2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2023.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2022.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>



**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>6 Total.</b> Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons.						
<b>b</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.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15.	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17.	<b>18</b>	%

**19a 33-1/3% support tests—2023.** 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—2022.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> 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.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , 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).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> 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).		
<b>8</b> 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).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> .		
<b>c</b> 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 <b>Part VI</b> .		
<b>10a</b> 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.		
<b>b</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.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> 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 <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> 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 <b>Part VI</b> 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.			
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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 <b>Part VI</b> .			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Schedule A (Form 990) 2023

**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 – <i>provide details in Part VI</i> )	5
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018 .....		
b	From 2019 .....		
c	From 2020 .....		
d	From 2021 .....		
e	From 2022 .....		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019 .....		
b	Excess from 2020 .....		
c	Excess from 2021 .....		
d	Excess from 2022 .....		
e	Excess from 2023 .....		

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Schedule A (Form 990) 2023

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization	MRH Corp. Northern Light Mayo Hospital	Employer identification number	84-3689003
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**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 employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

**Schedule C (Form 990) 2023**



**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns. ....														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 35%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

BAA

Schedule C (Form 990) 2023

**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)		(b)
	Yes	No	Amount
See Part IV			
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		9,297.
j Total. Add lines 1c through 1i.			9,297.
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)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

MRH Corp.  
Northern Light Mayo Hospital

Employer identification number

84-3689003

**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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the 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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment \_\_\_\_\_ %

b Permanent endowment \_\_\_\_\_ %

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:

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

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

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

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,690,000.		1,690,000.
b Buildings		1,794,075.	518,513.	1,275,562.
c Leasehold improvements				
d Equipment		10,678,730.	6,172,273.	4,506,457.
e Other		1,001,932.	177,109.	824,823.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B).)				8,296,842.

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Schedule D (Form 990) 2023

**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) .....		
(I) .....		
<b>Total.</b> (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) .....		
(10) .....		
<b>Total.</b> (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) .....	
(10) .....	
<b>Total.</b> (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 Compensation	74,766.
(3) Other Liability-Advanced Payments	3,382,700.
(4) Other Liability-Commerce Bank	382,042.
(5) Right-of-Use Lease Liabilities	1,034,112.
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, column (B)).....	4,873,620.

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. ☒

**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.

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

**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.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b. ....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	

**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 X - FASB ASC 740 Footnote**

## 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

BAA

Schedule D (Form 990) 2023

**Part XIII** Supplemental Information *(continued)***Part X - FASB ASC 740 Footnote (continued)**

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 the 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 basis 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)**

**Hospitals**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

MRH Corp.  
Northern Light Mayo Hospital

Employer identification number

84-3689003

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	
<b>1b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:..... <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:..... <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% Other _____ %	<input checked="" type="checkbox"/>	
<b>c</b> 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.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? .....	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....	<input checked="" type="checkbox"/>	
<b>5b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?.....	<input checked="" type="checkbox"/>	
<b>5c</b> 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?.....		<input checked="" type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year?.....	<input checked="" type="checkbox"/>	
<b>6b</b> If "Yes," did the organization make it available to the public?.....	<input checked="" type="checkbox"/>	

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

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....		140	102,275.		102,275.	0.16
<b>b</b> Medicaid (from Worksheet 3, column a) .....						
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....	0	140	102,275.	0.	102,275.	0.16
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....	1		26,667.		26,667.	0.04
<b>f</b> Health professions education (from Worksheet 5) .....	3	42	119,598.		119,598.	0.18
<b>g</b> Subsidized health services (from Worksheet 6) .....						
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....						
<b>j Total.</b> Other Benefits .....	4	42	146,265.	0.	146,265.	0.22
<b>k Total.</b> Add lines 7d and 7j. ....	4	182	248,540.	0.	248,540.	0.38

**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**

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....

Yes	No
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 1,407,544.

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. 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 30,322,696.

6 Enter Medicare allowable costs of care relating to payments on line 5. .... 6 32,282,414.

7 Subtract line 6 from line 5. This is the surplus (or shortfall) ..... 7 -1,959,718.

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

	Yes	No
<b>Community Health Needs Assessment</b>		
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 two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. ....	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>2022</u>		
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. ....	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. ....	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 <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V, Line 16j for URL</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>See Part V, Line 16j for URL</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> 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: <u>2022</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	X
a If "Yes," (list url): <u>See Part V, Line 16j for URL</u>		
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. ....		
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 Mayo Hospital

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> 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:	X	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>250</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	X	
<b>15</b> Explained the method for applying for financial assistance? . . . . . 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):	X	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . .	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Line 16j for URL</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Line 16j for URL</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Line 16j for UR</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Other (describe in Section C)		

Part V

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 Mayo Hospital

- 17** Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....

	Yes	No
<b>17</b>	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? .....

<b>19</b>		X
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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) in line 19 (check all that apply):

- a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) 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 financial assistance policy? .....

<b>21</b>	X	
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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 Mayo Hospital

**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.

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Schedule H (Form 990) 2023



**Part V Facility Information** (continued)

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**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 Mayo 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 September 2021 and January 2022. All forms of engagement included public forums, community sponsored events, and oral surveys. 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.

Virtual community forums with residents and service providers were held in the county in partnership with the Maine CDC to solicit input from individuals representing populations with health disparities including medically underserved, low-income, or minority populations. The following organizations attended the September 7, 2021, Piscataquis 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 engagement process (the following list was extracted from the Piscataquis County CHNA report, page 20: Bangor Public Health and Community Services, Bangor Public Health Department, Child Behavioral Health Services, Downeast Public Health District, Eastern Area Agency on Aging, Healthy Acadia, Helping Hands with Heart /Maine Highlands Investment Partnership, Northeastern Workforce Development Board, Northern Light Acadia Hospital, Northern Light CA Dean Hospital, Northern Light Health Systems, Northern Light Mayo Hospital, Office of Child and Family Services, Maine Department of Health and Human Services, Partners for Peace, Penquis, Penquis Public

**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 5 - Account Input from Person Who Represent the Community (continued)**

Health District, Piscataquis Regional Food Center, Public Health Care, Public Health Nursing, Maine Center for Disease Control and Prevention, State of Maine, United Way of Eastern Maine, WIC Nutrition Program.

New this cycle was an expanded effort to reach those who may experience systemic disadvantages and therefore experience a greater rate of health disparities. Two types of outreach were piloted in this effort.

One effort included nine community sponsored events hosted by organizations having statewide reach representing the following communities: Black or African Americans; people who are homeless or formerly homeless; older adults; people who are deaf or hard of hearing; people who define themselves or identify as lesbian, gay, bisexual, transgender, and queer and/or questioning (LGBTQ+); people who live with a disability; people with a mental health diagnosis; people with low income; and youth.

Another effort included conducting oral surveys in collaboration with eight ethnic-based community organizations' community health workers in order to better reach Maine's immigrant population that included: 1,000 surveys were conducted in either English (32%), Somali, (24%), Arabic (23%), French (8%), Spanish (5%), Lingala (3%), and other languages including Swahili, Maay Maay, Portuguese, Oromo, Eretria, Kirundi, and Amara. When asked for their countries of origin, respondents most commonly cited the United States (212), Iraq (205), Somalia (157), The Democratic Republic of Congo (81), Djibouti (70), Kenya (30), and Mexico (29). Other countries of origin mentioned included Rwanda, Ethiopia, Angola, Syria, Guatemala, South Africa, Palestine, Puerto Rico, Morocco, Afghanistan, El Salvador, Nigeria, Canada, Burundi, Eritrea, France, Honduras, Uganda, Jamaica, Mali, Gabon, Sudan, Nicaragua,

**Part V Facility Information** (continued)

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**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)**

Peru, and Brazil.

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

Facility: Northern Light Mayo Hospital

The Maine Shared CHNA was conducted through a collaborative effort among Maine's four largest health-care systems - Central Maine Healthcare, Northern Light Health (legal name Eastern Maine Healthcare Systems), MaineGeneral Health, MaineHealth - and the Maine Center for Disease Control and Prevention, an office of the Maine Department of Health and Human Services (DHHS). 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 Sebec 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 Organizations Other Than Hospital**

Facility: Northern Light Mayo Hospital

The 2022 Maine Shared CHNA was conducted in collaboration with the Maine Center for Disease Control and Prevention, an office of the Maine Department of Health and Human Services (DHHS), Maine Community Action Partnership, local public health and community agencies. Together, with the hospital facilities, these organizations helped to gather input at local forums while providing expertise and guidance throughout the process. See 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 Mayo Hospital

**Part V Facility Information** (continued)

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**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)**

As a member of a partnering healthcare system in the Maine Shared Community Health Needs Assessment (Shared CHNA) effort, Northern Light Health's Community Health Council recognized the value, reach, and influence of aligned engagement efforts with a shared purpose. Review of the county CHNA forum priority voting revealed that mental health, social determinants of health, and substance use were among the top four priorities in almost every county CHNA forum. These three priority areas were presented and adopted by our hospital's governing board as shared priorities where Northern Light Health member organizations would engage in common strategy to achieve greater statewide effect.

Northern Light Mayo Hospital's community health strategy was developed to include our systemwide shared priority areas of work reflecting upon the quantitative health profile indicators and qualitative prioritization derived from the Shared CHNA's community engagement process. We also considered local readiness and capacity to address these needs in partnership with our local communities. The following provides an update on the actions taken on the three priority areas in fiscal year 2024 (FY24):

**Mental Health:**

Actions taken by Northern Light Mayo Hospital to address this priority in FY24: Mayo 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

**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 11 - Explanation of Needs Not Addressed and Reasons Why (continued)**

and community reliance, and hope.

Certified Mayo 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. Mayo Hospital conducted 2 PFA training sessions with 28 individuals trained. Northern Light Health's systemwide collective impact of our shared objective through year 1 (2023) and year 2 (2024) of the three-year cycle, has resulted in 80 training sessions with 1,606 individuals trained.

## Social Determinants of Health

Actions taken by Northern Light Mayo Hospital to address this priority in FY24:

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 allow users to directly communicate with referral partners to coordinate care of our patients.

Northern Light Mayo 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. Mayo Hospital

**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 11 - Explanation of Needs Not Addressed and Reasons Why (continued)**

participated on a monthly systemwide workgroup focused on community engagement efforts to educate community partners on the availability and uses of findhelp.org. Community partners were provided with assistance in adding their program information to the platform directory and with activating the ability to receive referrals or requests for information through the platform. Mayo Hospital engaged 2 community partners who added 2 programs to the findhelp directory. Northern Light Health's systemwide collective impact of our shared objective to increase community partner engagement with FindHelp.org resulted in 69 programs added to findhelp and 148 programs that increased engagement with findhelp.

**Substance Use**

Actions taken by Northern Light Mayo Hospital to address this priority in FY24: In collaboration with other Northern Light Health member organizations and community-based organizations, trained Mayo 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 Mayo 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 with Bangor Public Health & Community, Mayo Hospital worked in the emergency department and community settings to provide education on the use of these naloxone kits to end-users to facilitate the reversal of private overdoses in the community. Mayo Hospital distributed 124 state-sponsored naloxone kits. Northern Light Health's systemwide collective impact of our shared objective to

**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 11 - Explanation of Needs Not Addressed and Reasons Why (continued)**

improve distribution and preventive access to state sponsored naloxone kits systemwide resulted in 2,560 naloxone kits distributed throughout Northern Light Health's service area.

Additional information related to actions taken by Mayo Hospital on the above priorities can be found in their FY23-FY24 Progress Report to Our Community at <https://northernlighthealth.org/Community-Health-Needs-Assessment/2022-Community-Health-Strategy>.

Mayo Hospital considered all priorities identified in the Shared CHNA, as well as other sources, through an extensive review process. Access to care: 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 Determining Amounts Charged Patients**

Facility: Northern Light Mayo Hospital

Income Levels

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

Facility: Northern Light Mayo Hospital

Response for 7a (list URL) is:

<https://northernlighthealth.org/Northern-Light-Mayo-Hospital>

Response for 7b (list URL) is:

<https://northernlighthealth.org/Community-Health-Needs-Assessment/2022-Shared-CHNA-R>

**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)**

eports

Response for 10a (list URL) is:

<https://northernlighthouse.org/Community-Health-Needs-Assessment/2022-Community-Health-Strategy>

Response for 16a, 16b, 16c (list URL) is

<https://northernlighthouse.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? 10

Name and address	Type of facility (describe)
1 Northern Light Primary Care, Corinth 492 Main Street Corinth, ME 04427	Outpatient Medical Facility
3 Northern Light Internal Medicine, Dexter 41 High Street Dexter, ME 04930	Outpatient Medical Facility
4 Northern Light Primary Care, Dover Foxcroft 891 West Main Street, Suite 200 Dover Foxcroft, ME 04426	Outpatient Medical Facility
5 Northern Light Orthopedics 43 Dwelley Avenue Dover Foxcroft, ME 04426	Outpatient Medical Facility
6 Northern Light Behavioral Health 69 High Street Dover Foxcroft, ME 04426	Outpatient Medical Facility
7 Northern Light Behavioral Health 41 High Street Dexter, ME 04930	Outpatient Medical Facility
8 Northern Light Surgery 891 West Main Street, Suite 500 Dover Foxcroft, ME 04426	Outpatient Medical Facility
9 Northern Light Women's Health 891 West Main Street, Suite 500 Dover Foxcroft, ME 04426	Outpatient Medical Facility
10 Northern Light Primary Care, Milo 135 Park Street Milo, ME 04463	Outpatient Medical Facility
11 Northern Light Pain Management 43 Dwelley Avenue Dover Foxcroft, ME 04426	Outpatient Medical Facility

BAA

TEEA3808L 09/19/23

Schedule H (Form 990) 2023

**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 financial assistance policy.
- 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 Mayo 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 Mayo Hospital. An account may be reconsidered for charity care at any time when new information is available about a patients inability to pay.

### 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](http://www.northernlighthealth.org/billing)

- Posters are displayed in public locations in each hospital facility

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

**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 financial assistance policy.
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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)**

•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 Dover-Foxcroft, Maine, Northern Light Mayo 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.

Towns representing Mayo Hospital's primary service area include: Dexter, Cambridge, Sangerville, Guilford, Abbot, Monson, Dover-Foxcroft, Sebec, Milo, and Brownville.

Towns representing Mayo Hospital's secondary service area include: Garland, Charleston, Corinth, Exeter, and Corinna.

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

**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 financial assistance policy.
- 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)**

Piscataquis County - Race/Ethnicity: American Indian/Alaskan Native 0.8% (135), Asian 0.8% (131), Black/African American 0.6% (96), Native Hawaiian or Pacific Islander 0.0% (0), White 95.8% (16,128), Some other race 0.7% (119), Two or more races 1.3% (227), Hispanic 1.5% (245), Non-Hispanic 98.5% (16,591), Total county population 16,836.

Piscataquis County - Selected Demographics: Median household income \$40,890, Unemployment rate 5.5%, Individuals living in poverty 18.5%, Children living in poverty 23.8%, 65+ living alone 27.4%, Veterans 12.6%, Gay, lesbian, and bisexual (high school students) 9.6%, Gay, lesbian, and bisexual (adults) 3.2%, Transgender youth (high school students) 1.7%, Persons with a disability 26.3%.

Other hospitals serving the Northern Light Mayo Hospital community: Based on the State of Maine's definition of hospital service area, Northern Light Mayo Hospital is the only hospital in this community per Hospital Service Area (HSA) designation. Additionally, the Health Resources & Services Administration designated Mayo Hospital's service area as having a total of eight medically underserved populations/area.

**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 financial assistance policy.
- 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 VI, Line 5 - Promotion of Community Health**

Northern Light Mayo Hospital furthers its exempt purpose by promoting the health of the community through the following community health improvement grant activity in FY24:

•Community Health Education: Maine Prevention Network Substance Abuse

Prevention - Provide substance use prevention services that lead to the prevention of opioid and other substance use in Maine; Maine Prevention Network HEAL - Implement programs and strategies in an effort to address obesity; Maine Prevention Network Tobacco - Implement programs and strategies in an effort to address tobacco use prevention; STOP - A project to reduce youth access and increase awareness of consequences from alcohol use; Drug Free Communities - Addressing Substance Abuse;

•Community Based Clinical Services: Maine Cancer Foundation Screening

Navigation - Piscataquis County Mobile Mammography Project

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

The 2022 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

**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 financial assistance policy.
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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 6 - Affiliated Health Care System (continued)**

Community Health 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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

MRH Corp.  
Northern Light Mayo Hospital

Employer identification number

84-3689003

**Part I Questions Regarding Compensation**

**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**

- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence   |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> 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** ☒ Yes ☐ No

**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** ☒ Yes ☐ No

**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**

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> 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:

- |  |   |
|--|---|
| <b>a</b> Receive a severance payment or change-of-control payment? <b>4a</b>                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? <b>4b</b> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>c</b> Participate in or receive payment from an equity-based compensation arrangement? <b>4c</b>    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
- 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:

- |  |   |
|--|---|
| <b>a</b> The organization? <b>5a</b>         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>b</b> Any related organization? <b>5b</b> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- |  |   |
|--|---|
| <b>a</b> The organization? <b>6a</b>         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>b</b> Any related organization? <b>6b</b> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. **7** ☐ Yes ☒ No

**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** ☐ Yes ☒ No

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** ☐ Yes ☐ No

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule J (Form 990) 2023**



**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				(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	(C) Retirement and other deferred compensation			
1 Timothy Dentry Ex-Officio	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,274,400.	592,846.	24,428.	29,700.	36,150.	1,957,524.	0.
2 Anthony Filer Treasurer-Pt Yr	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	648,351.	122,349.	15,353.	29,700.	38,150.	853,903.	0.
3 Denise Scuderi VP Patient Care	(i)	147,926.	5,422.	7,689.	3,415.	35,203.	199,655.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 George Eaton, Esq Secretary	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	457,660.	22,965.	35,528.	29,127.	25,531.	570,811.	0.
5 Lori Towne Ex-Officio	(i)	117,503.	50,461.	365.	2,917.	592.	171,838.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 Marie Vienneau Ex-Officio	(i)	191,895.	10,622.	2,364.	44,203.	20,627.	269,711.	0.
	(ii)	127,930.	7,081.	1,576.	29,469.	13,752.	179,808.	0.
7 Nikki Chadwick VP Quality & Ed	(i)	132,433.	4,457.	2,016.	2,778.	11,487.	153,171.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 Jennifer Goodrich VP Finance	(i)	56,017.	2,496.	6,245.	5,164.	5,349.	75,271.	0.
	(ii)	168,051.	7,487.	18,736.	15,493.	16,048.	225,815.	0.
9 David McDermott, MD VP-Sr Phys Exec	(i)	302,099.	11,403.	3,960.	4,950.	21,022.	343,434.	0.
	(ii)	100,700.	3,801.	1,320.	1,650.	7,007.	114,478.	0.
10 Paul Bolin EVP & CPO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	430,401.	21,499.	83,344.	84,008.	28,834.	648,086.	51,820.
11 Jaime Audet VP-HR Oper	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	240,547.	9,057.	24,729.	18,177.	34,350.	326,860.	0.
12 Robert Rice Physician	(i)	271,901.	0.	37,581.	0.	31,296.	340,778.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 David Flaherty PA-Emer Med	(i)	282,952.	3,960.	3,232.	2,892.	1,826.	294,862.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 Kyrsten Sutton Physician	(i)	313,140.	75.	46,082.	6,469.	1,383.	367,149.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 Jessica Richmond Physician	(i)	377,258.	2,276.	7,013.	4,617.	32,845.	424,009.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 Abhijit Shaligram Physician	(i)	167,443.	23,875.	96,460.	5,834.	14,806.	308,418.	0.
	(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:

Kyrsten Sutton, highest compensated employee \$34,750

The following received a gift card:

David Flaherty, highest compensated employee \$ 25

Jennifer Goodrich, officer 25

David McDermott, officer 25

Robert Rice, highest compensated employee 25

Jessica Richmond, highest compensated employee 25

Denise Scuderi, officer 25

Kyrsten Sutton, highest compensated employee 25

Lori Towne, director 25

Marie Vienneau, director/officer 25

The following received a wellness program incentive:

Nikki Chadwick, officer \$ 25

The benefit is available for all employees.

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

The SVP, President of Northern Light Mayo 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 Northern Light Mayo Hospital SVP, President in consultation with the NLH President/CEO. The Committee used the following methods to establish the SVP, President 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:

Marie Vienneau -

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

**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)**

accrued for the supplemental non-qualified retirement plan is \$50,572, based on the amounts contributed and related earnings. The supplemental non-qualified retirement benefit is subject to a substantial risk of forfeiture.

Glenn Martin -

Compensation includes a lump-sum payout of \$351,335 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.

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 \$59,239, 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 \$51,820 from the supplemental

**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)**

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:

Marie Vienneau -

This director/officer is employed by the system parent organization, Eastern Maine Healthcare Systems d/b/a Northern Light Health. 60% of her time is dedicated to Northern Light Mayo Hospital. As a result, part of her compensation is reported in Form 990, Part VII, column D and Schedule J, Part II, Line A(i). The other 40% of her time is dedicated to Northern Light CA Dean Hospital, a related organization of Northern Light Mayo Hospital.

Jennifer Goodrich -

This officer is employed by the system parent organization, Eastern Maine Healthcare Systems d/b/a Northern Light Health. 25% of her time is dedicated to Northern Light Health. 25% of her time is dedicated to Northern Light Mayo Hospital. As a result,

**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)**

part of her compensation is reported in Form 990, Part VII, column D and Schedule J, Part II, Line A(i). 25% of her time is dedicated to Northern Light CA Dean Hospital and 25% of her time is dedicated to Northern Light Sebasticook Valley Hospital, related organizations of Northern Light Mayo Hospital.

David McDermott -

This officer is employed by Northern Light Mayo Hospital. 75% of his time is dedicated to Northern Light Mayo Hospital. As a result, part of his compensation is reported in Form 990, Part VII, column D and Schedule J, Part II, Line A(i). The other 25% of his time is dedicated to Northern Light CA Dean Hospital, a related organization of Northern Light Mayo 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 Mayo Hospital.

**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)**

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 Mayo Hospital.

Anthony Filer -

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 Mayo Hospital.

Paul Bolin

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 human resources, including Northern Light Mayo Hospital.

**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)**

Jaime Audet

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 human resources, including Northern Light Mayo Hospital.

Glenn Martin-

This former 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 Mayo Hospital.

Compensation for employees of Northern Light Mayo 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.





**SCHEDULE L**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization

MRH Corp.  
Northern Light Mayo Hospital

Employer identification number

84-3689003

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	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)				

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2023

**Part IV Business Transactions Involving Interested Persons**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Trey Merrill	brd mem=officer	477,973.	contractual services prov		X
(2) Dianne Lord	fam mem=brd mem	41,864.	compensation		X
(3) Rachel Zambrano	fam mem=brd mem	30,831.	compensation		X
(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**

Trey Merrill, board member is an officer of Down East Orthopedic Associates who contractually provides services to Northern Light Mayo Hospital.

Dianne Lord is family member of a board member and is an employee of Northern Light Mayo Hospital.

Rachel Zambrano is family member of a board member and is an employee of Northern Light Mayo Hospital.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

Please see the following excerpt from the Northern Light Health Annual Report 2024 to the Community for details of community benefit projects at NLH members:

**Thinking Globally, Acting Locally**

As we reflect on the past year at Northern Light Health, we are reminded of our responsibility to deliver exceptional care while adapting to and rising up to meet our challenges. This year's annual report theme, thinking globally, acting locally, demonstrates how we remain focused on our promise of making healthcare work for Maine people.

In this 2024 annual report, we share many remarkable stories. You will read about how we eliminated a common operating room gas out of concern for our environment, how mobile mammography brings services to rural areas, how a youth summit addresses mental health challenges, a patient's journey through gender-affirming voice therapy, and one family's experience of becoming caregivers.

These stories highlight our promise to meet local needs while contributing to global solutions. We've persevered, strengthened services, and stayed true to promise.

Thank you for your trust, partnership, and support as we navigate this journey together.

Timothy J. Dentry, MBA, President & CEO

Northern Light Health

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

John Ryan

Board Chair

Northern Light Health

Member Map

Bangor

Northern Light Acadia Hospital

Northern Light Eastern Maine Medical Center

Northern Light Health Foundation

Northern Light Home Care &amp; Hospice

Northern Light Pharmacy

Northern Light Work Health

Northern Light Work Force

Brewer

Northern Light Eastern Maine Medical Center

Northern Light Health Home Office

Northern Light Pharmacy

Pittsfield

Northern Light Sebeccook Valley Hospital

Northern Light Work Health

Waterville

Northern Light Home Care &amp; Hospice

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

Northern Light Inland Hospital

Northern Light Work Health

Ellsworth

Northern Light Home Care &amp; Hospice

Northern Light Maine Coast Hospital

Northern Light Work Health

Blue Hill

Northern Light Blue Hill Hospital

Portland

Northern Light Home Care &amp; Hospice

Northern Light Laboratory

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 &amp; Hospice

Northern Light Work Health

Greenville

Northern Light CA Dean Hospital

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

Dover Foxcroft

Northern Light Mayo Hospital

Northern Light Work Health

Youth Mental Health

Don't dance around the issue

The needs of teen mental health have reached alarming levels in Maine, and a group of passionate student volunteers at Northern Light Eastern Maine Medical Center has responded. The Youth Mental Health Summit was established to provide tools, support, and the understanding necessary to better navigate the complexities of adolescent mental health.

Stella Fox, a student volunteer manager and senior at Hampden Academy, says she had her own journey with mental health. "I'm a pretty busy person. I am someone who, if I'm not busy, I try to find things to make my life busier," she laughs, describing her packed schedule.

As part of that busy life, Fox struggles with the internal pressures of being a teenager, especially in the demanding world of dance. "There is a lot of pressure in dance about a certain look you're supposed to have," she adds, "Obviously, that's tough for anybody to hear. But when you're going through your teen years, you're facing a lot of other pressures and challenges."

Fox and her fellow student manager and student at John Bapst, Ada Sinclair-Steele,

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

are passionate about making a difference. Each year, high school students who participate in the volunteer program at the medical center work on a passion project for a cause that they choose. In 2024, the group chose youth mental health.

"I really didn't know that much about mental health when we started," Fox admits, "But as we brainstormed and discussed different ideas, I realized how crucial it was to create a space where teens could learn how to take care of their mental health."

Stacey Coventry, the director of community engagement at Eastern Maine Medical Center helped guide the students. "For this passion project, one of the things we talked about was wanting to have a community forum that brought adults and peers together to openly have a dialogue about all the things that contributed to their mental health. Everything from bullying to stress in schools, social media, suicide awareness and prevention, and grief and bereavement, all the different things that affect our mental health. They wanted to have a dialogue, but also have a way to show kids that there are other ways that they can cope with these things."

The summit featured a variety of activities, from art therapy and nature-based therapy to animal-assisted therapy and open panel discussions. "We jumped right into adventure-based activities, because to learn about adventure-based activities through a lecture seems counterintuitive. We had them doing things like a pool noodle shuffle, which is when everybody holds a pool noodle and at the same time they have to let go of their pool noodle and grab the noodle of the person next to them without letting it hit the floor, and we let them work through some of their frustrations," explains Shane "Mack" McPherson, psychiatric technician and activities coordinator, Northern Light Acadia Hospital.



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

"Having summits like this is important because there are not many of them around here, especially geared toward high school students," says Sinclair-Steele, "So many teens struggle with mental health challenges and this helps provide resources to seek help within our communities."

Coventry was moved by the students' engagement. "I was hoping they would feel less alone and walk away with a new way to manage their mental health," she says, "I also hoped they'd be excited to share what they'd learned with their peers and family members." The summit wasn't just about learning new coping mechanisms; it was also about breaking the stigma surrounding mental health. It was designed to create a safe, open space for teens to discuss mental health and learn effective coping strategies.

As the day ended, Fox shared her thoughts. "If you're willing to talk about it, you should," she said, "It's about giving hope to others. Once you tell your story, other people will feel comfortable enough to tell theirs, and that will help them become more open about their struggles. Hopefully, when they do, they'll realize they're not alone."

Northern Light Maine Coast Hospital

Turning pages early: New program welcomes babies with their first library card  
Northern Light Maine Coast Hospital is proud to partner with the Ellsworth Public Library by launching Baby's First Library Card, an initiative promoting early literacy and a lifelong love of reading. Beginning in May 2024, every baby born at

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

our Dixon Family Birthing Center receives a welcome package that includes an age-appropriate book and an application for a complimentary library card from the Ellsworth Public Library, regardless of residency.

This program, funded in memory of Melanie Zador—an avid hospital and library volunteer—honors her dedication to community enrichment through literacy. “Our team is excited to support families in fostering early reading habits with their babies,” shares Sarah Joy, director of Philanthropy for Northern Light Blue Hill and Maine Coast Hospitals. “This collaboration is a meaningful way to celebrate Melanie’s legacy and connect families with valuable resources.” The community resource is about more than books. “I think it’s undersold because everyone thinks that the library is just to take out books and it’s not,” explains Carrie Barnes, RN, Northern Light Maine Coast Hospital. “There are so many other things the library offers like playgroups and reading time for moms and their kids. It’s easy as a new parent to feel isolated, and these programs help keep them connected.”

Sarah Lesko, Ellsworth Library director adds, “Reading is one of the most important skills we have in lifelong learning, so we are thrilled to partner with Northern Light Maine Coast Hospital to welcome our newest community members.”

**Mobile Mammograms**

Delivering care closer to home

For many women in rural Maine, getting regular mammograms can be tough. They face long drives, limited transportation options, and, sometimes in Maine, you just can’t get there from here. That’s why Northern Light CA Dean Hospital and Northern Light Mayo Hospital launched a mobile mammography unit, bringing high-quality breast

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

cancer screenings directly to women who might otherwise go without.

The mobile unit is one way Northern Light Health is improving access to healthcare. "The most important reason for launching this mobile mammography unit is to reach women in rural communities who might otherwise not have access to their screening mammograms," explains Joann Lovell, director of Imaging at Northern Light CA Dean and Mayo Hospitals.

The mobile unit has the same state-of-the-art 3D mammography technology used in Northern Light Health's hospitals and clinics. "That means patients get the same exceptional care, same high-quality images, and the same experienced technologists, whether they're at the hospital or in the mobile unit," explains Lovell.

For Lorna Young, the first patient screened in the mobile unit, the convenience was great. "It was very easy for me. All I had to do was walk out the back door of my office and into the mobile unit. It was just perfect," says Young, who appreciated how simple the process was and how accessible the screening was for her.

The mobile mammography unit travels throughout rural communities statewide, saving patients travel time and removing the stress of securing transportation. This service, Lovell notes, is a game-changer for many patients. "For women in these communities, the ability to get a mammogram without traveling long distances makes a world of difference."

By sharing resources, staff, and expertise, Northern Light CA Dean and Mayo Hospitals can provide seamless care across a wider area. "The collaboration has been

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

a huge benefit to both communities. We share resources, share patients, and that ensures we provide the best care possible," says Lovell, "It's not just about screenings; it's about offering comprehensive care to these patients."

The importance of early detection of breast cancer cannot be overstated. Regular mammograms can identify potential issues before symptoms appear, increasing the chances of successful treatment. As Lovell put it, "If we can prevent even one family from losing a loved one to breast cancer, then we've been a success."

For women like Young, the mobile mammography unit offers more than just convenience—it offers peace of mind. "I would absolutely recommend this to other women," she says, "The convenience and all the advantages it brings to our area are invaluable. It's just an incredible resource."

Northern Light Acadia Hospital

Addressing Maine's shortage of psychiatrists

Maine has a critical shortage of psychiatrists. The number of licensed practitioners in our state has dropped from 110 in 2020 to just 50 in 2022, according to the U.S. Bureau of Labor Statistics. To address this urgent need, Northern Light Acadia Hospital launched a Psychiatry Residency Program, designed to grow Maine's behavioral healthcare workforce, and improve access to mental health services.

Supported by a \$1 million grant from The Manton Foundation, the program is one of two psychiatric residencies in Maine and the only one north of Portland. After receiving 494 applications on the first day alone, Acadia Hospital leaders

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

interviewed 95 candidates and matched four residents through the National Resident Matching Program.

"The smaller hospital setting at Acadia has created a close-knit community where I've felt welcomed and supported from day one," says Karen Singh, MD, "It's been wonderful to return to Maine and experience the state's beauty while advancing my career."

Kelly Kossen, MD adds, "Living here has allowed me to spend my free time exploring farms, hiking, and visiting coastal towns. The staff's kindness has made my transition seamless."

Acadia's four-year program aims to train 16 residents at full capacity, with the hope that many will continue practicing in Maine. "Where doctors train often determines where they stay," says Mark Lukens, president, Northern Light Acadia Hospital, "This program is a vital step in addressing Maine's mental health challenges."

**Finding Her Voice**

A journey through gender-affirming voice therapy

Kara Libby's transition journey began in 2018, long before she met Robby Desjardins, MA, the lead speech-language pathologist at Northern Light AR Gould Hospital. She moved to Aroostook County in 2019, hoping for a fresh start and a chance to live more authentically.

That fresh start and opportunity still seemed just out of reach for Libby, who struggled with a voice that didn't match how she felt on the inside and looked on

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the outside.

"My job has always been on the phone," she shares, "And every time I pick up a call, I hear either someone misidentify me or, at best, affirm who I know I am. That constant uncertainty can be draining. I felt invisible, like I was living in two worlds."

Libby's voice dysphoria, the discomfort with the mismatch between her voice and her gender identity, was taking its toll. "It wasn't just about how others saw me; it was about how I saw myself. Every conversation, even the simplest ones, became a reminder of the gap between who I am and how the world perceived me.

Her counselor at the time recommended Desjardins, who specializes in gender-affirming voice therapy. She made the appointment, unsure but hopeful that this could be the help she needed.

"I met Kira at a time when she was understandably uncertain about the whole process," Desjardins recalls, "It's common for patients to feel a bit overwhelmed or self-conscious. The first step is always assessment – how does the person perceive their voice, and where do they want it to go?"

The process began with a baseline recording. Libby was hesitant at first, speaking softly and with visible discomfort. "I was nervous," she admits, "I wasn't sure how it would work, or if I could even change my voice the way I wanted. I didn't know where to start."

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

From there, Desjardins began to tailor a treatment plan that would address her specific needs. "We start by measuring vocal pitch, loudness, and resonance, and then go from there," he explains, "But it's not just about the mechanics; it's about understanding how the patient feels when they use their voice, and what they're hoping to express through it."

Each session involves exercises aimed at increasing vocal pitch, improving resonance, and building confidence. Some days are harder than others, but Desjardins made sure the work was always engaging. "He has a way of making it fun," Desjardins laughs, "We even read some kindergarten books together. It sounds silly, but he has this way of making every session feel special, like it's just for me."

After several months of working together, Libby noticed changes. "I'm not being misgendered as often now," she says, "When Robby first recorded me, I wasn't confident at all. I would barely speak in public. Now, I feel so much more comfortable in my skin."

For Desjardins, moments like these are what make the work meaningful. "When I hear a voice sample from someone that's dramatically different from their baseline, it gives me chills," he says, "It's not just about the sound - it's about seeing someone truly embody their authentic self."

Libby's voice now reflects the woman she's always known herself to be. "It's not just about changing the way I speak. It's about owning my voice," she says, smiling. "And thanks to Robby, I've learned how to do that."

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

Northern Light Inland Hospital

A bridge to care for communities

Some Waterville residents are visited by paramedics, as part of a collaborative effort between Northern Light Inland Hospital and the city's fire department. This vital resource is designed to improve patient care and reduce hospital readmissions. Courtney Cook, vice president of Nursing and Patient Care Services, Northern Light Inland Hospital, highlights the importance of this at home program. "Waterville is lucky to have the paramedicine program as a community resource," Cook says, emphasizing Inland Hospital's pride in partnering with the program.

The program offers a wide range of services to Waterville residents, including home safety checks, medication reviews, vital sign monitoring, blood draws, and wound care. The team works closely with healthcare providers to ensure patients receive the right care, preventing unnecessary hospital visits. "The team is a great resource to bridge care gaps for those with medical conditions needing frequent reassessment," Cook explains. Additionally, they provide care for the unhoused population, offering both health checks and referrals to emergency care when necessary.

While the Inland Hospital program is currently available only to Waterville residents, Cook is optimistic about its future. "The hope is that the pilot will be so successful that funding will become available to expand to other communities, particularly rural areas facing healthcare challenges like limited transportation or accessibility."

Inland Hospital works with Northern Light Medical Transport in Ellsworth and Greenville. They are planning future collaboration with Northern Light CA Dean and



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

Maine Coast Hospitals and Hospice of Hancock County.

By offering this kind of care outside of the hospital, the program helps ensure people in need receive the timely attention and education they need to maintain their health. "Inland Hospital is honored to partner with such a wonderful community resource, meeting people where they are at," Cook adds, "This program is not just a healthcare service- it's a lifeline for the community."

Full Circle

Becoming a caregiver

Lucie Moisan, along with her siblings, are navigating a new chapter in their family's life-becoming caregivers for their aging parents. Moisan says she never expected to take on a caregiver role, but in September of 2023, life had other plans. That's when Moisan's mother was hospitalized due to kidney failure and required dialysis. "It felt surreal to see mom, who had always been our family's rock, now so vulnerable," she reflects.

Determined to keep her mother at home, Moisan and her sister, Lisa, stepped in and managed their mother's care. Moisan, a registered nurse, manages her mother's at home dialysis treatments with Lisa's help, while coordinating appointments and schedules. "Some days, I wake up and think, 'Can I get through today?'" she admits. "It's overwhelming at times, juggling work as a nurse and caring for them."

"Seeing dad care for mom, helping her through treatments, was both beautiful and heartbreaking," Moisan shares. Their parents recently celebrated their sixty-seventh

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

wedding anniversary, a milestone that highlighted their enduring love. "Even in tough times, you can see the love they have for each other," says Moisan. The situation grew more complicated when their father was diagnosed with new onset congestive heart failure in July 2024.

With both parents needing care, the siblings have rallied together. Their brother, Paul, comes by after work to help with household chores and garden maintenance. "We created a rotation schedule to make sure someone is always around," Moisan explains, "It's crucial for us to be there for them, especially at night."

But the strain of caregiving can take its toll and caregivers need their own support systems to make it sustainable. "There are days when I feel like I am drowning." Moisan vividly recalls one particularly exhausting day after spending the night at the hospital supporting her mother. "I called my boss at Northern Light Home Care & Hospice and told her I needed a break. She said, 'If you ever need a day off, just let me know.' It meant the world to hear that," Moisan recalls, acknowledging the importance of support beyond her family.

The family finds moments of joy with one another, amidst the challenges. "Watching mom smile while my other sister Jeanine baked apple pies brought warmth into the chaos," Moisan says. The kitchen is a gathering place, filled with laughter and love. Paul often lightens the mood with jokes while cleaning, helping to maintain a sense of levity.

Throughout this journey, Moisan has learned valuable lessons about resilience and the importance of community. "Being a caregiver has transformed me," she reflects, "It's

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taught me not only how to care for others but also how to take care of myself."

**Eclipse**

Four Northern Light Health hospitals were in the path of totality during the solar eclipse on April 8, 2024, including Northern Light Mayo, AR Gould, CA Dean, and Inland hospitals.

**Healthier Patients****A healthier planet**

In 2024, Northern Light Health made significant strides in reducing the effects our operating rooms have on our environment. We have phased out the use of desflurane, a gas commonly used in anesthesia, in favor of sevoflurane. This change is expected to make a substantial reduction in our carbon footprint while simultaneously lowering costs.

Desflurane has been widely used in surgeries for years because it takes effect quickly and wears off fast. Unfortunately, compared to other anesthetic gases, desflurane is one of the most environmentally harmful. "Desflurane gas is part of a three-member family of anesthetic gases and, of those three, it's particularly bad for the environment," explains Tim Doak, vice president of Sustainability, Northern Light Health, "Moving away from desflurane to sevoflurane will have an immediate and lasting positive effect."

This shift is also expected to reduce Northern Light Health's carbon emissions by

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

approximately 408 metric tons annually, roughly 990,000 pounds - heavier than the International Space Station and as much as three blue whales. This reduction is a crucial part of the broader goal of reducing our total carbon emissions by 50% by 2030, as outlined in our Department of Health and Human Services Health Care Sector Pledge, with carbon neutrality targeted by 2050.

The environmental benefits are clear, but there are also significant financial advantages to the change. Desflurane is the most expensive anesthetic gas, by eliminating it Northern Light Health will save around \$50,000 per year; "The cost savings are substantial," Doak adds, "Not only are we having a positive effect on the environment, but we're able to reinvest those savings into other important aspects of patient care and hospital operations."

A win for patients too

"Patients will receive the same high level of care, as the safety profile of the anesthesia remains unchanged," says Sarah Smith, DO, chief of Anesthesiology at Northern Light Eastern Maine Medical Center. "The difference lies in the environmental effect, which we can now reduce significantly without compromising patient outcomes. This transition is a win-win and a step toward sustainability."

Northern Light Health physicians and other providers were the driving force in eliminating desflurane, and they were pleased to become more involved in our sustainability efforts. "Northern Light Health has already made great strides to reducing our carbon footprint in other areas of our facilities," Doak adds, "This initiative is a way for clinicians to also have an active role in contributing to environmental causes. It's exciting to see how our teams are rallying around this

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effort."

Northern Light Health is the first healthcare organization in Maine to make this change, and our commitment to reducing our carbon footprint sets a strong example. "I believe Northern Light Health is truly leading the way, not just in Maine but in the broader healthcare community," Dr. Smith says, "We are showing that making these sustainable choices is not only possible, but essential."

**Community Benefit**

Empowering community health:

Connecting patients with social care

A community's health is determined by the health of the people living there.

"Socioeconomic status, availability of safe and affordable housing, reliable transportation, access to healthcare services, and food security can play a significant role in one's health," says Zoe Tenney, FNP, Northern Light Palliative Care.

Through trusted partnerships, Northern Light Health connects patients with critical resources to improve their well-being, particularly through their web-based search engine of community resources: [northernlighthealth.findhelp.com](https://northernlighthealth.findhelp.com).

The Bridging Neighbors program, a collaboration between Healthy Peninsula and Healthy Island Project supports older adults with social health needs by connecting them with trained volunteers who assist with tasks such as navigating local resources, filling out paperwork, and following up on medical needs. Bridging Neighbors partnered with Northern Light Blue Hill Hospital for their pilot year to

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take referrals only from Blue Hill Hospital clinical providers. After learning from this partnership, Bridging Neighbors now continues to accept referrals from Blue Hill Hospital practices as well as other community sources. "I frequently refer patients to Bridging Neighbors," Tenney explains, "Their volunteers can identify creative solutions to challenges I may have missed, helping me better care for my patients."

In rural Maine, where resources can be limited, Bridging Neighbors provides invaluable support for individuals facing challenges like transportation, food insecurity, and isolation. "Although we cannot solve all presenting concerns, we can provide some of the support they need that they are not receiving elsewhere. In our first year of implementation, we received more than 50 referrals for those aged 60+ who live on the Blue Hill Peninsula and Deer Isle/Stonington, speaking volumes for the need for such a program," says Lori Johnson, healthy aging coordinator, Healthy Peninsula. "Our hope is to continue training more volunteers so that we can continue with these much needed and appreciated services."

**Total Community Investment by Category**

Community Health Improvement Services	\$2,054,800
Health Professions Education	\$2,546,828
Research	\$1,750,995
Cash and In-Kind Contributions	\$294,442
Community Building Activities	\$382,218
Community Benefit Operations	\$2,375,347
Traditional Charity Care	\$12,124,185

Unpaid Cost of Public Programs:

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

Medicaid	\$113,174,114
Medicare	\$185,512,480
Total Systemwide	\$320,215,409

Northern Light Health Member

Community Benefit

Acadia Hospital	\$14,462,529
AR Gould Hospital	\$18,154,359
Blue Hill Hospital	\$1,488,341
CA Dean Hospital	\$713,688
Eastern Maine Medical Center	\$201,679,824
Home Care & Hospice	\$825,834
Inland Hospital	\$13,260,339
Maine Coast Hospital	\$12,956,106
Mayo Hospital	\$2,208,258
Mercy Hospital	\$51,691,851
Northern Light Health Home Office	\$664,404
Sebasticook Valley Hospital	\$2,109,876

To learn more go to: [northernlighthealth.org/communitybenefitreports](http://northernlighthealth.org/communitybenefitreports)

Northern Light Health Foundation

Jane Hibbard-Merrill:

A grateful family's commitment to Northern Light Mayo Hospital and access to Cancer Care

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

Jane Hibbard-Merrill's story is one of gratitude, resilience, and a commitment to honoring her daughter's legacy. A longtime resident of Dover-Foxcroft, Hibbard-Merrill had firsthand experience with compassionate healthcare, through the support her family received at Northern Light Mayo Hospital during her daughter Tracy Hibbard Kasprzak's experience with cancer.

Hibbard Kasprzak, a beloved nurse, mother, and community member, was first diagnosed with colon cancer at just 37 years old. Over the next 15 years, she endured countless treatments, surgeries, and trials across the country. She eventually returned to her hometown hospital, where she found solace in familiar faces and the love of her family and community. This experience shaped Hibbard-Merrill's vision of accessible, high-quality cancer care in rural Maine.

Upon her passing, Hibbard-Merrill and her family made a generous memorial gift to help relocate and expand the oncology services at Northern Light Mayo Hospital. This contribution was instrumental in the creation of the Tracy Hibbard Kasprzak Cancer Treatment Center, a state-of-the-art facility providing private treatment spaces, telemedicine capabilities, and consultation rooms to ensure patients can receive care close to home.

In September 2017, the center was formally dedicated in Hibbard Kasprzak's memory. During the ceremony, Hibbard-Merrill spoke of her daughter's unwavering determination and zest for life. She expressed deep gratitude for the community's support in bringing her vision to life, ensuring others could receive cancer treatment surrounded by family and a supportive community.



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

Today, Hibbard-Merrill's family continues to honor her daughter's legacy. The inaugural Walk for Hope in September 2024 brought more than 200 participants together to raise \$31,000 for the center, highlighting the community's commitment to supporting patients with cancer. Hibbard-Merrill and her family were the event's lead donors and biggest cheerleaders.

"We are deeply grateful to Jane and her family for their unwavering dedication and generous commitment to our patients and community," says Marie Vienneau, president of Northern Light Mayo Hospital.

For Hibbard-Merrill, Northern Light Mayo Hospital is more than a place of care—it's a beacon of hope, ensuring that families like hers can find strength, comfort, and healing close to home.

## Giving by Organization

Acadia Hospital	\$1,336,282.32
AR Gould Hospital	\$108,352.16
Blue Hill Hospital	\$522,008.22
CA Dean Hospital	\$137,237.86
Eastern Maine Medical Center and	
Children's Miracle Network Hospitals	\$7,332,762.68
Home Care & Hospice	\$555,902.45
Inland Hospital	\$126,455.66
Maine Coast Hospital	\$768,943.02
Mayo Hospital	\$82,804.62
Mercy Hospital	\$4,089,568.55

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

Northern Light Health and

Northern Light Health Foundation \$33,012.30

Sebasticook Valley Hospital \$252,976.73

Total \$15,346,306.57

Growing and Learning

Finding his place

Steven Trail's relationship with Northern Light Mercy Hospital spans nearly 20 years and started when his life looked and felt incredibly different.

It was hard to find employment early in his transition, and there was a period of about six months where he was unemployed. When applying for jobs, it's necessary to provide any previous names for background checks and with some employers, his name change led to not being hired.

"I applied to a couple of healthcare organizations and Mercy called. I thought for sure I would be turned down, because again, my name and information were all right there, but someone from Human Resources called to do a background check. She was so polite and kind." Trail not only passed the background check; in no time he was a respected and valued member of the Mercy Hospital team caring for patients as a CNA.

With the support and encouragement of the nurses at Mercy, Trail made the decision to go back to school and become a nurse. Even when it became necessary for Trail to relocate to another state for a short time, he stayed committed to his decision, becoming an ICU nurse, and returning to Maine, to Mercy Hospital, and Northern Light

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

Health in 2019.

"I have never been so supported by leadership, let alone administration, as I am here," he says. Trail shares some of the changes that have made a difference for employees and patients. Behind the scenes changes, like those made to hiring and patient intake forms, often the first things that people new to Northern Light Health see. Things that may seem like simple or subtle changes that make it clear that the organization is a place where everyone belongs. And public engagement by leaders who speak openly about the importance of equity and inclusion.

Trail returned to Mercy Hospital just a couple months before Tim Dentry, president and CEO of Northern Light Health's, Tim Talk podcast launched. "...and now this executive guy, this really important guy, is talking about LGBT issues and trying to break down barriers. I wrote him a letter, I told him about who I was, why I was closeted, and what my concerns were and thanked him for what he was working on. And he wrote back! He didn't just write back a one line thank you; he wrote a thoughtful response. It was amazing."

Life in Maine isn't without challenges, even today. "I am trans, but I've lived most of my life closeted. I still worry about perceptions and maintaining professional respect. Northern Light Health and Mercy are really good about following policy and ensuring that everyone is respected."

Today, Trail is still working at Mercy Hospital, now as a risk management specialist who works with clinical staff to ensure patient safety. He hopes that sharing his story will help others, "Visibility saves lives. I'm hoping that by sharing my story

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

it will help someone. I went from trying to get a job more than 20 years ago, to helping paint a rainbow crosswalk with administrators and front-line nurses in 2024."

Improving our climate health

As of the end of 2024, we have lowered our Scope 1 and 2 emissions by 8% from our baseline year of 2021.

- We are sourcing the majority of the electricity used in our hospitals from renewable sources.
- The greenhouse gas emissions associated with heating, cooling, and electrifying Northern Light Mercy Hospital are 20% lower than they were in 2021. At Northern Light Blue Hill Hospital, they are 57% lower than 2021.
- We have reduced our system's emissions from anesthetic gases by 18% since 2021.
- The number of hybrid and electric fleet vehicles in the System has grown from 2 in 2021 to 9 in 2024.
- We also have several EV chargers for fleet vehicle use at our locations around the state.

Visit [northernlighthealth.org/sustainability](https://northernlighthealth.org/sustainability) to learn more.

Beyond clinical care

Social determinants of health

Traditional medicine and medical care play a critical role in the health of our patients and communities, but they are just one of a complex network of factors that determine an individual's health. Where you live, your education, support system,

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

finances, and the food you eat and have access to all influence your health. Experts say as much as 80% of our health outcomes depend on these social determinants of health.

To provide complete care for our patients, Northern Light Health routinely screens our patients for social health needs and takes steps to connect them with community resources, actively removing barriers to improve health outcomes. Northern Light Health community health workers (CHWs) engage with care teams and patients throughout the state to make it happen.

CHWs don't just hand off information about resources, they spend time with patients helping them navigate often complex pathways to resources that can seem impossible for individuals who are challenged by technology or literacy. Patients can be connected to community-based case management, and CHWs can help clarify insurance benefits. In one case, screening and CHW access ensured a patient, and their family, access to \$2,300 in annual benefits for food, medicine, utilities, and eyeglasses. The family now has community support to access housing support and ongoing needs as they change. "This family was also excited and grateful, and this is just one example of thousands of Mainers the CHW team has helped be healthier and have their social needs met," says Jaime Rogers, LCSW, associate vice president, Community Care and Behavioral Health Services.

Healthy, Happy, and Wise

Learn more about how Northern Light Health, our member hospitals, and team members are making meaningful changes to close the gaps left by social determinants of

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

health with Tim Talk, one of three podcasts we produce on the Healthy, Happy, and Wise series - available on your favorite podcast listening service.

Connecting and learning from one another

Training and Education

Our organization is committed to learning and development as a lifelong journey. Along with clinical and technical trainings, Northern Light Health is investing in creating opportunities for our team members to learn about and from one another to build a stronger, more inclusive, and understanding community.

Education and training opportunities are offered to provide the tools necessary to create a workplace and environment of care that is welcoming and accessible to all of our employees and community members. Offerings range from training events to speaker forums and roundtable discussions and include a wide range of topics touching on disability, gender, gender identity, social and cultural background, economic disparity, and more.

Inclusion Maine Conference

Northern Light Health was a premiere sponsor of the 2024 Inclusion Maine Conference held in Portland, focused on helping local businesses and organizations grow, support, and retain their workforces. The three-day conference featured 13 events and breakout sessions to connect employers with the tools needed to attract, engage, and retain talent from diverse backgrounds - from new Mainers to employees with disabilities.

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

By the numbers

1 Home care and hospice organization  
1 Integrated physician organization  
6 Emergency transport members  
7 Nursing homes  
6 Joint ventures  
10 Hospitals  
41 Primary care practices  
774 Available acute care beds  
10,774 Employees  
411,799 Primary care visits  
30,393 Inpatient admissions  
3,842 Observation admissions  
3,083 Births  
444,431 Imaging procedures  
462 Cardiac surgeries  
2,455,420 Outpatient visits  
123,574 Telehealth Visits  
174,438 Home care and hospice patient visits  
7,506 Inpatient surgical cases  
29,981 Outpatient surgical cases  
16,659 Inpatient emergency department visits  
105,563 Outpatient emergency department visits

Northern Light Medical Transport

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

112 towns/townships/unorganized territories in response area

3,273 wheelchair van transports

18,597 patients transported

## LifeFlight of Maine

119 towns responded to for scene calls

246 total scene calls

372 fixed wing air transports

472 traumatic injury transports

526 ground transports

1,810 helicopter air transports

## Joint Ventures

County Physical Therapy, LLC

LifeFlight of Maine, LLC

LTC, LLC

MedComm, LLC

New Century Healthcare, LLC

Uniship Courier Services, LLC

Our mission, vision, and values

Our Mission

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

Our Vision



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

Northern Light Health will be a leader in healthcare excellence.

**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.

**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 6 - Explanation of Classes of Members or Shareholder**

MRH Corp. d/b/a Northern Light Mayo 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.

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**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 SVP, 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;
- 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 MRH Corp. d/b/a Northern Light Mayo Hospital. It is also provided to each board member either electronically or in hard

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

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 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 SVP & President of MRH Corp. d/b/a Northern Light Mayo 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:

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

The Committee meets regularly throughout the fiscal year at the discretion of the Committee chair as well as on call of the Chair of the NLH board. In carrying out its duties pursuant to the Bylaws, the Committee:

- Assures that the executive compensation program is administered in a manner consistent with the NLH executive compensation philosophy.
- Reviews and updates the NLH executive compensation philosophy which serves as the foundation on which all current and future executive compensation decisions are made.
- Assures that value of compensation provided by NLH does not exceed the value of services provided by the executive.
- Reviews annual incentive compensation criteria for eligible executives, as defined by the NLH CEO.
- Reviews periodic compensation survey information and provides expert input to proposed changes to the executive compensation program.
- Assures that a formal and timely performance management system is in place for executives.
- Reviews incentive compensation criteria scoring and associated pay schedules for officers and key employees.
- Provides any public statements regarding executive compensation practices at NLH deemed appropriate.
- Maintains minutes of the meetings and communicates actions to the NLH Board of Directors.

To accomplish this, the committee uses an external consultant with access to comparative data from independent sources and include national as well as regional data points. The NLH CEO reviews all direct report compensation actions with the committee. In addition, the NLH CEO ensures that any subsidiary policies and

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

practices governing executive compensation are consistent with the committee's philosophy and practices statement.

**Form 990, Part VI, Line 15b - Compensation Review & Approval Process for 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. On an annual basis, the compensation ranges are compared to the updated survey information. The hiring manager will determine where the employee will fall within the ranges established by the Human Resources department based on experience and credentials.

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

MRH Corp. d/b/a Northern Light Mayo 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	260,742.		260,742.	
Consulting	1,856,085.	1,727,902.	128,183.	
Lab Expenses	2,898,951.	2,898,951.		
Management Fees	63,828.		63,828.	
NLH Support Services	610,917.		610,917.	
Non-Physician Fees	2,666,556.	2,666,556.		
Other Purchased Services	2,958,740.	2,934,404.	24,336.	
Recruitment Fees	31,566.	31,280.	286.	
Total	<u>\$11,347,385.</u>	<u>\$10,259,093.</u>	<u>\$ 1,088,292.</u>	<u>\$ 0.</u>

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

Net Change in Funds Held at NLH Foundation.....	\$	18,165.
Restricted Investment Income and Realized Net Gains.....		5,126.
Total	<u>\$</u>	<u>23,291.</u>

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

MRH Corp.  
Northern Light Mayo Hospital

Employer identification number

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**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	No
(1) Eastern Maine Healthcare Systems ( 43 Whiting Hill Road Brewer, ME 04412 01-0527066	Supporting org for healthcare affiliates	ME	501 (c) (3)	12 Type II	N/A		X
(2) Northern Light Wellbeing LLC 43 Whiting Hill Road Brewer, ME 04412 47-4315094	Provide healthcare services	ME	501 (c) (3)	12 Type II	EMHS		X
(3) Beacon Health, LLC 43 Whiting Hill Road Brewer, ME 04412 45-2967056	Accountable care organization	ME	501 (c) (3)	12 Type II	EMHS		X
(4) Beacon Rural Health, LLC 43 Whiting Hill Road Brewer, ME 04412 47-4483187	Accountable care organization	ME	501 (c) (3)	12 Type II	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) Dispropor- tionate 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	
(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	No
(1) Affiliated Healthcare Systems 43 Whiting Hill Road Brewer, ME 04412 01-0385322	Holding co.	ME	EMHS	C corp	0.	0.			X
(2) Affiliated Healthcare Manageme 43 Whiting Hill Road Brewer, ME 04412 01-0349339	Hlthcr mgmt	ME	AHS	C corp	0.	0.			X
(3) Affiliated Laboratory, Inc. 43 Whiting Hill Road Brewer, ME 04412 01-0381283	Clinicl lab	ME	AHS	C corp	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.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1 a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1 b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1 c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1 d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1 e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1 f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1 g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1 h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1 i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1 j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1 k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1 l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1 m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1 n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1 o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1 p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1 q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1 r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1 s</b>	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)			
(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, unre- lated, 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) Dispropor- tionate 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.

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**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	No
Eastern Maine Healthcare Real Estate 43 Whiting Hill Road Brewer, ME 04412 01-0391036	Leases real estate	ME	501 (c) (2)		EMHS		X
Acadia Hospital Corp. (AHC) 43 Whiting Hill Road Brewer, ME 04412 01-0459837	Provide healthcare services	ME	501 (c) (3)	3	EMHS		X
Acadia Healthcare, Inc. 43 Whiting Hill Road Brewer, ME 04412 22-3183888	Provide healthcare services	ME	501 (c) (3)	10	AHC		X
Eastern Maine Medical Center (EMMC) PO Box 404, 489 State Street Bangor, ME 04402-0404 01-0211501	Provide healthcare services	ME	501 (c) (3)	3	EMHS		X
LTC, LLC 43 Whiting Hill Road Brewer, ME 04412 01-0211501	Operation of nursing homes	ME	501 (c) (3)	3	EMMC		X
M Drug, LLC 43 Whiting Hill Road Brewer, ME 04412 27-2175482	Pharmacy	ME	501 (c) (3)	3	EMMC		X
Eastern Maine Medical Center Auxilia 43 Whiting Hill Road Brewer, ME 04412 01-0377901	Fund raising for exempt EMMC	ME	501 (c) (3)	10	EMMC		X
Northern Light Health Foundation 43 Whiting Hill Road, Ste 400 Brewer, ME 04412 22-2514163	Raise and manage funds for exempt orgs	ME	501 (c) (3)	12 Type II	EMHS		X
Rosscare 43 Whiting Hill Road, Ste 400 Brewer, ME 04412 01-0391038	Provide services to elderly	ME	501 (c) (3)	PF	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	No
Inland Hospital 200 Kennedy Memorial Drive Waterville, ME 04901 01-0217211	Provide healthcare services	ME	501 (c) (3)	3	EMHS		X
Lakewood 220 Kennedy Memorial Drive Waterville, ME 04901 01-0421234	Provide skilled & long-term nursing care	ME	501 (c) (3)	3	Inland Hospital		X
C.A. Dean Memorial Hospital Pritham Avenue, PO Box 1129 Greenville, ME 04441-1129 04-3341666	Provide healthcare services	ME	501 (c) (3)	3	EMHS		X
The Blue Hill Memorial Hospital 57 Water Street Blue Hill, ME 04614-5231 01-0227195	Provide healthcare services	ME	501 (c) (3)	3	EMHS		X
Sebasticook Valley Health 447 North Main Street Pittsfield, ME 04967 01-0263628	Provide healthcare services	ME	501 (c) (3)	3	EMHS		X
The Aroostook Medical Center PO Box 151, 140 Academy Street Presque Isle, ME 04769-0151 01-0372148	Provide healthcare services	ME	501 (c) (3)	3	EMHS		X
Maine Coast Regional Health Faciliti 50 Union Street Ellsworth, ME 04605 01-0198331	Provide healthcare services	ME	501 (c) (3)	3	EMHS		X
Maine Coast Medical Realty 50 Union Street Ellsworth, ME 04605 01-0390918	Lease medical facilities	ME	501 (c) (3)	12 Type I	MCMH		X
Mercy Hospital 175 Fore River Parkway Portland, ME 04102 01-0211534	Provide healthcare services	ME	501 (c) (3)	3	EMHS		X





Form **8868**

(Rev. January 2024)

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](http://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](http://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**

<b>Type or Print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
	MRH Corp. Northern Light Mayo Hospital	84-3689003
	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 04412-1005	

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		

- 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 25 \_\_, 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 23 \_\_, and ending 9/30 \_\_\_\_, 20 24 \_\_.

- 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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.....	<b>3a</b>	\$	0.
<b>b</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.....	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.....	<b>3c</b>	\$	0.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

FIFZ0501L 09/27/23

Form **8868** (Rev. 1-2024)



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

CONSOLIDATED FINANCIAL STATEMENTS  
and  
SUPPLEMENTARY INFORMATION

September 30, 2024 and 2023  
With Independent Auditor's Report



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

**Financial Statements**

**September 30, 2024 and 2023**

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## INDEPENDENT AUDITOR'S REPORT

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

### 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 sheets as of September 30, 2024 and 2023, and the related consolidated statements of operations, changes in net assets, and cash flows for the years 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, 2024 and 2023, and the results of their operations, changes in their net assets, and their cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles (U.S. GAAP).

### Basis for Opinion

We conducted our audits 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 audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### 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

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

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 audits were 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 audits 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.

*Berry Dunn McNeil & Parker, LLC*

Portland, Maine  
December 19, 2024

**EASTERN MAINE HEALTHCARE SYSTEMS d/b/a NORTHERN LIGHT HEALTH****Consolidated Balance Sheets****September 30, 2024 and 2023****ASSETS**

(Dollars in thousands)	<u><b>2024</b></u>	<u><b>2023</b></u>
Current assets		
Cash and cash equivalents	\$ <b>70,608</b>	\$ 87,823
Assets whose use is limited or restricted	<b>16,241</b>	33,980
Patient and trade accounts receivable	<b>299,276</b>	282,970
Estimated third-party payor settlements	<b>134,830</b>	139,336
Other receivables	<b>68,906</b>	33,439
Inventory	<b>30,021</b>	24,802
Prepaid expenses and other current assets	<u><b>15,489</b></u>	<u>18,793</u>
Total current assets	<u><b>635,371</b></u>	<u>621,143</u>
Property and equipment – net	<u><b>870,770</b></u>	<u>884,088</u>
Noncurrent assets whose use is limited or restricted		
Internally designated by the Board of Directors		
Funded depreciation	<b>188,279</b>	175,674
Other designated funds	<b>151,437</b>	129,704
Self-insurance and other funds	<b>72,482</b>	56,731
With donor restrictions	<b>78,399</b>	75,881
Beneficial interest in perpetual trusts	<u><b>15,985</b></u>	<u>13,582</u>
Total noncurrent assets whose use is limited or restricted	<u><b>506,582</b></u>	<u>451,572</u>
Other assets		
Intangibles and other assets	<b>31,607</b>	28,693
Right-of-use – operating lease assets	<u><b>41,231</b></u>	<u>31,015</u>
Total other assets	<u><b>72,838</b></u>	<u>59,708</u>
Total assets	<u><b>\$ 2,085,561</b></u>	<u>\$ 2,016,511</u>

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

## LIABILITIES AND NET ASSETS

(Dollars in thousands)	<u>2024</u>	<u>2023</u>
Current liabilities		
Accounts payable	\$ 236,998	\$ 218,453
Accrued expenses and other current liabilities	145,490	156,813
Estimated third-party payor settlements	27,561	24,429
Advance payments	100,000	-
Line-of-credit borrowings	58,878	-
Current portion of long-term debt	25,539	23,772
Current portion of right-of-use operating lease liabilities	5,414	5,234
Current portion of accrual for self-insurance	<u>16,693</u>	<u>16,119</u>
Total current liabilities	<u>616,573</u>	<u>444,820</u>
Noncurrent liabilities		
Long-term debt – net of current portion	573,096	589,777
Right-of-use operating lease liabilities, net of current portion	35,616	27,400
Accrual for self-insurance and postretirement benefits	242,329	236,005
Other liabilities	<u>5,408</u>	<u>5,480</u>
Total noncurrent liabilities	<u>856,449</u>	<u>858,662</u>
Total liabilities	<u>1,473,022</u>	<u>1,303,482</u>
Net assets		
Without donor restrictions	518,155	623,566
With donor restrictions	<u>94,384</u>	<u>89,463</u>
Total net assets	<u>612,539</u>	<u>713,029</u>
Total liabilities and net assets	<u>\$ 2,085,561</u>	<u>\$ 2,016,511</u>

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

## Consolidated Statements of Operations

Years Ended September 30, 2024 and 2023

(Dollars in thousands)	<u>2024</u>	<u>2023</u>
Revenue		
Net patient service revenue	\$ 1,993,305	\$ 1,913,995
Sales and contract revenue	6,986	9,481
Other revenue	154,646	235,678
Net assets with donor restrictions released from restrictions - operations	<u>4,448</u>	<u>3,430</u>
Total revenue	<u>2,159,385</u>	<u>2,162,584</u>
Expenses		
Compensation and employee benefits	1,114,620	1,123,083
Supplies and other	1,103,459	985,688
Depreciation and amortization	73,606	67,499
Interest	<u>24,002</u>	<u>22,415</u>
Total expenses	<u>2,315,687</u>	<u>2,198,685</u>
Loss from operations	<u>(156,302)</u>	<u>(36,101)</u>
Other gains (losses)		
Income tax expense	(230)	(7,454)
Joint venture income	2,085	2,154
Gain on sale of lab outreach business	-	30,700
Investment income and other, net	<u>41,989</u>	<u>8,693</u>
Total other gains (losses) – net	<u>43,844</u>	<u>34,093</u>
Deficiency of revenue and gains over expenses and losses	(112,458)	(2,008)
Other changes in net assets without donor restrictions		
Net assets with donor restrictions released from restrictions – capital acquisitions	12,465	8,382
Contribution of long-lived assets	7	-
Pension and postretirement plan – related adjustments	<u>(5,425)</u>	<u>13,226</u>
(Decrease) increase in net assets without donor restrictions	\$ <u>(105,411)</u>	\$ <u>19,600</u>

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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, 2024 and 2023

(Dollars in thousands)	Net Assets Without Donor Restrictions	Net Assets With Donor Restrictions	Total Net Assets
Net assets – September 30, 2022	\$ <u>603,966</u>	\$ <u>92,514</u>	\$ <u>696,480</u>
Deficiency of revenue and gains over expenses and losses	(2,008)	-	(2,008)
Restricted contributions	-	5,585	5,585
Net assets released from restrictions			
Capital acquisitions	8,382	(8,382)	-
Operations	-	(3,430)	(3,430)
Restricted investment income and realized net gains	-	729	729
Change in net unrealized gains on investments	-	4,618	4,618
Other	-	(2,171)	(2,171)
Pension and postretirement plan – related adjustments	<u>13,226</u>	<u>-</u>	<u>13,226</u>
Increase (decrease) in net assets	<u>19,600</u>	<u>(3,051)</u>	<u>16,549</u>
Net assets – September 30, 2023	<u>623,566</u>	<u>89,463</u>	<u>713,029</u>
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	<u>(5,425)</u>	<u>-</u>	<u>(5,425)</u>
(Decrease) increase in net assets	<u>(105,411)</u>	<u>4,921</u>	<u>(100,490)</u>
Net assets – September 30, 2024	<u><u>\$ 518,155</u></u>	<u><u>\$ 94,384</u></u>	<u><u>\$ 612,539</u></u>

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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, 2024 and 2023

(Dollars in thousands)	<u>2024</u>	<u>2023</u>
Cash flow from operating activities		
(Decrease) increase in net assets	\$ (100,490)	\$ 16,549
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities		
Depreciation, amortization, and accretion	72,625	66,680
(Gain) loss on sale of property and equipment	(2,876)	1,399
Net realized and unrealized gains on investments	(53,052)	(21,641)
Equity in earnings of joint venture	(2,085)	(2,154)
Pension and postretirement plan-related adjustments	5,425	(13,226)
Contributions with donor restrictions	(10,551)	(5,585)
Change in operating assets and liabilities		
Patient and trade accounts receivable	(16,306)	(29,740)
Other current assets	(37,383)	(16,056)
Other assets	(1,165)	1,285
Estimated third-party payor settlements	7,638	(39,252)
Advance payments	100,000	(40,490)
Right-of-use – operating lease - net	(1,821)	(154)
Accounts payable, accrued expenses, and other liabilities	18,309	88,361
Accrual for self-insurance and postretirement benefits	<u>1,472</u>	<u>19,758</u>
Net cash (used) provided by operating activities	<u>(20,260)</u>	<u>25,734</u>
Cash flows from investing activities		
Purchases of property and equipment	(65,219)	(105,192)
Proceeds from sales of property and equipment	8,082	2,357
Proceeds from distributions of equity of joint ventures	-	20
Purchases of investments	(118,539)	(35,140)
Proceeds from sales of investments	115,819	63,463
Net changes in money market investments	<u>(1,598)</u>	<u>4,448</u>
Net cash used by investing activities	<u>(61,455)</u>	<u>(70,044)</u>
Cash flow from financing activities		
Proceeds from issuance of long-term debt	243	77,532
Repayment of long-term debt	(24,923)	(24,458)
Advances on lines-of-credit	120,212	54,994
Decrease in borrowing collateralized by patient accounts receivable	(591)	(604)
Repayment of lines-of-credit	(61,334)	(63,239)
Restricted contributions and investment income	11,552	6,314
Decrease in pledges receivable restricted for long-term purposes	<u>1,437</u>	<u>2,582</u>
Net cash provided by financing activities	<u>46,596</u>	<u>53,121</u>
Net (decrease) increase in cash and cash equivalents	(35,119)	8,811
Cash and cash equivalents and restricted cash – beginning of year	<u>115,909</u>	<u>107,098</u>
Cash and cash equivalents and restricted cash – end of year	<u>\$ 80,790</u>	<u>\$ 115,909</u>

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, 2024 and 2023**

(Dollars in thousands)

	<u><b>2024</b></u>	<u><b>2023</b></u>
Composition of cash and cash equivalents and restricted cash – end of year		
Operating cash	\$ <b>70,608</b>	\$ 87,823
Restricted cash – cash investments-bond funds, see Note 6	<u><b>10,182</b></u>	<u>28,086</u>
	<u><b>\$ 80,790</b></u>	<u>\$ 115,909</u>
Non-cash related items:		
Right-of-use assets obtained in exchange for new operating leases	<u><b>\$ 15,870</b></u>	<u>\$ 3,566</u>
Right-of-use assets obtained in exchange for new finance leases	<u><b>\$ 10,886</b></u>	<u>\$ 19,177</u>
Purchases of property and equipment included in accounts payable	<u><b>\$ 2,347</b></u>	<u>\$ 12,913</u>

Cash paid for interest approximated \$28,345 and \$25,724 for the years ended September 30, 2024 and 2023, respectively.

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

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

## Notes to Consolidated Financial Statements

September 30, 2024 and 2023

### 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. During 2023, Northern Light Laboratory sold selected assets and outreach business to an unrelated party.

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

**Beacon Health, LLC d/b/a Northern Light Wellness** — Northern Light Wellness contracted with payors to provide population health management services and care coordination. During 2023, these contracts were transferred or assigned to Northern Light Health. Northern Light Wellness is the sole member of Beacon Rural Health, LLC. Beacon Rural Health, LLC provides population health management services in the Medicare Shared Savings Program. Northern Light Wellness is the sole shareholder of Beacon Direct, Inc. Prior to January 2023, Beacon Direct, Inc. provided third-party administrative, provider network management, and wellness services. Beacon Direct ceased providing services in January 2023.

**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.

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

### **Notes to Consolidated Financial Statements**

**September 30, 2024 and 2023**

**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 seven outpatient pharmacies in Bangor, Brewer, Ellsworth, Waterville, and Portland, Maine. Northern Light Pharmacy offers a bedside medication delivery service for patients discharged from Acadia, EMMC, Northern Light Inland Hospital, Northern Light Maine Coast Hospital, Northern Light Mercy Hospital and Northern Light Sebecook Valley 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 a 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) operates 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.

**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.

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

## Notes to Consolidated Financial Statements

September 30, 2024 and 2023

**Northern Light Health** — Northern Light Health includes the operation of the home office as well as a wholly-owned subsidiary, Northern Light Wellbeing, LLC. During 2023, Northern Light Health became the contracting entity for population health and care coordination services.

**Northern Light Wellbeing, LLC** — Northern Light Wellbeing LLC (formerly known as WorkHealth, 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, and Clinton, Maine, as well 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, Dexter, 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.

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

## Notes to Consolidated Financial Statements

September 30, 2024 and 2023

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.

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

## **Notes to Consolidated Financial Statements**

**September 30, 2024 and 2023**

### **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, 2024 and 2023, 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 13.50% and 9.75% at September 30, 2024 and 2023, 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 \$7,178,000, and \$7,770,000 at September 30, 2024 and 2023, 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.

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

## **Notes to Consolidated Financial Statements**

**September 30, 2024 and 2023**

### **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.

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

## **Notes to Consolidated Financial Statements**

**September 30, 2024 and 2023**

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 \$178,000 and \$693,000 in 2024 and 2023, 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 \$3,072,000 and \$3,584,000 in 2024 and 2023, 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



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

## **Notes to Consolidated Financial Statements**

**September 30, 2024 and 2023**

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.

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

### **Notes to Consolidated Financial Statements**

**September 30, 2024 and 2023**

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), Case-Mix Group, or Resource Utilization 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. Northern Light Inland Hospital became eligible for Medicare Dependent Hospital status effective October 1, 2019, which provides for payments of inpatient services at the greater of a federal rate or a blend of a hospital specific rate. 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.

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

## **Notes to Consolidated Financial Statements**

**September 30, 2024 and 2023**

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 Agency's 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 \$36,971,000 and \$36,963,000 in 2024 and 2023, 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

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

### **Notes to Consolidated Financial Statements**

**September 30, 2024 and 2023**

(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.

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 \$1,087,000 in 2024 and increased patient service revenue by \$34,384,000 in 2023.

The adjustments in 2023 include approximately \$33 million related to American Hospital Association's (AHA) suit against the Centers for Medicare and Medicaid Services (CMS) for reducing payment for 340B acquired drugs during 2018 through 2022. In June 2022, the U.S. Supreme Court ruled in favor of hospitals represented by AHA. In July 2023 CMS proposed a remedy to restore these payments, resulting in Northern Light Health being owed approximately \$33 million in additional reimbursement. This settlement was recorded as a receivable and retroactive adjustment in the year ending September 30, 2023. Payment was received in the year ending September 30, 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 \$12,124,000 and \$12,625,000 for 2024 and 2023, respectively. Funds received from gifts to subsidize charity services provided were \$544,000 and \$852,000 for 2024 and 2023, 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.

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

## **Notes to Consolidated Financial Statements**

**September 30, 2024 and 2023**

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 \$299,276,000, \$282,970,000, and \$253,230,000 for the years ended September 30, 2024, 2023, and 2022, 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, meaningful use incentives, 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.

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

## **Notes to Consolidated Financial Statements**

**September 30, 2024 and 2023**

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.

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

## **Notes to Consolidated Financial Statements**

**September 30, 2024 and 2023**

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, 2024, Northern Light Health repaid \$12,679,000 and had an outstanding balance of \$100,000,000, which is classified under advance payments in current liabilities.

Under the standard 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. Northern Light Health is currently negotiating a refinancing agreement for the outstanding balance, anticipated to impose no additional obligations upon finalization. Amounts classified as current liabilities reflect repayments currently expected in 2025.

### **COVID-19 Relief Funding**

In March 2020, the World Health Organization declared coronavirus disease (COVID-19) a global pandemic and the United States federal government declared COVID-19 a national emergency. Northern Light Health implemented an emergency response to ensure the safety of its patients, staff, and the community.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act established the Provider Relief Fund (PRF) and American Rescue Plan (ARP) Rural payments to support healthcare providers in the battle against the COVID-19 outbreak. The PRF and ARP are administered by the U.S. DHHS. Funds are to be used for qualifying expenses and to cover lost revenue due to COVID-19. The funds are recognized in other revenue when qualifying expenditures or lost revenues have been incurred. There were no PRF or ARP funds received or recognized in 2024 and 2023. In total, the System received and recognized approximately \$214,000,000 through September 30, 2022.

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

## Notes to Consolidated Financial Statements

September 30, 2024 and 2023

Management believes the position taken is a reasonable interpretation of the rules currently available. PRF and ARP funds are subject to audit by the Health Resources and Services Administration. Any difference between amounts previously estimated and amounts subsequently determined to be recoverable or payable will be included in income in the year that such amounts become known.

The Federal Emergency Management Agency (FEMA) provided reimbursement of COVID-19 related expenses totaling \$1,165,000 and \$46,849,000 for 2024 and 2023, respectively.

### **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 19, 2024, which was the date that the financial statements were issued.

### **3. Liquidity and Availability of Financial Assets**

As of September 30, 2024 and 2023, Northern Light Health has a working average days (based on normal expenditures) cash (from all sources) on hand of 66.98 and 67.34, respectively.

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

	<b><u>2024</u></b>	<b><u>2023</u></b>
Cash and cash equivalents	\$ 70,608	\$ 87,823
Accounts receivable	299,276	282,970
Estimated third-party payor settlements	134,830	139,336
Other receivables	<u>68,906</u>	<u>33,439</u>
	<b><u>\$ 573,620</u></b>	<b><u>\$ 543,568</u></b>

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.



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

## Notes to Consolidated Financial Statements

September 30, 2024 and 2023

Northern Light Health maintains lines of credit as discussed in more detail in Note 9. As of September 30, 2024 and 2023, \$35 million and \$150 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.

As part of this agreement, approximately 1,400 employees were transferred to Optum on March 26, 2023. As a result of the change in employment, the Cash Balance Plan was subject to settlement costs as described in Note 12.

The agreement includes the transfer or assignment of certain contracts.

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):

2025	\$ 211,596
2026	226,697
2027	235,730
2028	244,011
2029	252,302
Thereafter	945,573

Northern Light Health has an outstanding payable of \$83,864,000 and \$59,464,000 included in accounts payable at September 30, 2024 and 2023, respectively, with Optum related to the master services agreement. Northern Light Health has a receivable from Optum related to this agreement of \$49,101,000 at September 30, 2024 included in other receivables. There is no receivable from Optum related to this agreement at September 30, 2023.

The agreement includes performance improvement payments related to revenue cycle, inpatient care management, improvement in certain clinical operations, and supply chain. An estimated liability for performance improvements payments of \$3,298,173 and \$7,271,141 was recorded at September 30, 2024 and 2023, respectively, which is included in accounts payable on the consolidated balance sheet.

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

## **Notes to Consolidated Financial Statements**

**September 30, 2024 and 2023**

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 if it enhances supply chain services performance against the historical benchmark. Payment equals 50% of the recurring vendors' improvement and 25% of one-time purchases improvement, assessed through various metrics.

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 service level metrics that include penalties for certain key indicators. As of September 30, 2024 and 2023, there were no service level metrics that had penalties associated with them.

### **Lab Services Agreement**

On December 7, 2022, Northern Light Health, Affiliated Healthcare Systems, Affiliated Laboratory Inc. (ALI) and Quest Diagnostics LLC (Quest) entered into an agreement, whereby ALI agreed to sell substantially all assets of its outreach business, including equipment and inventory, to Quest for \$30.7 million (Business 1). Quest also agreed to acquire an additional outreach business tied to certain primary care locations of EMMC for \$1.54 million (Business 2). The sales closed on March 20, 2023, and August 14, 2023, respectively. A seven-year restrictive covenant prohibits Northern Light Health and its affiliates from competing in outreach lab services. Additionally, Quest manages certain of Northern Light Health's hospital-based laboratories under a seven-year Laboratory Management Agreement (LMA), beginning January 1, 2023. On the same date, certain Northern Light lab employees transitioned to Quest. Thereafter, the LMA 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 180-day notice.

**EASTERN MAINE HEALTHCARE SYSTEMS d/b/a NORTHERN LIGHT HEALTH****Notes to Consolidated Financial Statements****September 30, 2024 and 2023****5. Net Patient Service Revenue**

Net patient service revenue for the years ended September 30, 2024 and 2023 consisted of the following (dollars in thousands):

	<u>2024</u>	<u>2023</u>
Gross patient service revenue		
Inpatient services	\$ 2,097,612	\$ 1,759,733
Outpatient services	<u>3,713,765</u>	<u>3,305,093</u>
Gross patient service revenue	<u>5,811,377</u>	<u>5,064,826</u>
Less contractual allowances and implicit price concessions	(3,784,108)	(3,118,427)
Less charity care	<u>(33,964)</u>	<u>(32,404)</u>
	<u>(3,818,072)</u>	<u>(3,150,831)</u>
Net patient service revenue	<u>\$ 1,993,305</u>	<u>\$ 1,913,995</u>

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.

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

## Notes to Consolidated Financial Statements

**September 30, 2024 and 2023**

The composition of patient care service revenue based on payor, service line, and method of reimbursement for the years ended September 30, 2024 and 2023 is as follows:

<b>September 30, 2024</b>				
	<u>Inpatient</u>	<u>Outpatient</u>	<u>Home Care And Hospice</u>	<u>Total</u>
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	<u>35,662</u>	<u>42,104</u>	<u>195</u>	<u>77,961</u>
Total	\$ <u>651,504</u>	\$ <u>1,297,902</u>	\$ <u>43,899</u>	\$ <u>1,993,305</u>

<b>September 30, 2023</b>				
	<u>Inpatient</u>	<u>Outpatient</u>	<u>Home Care And Hospice</u>	<u>Total</u>
Payor:				
Medicare	\$ 120,523	\$ 177,905	\$ 27,425	\$ 325,853
MaineCare	96,355	176,877	2,083	275,315
Managed care	140,409	211,969	6,329	358,707
Commercial insurers	217,700	648,867	3,574	870,141
Uninsured	6,343	6,797	167	13,307
Other	<u>37,017</u>	<u>33,655</u>	<u>-</u>	<u>70,672</u>
Total	\$ <u>618,347</u>	\$ <u>1,256,070</u>	\$ <u>39,578</u>	\$ <u>1,913,995</u>

	<u>2024</u>	<u>2023</u>
Method of reimbursement:		
Fee for service	\$ 1,304,994	\$ 1,289,649
Cost reimbursed	139,559	122,157
Capitation and risk sharing	19,874	16,476
Discounted charges and other	<u>528,878</u>	<u>485,713</u>
	\$ <u>1,993,305</u>	\$ <u>1,913,995</u>

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

## Notes to Consolidated Financial Statements

September 30, 2024 and 2023

### 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):

	<u>2024</u>	<u>2023</u>
Assets whose use is limited or restricted – current:		
Cash investments	\$ 5,932	\$ 5,776
Cash investments - bond funds	10,182	28,086
Interest in trusts and charitable gift annuities	<u>127</u>	<u>118</u>
Total assets whose use is limited or restricted - current	\$ <u>16,241</u>	\$ <u>33,980</u>
Assets whose use is limited or restricted – noncurrent:		
Cash investments	\$ 93,488	\$ 39,365
Marketable equity securities	7,115	5,621
Mutual funds	76,747	62,099
Institutional funds, common/collective trust, and hedge funds	304,606	315,818
Fixed-income securities	2,545	3,656
Pledges and other receivables	4,418	10,053
Interest in trust and charitable gift annuities	1,678	1,378
Beneficial interest in perpetual trusts	<u>15,985</u>	<u>13,582</u>
Total assets whose use is limited or restricted - noncurrent	\$ <u>506,582</u>	\$ <u>451,572</u>

For the years ended September 30, 2024 and 2023, investment income and other, net were reported as follows (dollars in thousands):

	<u>2024</u>	<u>2023</u>
Consolidated statements of operations		
Other revenue	\$ 4,350	\$ 2,694
Investment income and other, net of fees	41,989	8,693
Consolidated statements of changes in net assets		
Net assets with donor restrictions – restricted investment income and realized and unrealized investment gains	1,001	729
Net assets with donor restrictions – unrealized investment gains	<u>10,257</u>	<u>4,618</u>
Total	\$ <u>57,597</u>	\$ <u>16,734</u>

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

## Notes to Consolidated Financial Statements

September 30, 2024 and 2023

### **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):

	<u>2024</u>	<u>2023</u>
Due within one year	\$ 3,087	\$ 563
Due within two to five years	1,655	5,473
Thereafter	<u>-</u>	<u>506</u>
Total receivable	4,742	6,542
Less allowance for uncollectible pledges and discounts	<u>(514)</u>	<u>(877)</u>
Total net receivable	\$ <u>4,228</u>	\$ <u>5,665</u>

### **7. Property and Equipment**

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

	<u>2024</u>	<u>2023</u>
Land	\$ 19,367	\$ 20,373
Building and land improvements	678,310	638,906
Equipment, furniture, and fixtures	1,107,468	1,044,257
Leasehold improvements	<u>24,436</u>	<u>24,263</u>
	1,829,581	1,727,799
Less accumulated depreciation and amortization	<u>(1,007,538)</u>	<u>(943,667)</u>
	822,043	784,132
Construction in progress	<u>48,727</u>	<u>99,956</u>
Net property and equipment	\$ <u>870,770</u>	\$ <u>884,088</u>

Northern Light Health and its affiliates have commitments for facility expansions and other projects totaling approximately \$9,247,000 and \$42,294,000 at September 30, 2024 and 2023, 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, 2024, there was approximately \$25,000,000 in construction in progress, and \$550,000 in construction commitments.

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

## Notes to Consolidated Financial Statements

September 30, 2024 and 2023

Property and equipment includes building and equipment recorded under right-of-use lease assets - finance leases totaling \$41,535,000 and \$31,123,000 with related accumulated amortization of \$13,986,000 and \$6,963,000 at September 30, 2024 and 2023, respectively.

### 8. Intangibles and Other Assets

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

	<u>2024</u>	<u>2023</u>
Investments in joint ventures:		
LTC, LLC interests	\$ 3,275	\$ 3,058
County Physical Therapy, LLC	545	550
LifeFlight of Maine, LLC	14,367	12,565
MedComm, LLC	87	55
Other joint ventures	<u>516</u>	<u>477</u>
Total investments in joint ventures	18,790	16,705
Intangibles resulting from acquisition of Mercy, Maine		
Coast and Mayo	3,477	3,477
Other receivables	2,513	2,310
Deferred tax assets	480	367
Customer lists	758	964
Other	<u>5,589</u>	<u>4,870</u>
	\$ <u>31,607</u>	\$ <u>28,693</u>

Northern Light Health's share of earnings in its joint ventures totaled \$2,085,000 and \$2,154,000 for the years ended September 30, 2024 and 2023, respectively. Distributions from these joint ventures totaled \$20,000 for the year ended September 30, 2023. 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 2024 and 2023.

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

## Notes to Consolidated Financial Statements

**September 30, 2024 and 2023**

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, 2024 and 2023 is as follows (dollars in thousands):

<b>2024</b>				
<u>Name of Joint Venture</u>	<u>Owner</u>	<u>Total Assets</u>	<u>Long-Term Debt</u>	<u>Net Equity</u>
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	<u>5,395</u>	<u>4,511</u>	<u>(466)</u>
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	<u>2,018</u>	<u>668</u>	<u>1,032</u>
Total		\$ <u>76,863</u>	\$ <u>21,253</u>	\$ <u>37,580</u>

  

<b>2023</b>				
<u>Name of Joint Venture</u>	<u>Owner</u>	<u>Total Assets</u>	<u>Long-Term Debt</u>	<u>Net Equity</u>
Colonial Acres	LTC, LLC	\$ 2,336	\$ -	\$ 1,908
Dexter Health Care	LTC, LLC	1,021	-	112
Katahdin Health Care	LTC, LLC	1,507	21	747
Ross Manor Associates	LTC, LLC	10,850	7,568	613
Stillwater Health Care	LTC, LLC	2,757	975	1,288
Workman Terrace	LTC, LLC	1,821	-	1,819
Park East Villa	LTC, LLC	1,630	1,462	57
Hibbard Health Care	LTC, LLC	<u>5,657</u>	<u>4,675</u>	<u>(427)</u>
LTC, LLC		27,579	14,701	6,117
County Physical Therapy, LLC	AR Gould	3,654	137	1,100
LifeFlight of Maine, LLC	NLH	41,715	5,770	25,130
MedComm, LLC	AHS	291	-	110
Uniship Courier Services, LLC	AHS	<u>1,775</u>	<u>555</u>	<u>953</u>
Total		\$ <u>75,014</u>	\$ <u>21,163</u>	\$ <u>33,410</u>



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

## Notes to Consolidated Financial Statements

**September 30, 2024 and 2023**

### 9. Debt

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

	<u>2024</u>	<u>2023</u>
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)	\$ 37,001	\$ 37,627
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)	18,332	18,642
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)	14,167	14,407
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)	2,315	2,355
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)	68,749	71,749
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)	130,299	135,018
EMMC 2019C Series Bonds (due in varying amounts each July through the year 2040 with a fixed-interest rate of 5.00% per annum)	25,901	27,946
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)	5,009	5,309
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)	64,755	68,255
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)	378	442
Mercy Series 2015 Bonds - Series 2015 Taxable Note. Note was paid in full in 2024.	-	527
SVH Finance Authority of Maine 2013 Revenue Obligation Bonds (due in varying amounts each January through the year 2029 with fixed interest rates ranging from 2.87% to 3.41% per annum)	<u>3,314</u>	<u>3,687</u>
	<b>541,045</b>	556,789
Net unamortized original issue premium	<u>32,213</u>	<u>33,509</u>
Bonds payable – net	<b>573,258</b>	590,298
Other long-term debt		
Installment loans and other	2,191	4,297
Lease obligations-finance leases	<u>28,535</u>	<u>24,814</u>
Total long-term debt, before unamortized debt issuance cost	<b>603,984</b>	619,409
Less unamortized debt issuance costs	<u>(5,349)</u>	<u>(5,860)</u>
Total long-term debt	<b>598,635</b>	613,549
Current portion		
Current portion of long-term debt	(17,873)	(17,827)
Current portion of lease obligation-finance leases	<u>(7,666)</u>	<u>(5,945)</u>
Less current portion	<b>(25,539)</b>	(23,772)
Long-term debt – net of current portion	<b>\$ 573,096</b>	<b>\$ 589,777</b>

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

## Notes to Consolidated Financial Statements

September 30, 2024 and 2023

### **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, 2024 and 2023, the EMHS Obligated Group had obligations totaling approximately \$541,045,000 and \$556,789,000, 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 debt service coverage ratio at September 30, 2024 is below the required level. In accordance with the Master Trust Indenture, a consultant will be retained to provide recommendations to achieve compliance with the ratio. The EMHS Obligated Group complied with such covenants at September 30, 2023.

### **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.

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

## Notes to Consolidated Financial Statements

September 30, 2024 and 2023

**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, Eastern Maine Medical Center 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 Obligated Group, paying swap termination fees and financing certain transition costs related to members of the Obligated Group. The Series 2016A and 2016B bonds are collateralized by a security interest in the gross receipts of all members of the Obligated Group, as well as mortgages and/or security interests in certain real and/or personal property of certain members of the Obligated Group.

The obligations under the 2016A and 2016B debt instruments were allocated to each of the members of the Obligated Group based on the member's percentage interest in the obligation.

**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.

**Series 2015 Taxable Note** — This note was issued in conjunction with the consolidation of the Mercy Health System of Maine Obligated Group into the EMHS Obligated Group. The note is collateralized under the 2015 EMHS Obligated Group Supplemental Master Trust Indenture by a first priority security interest in gross revenues and accounts receivable and a mortgage of certain EMHS Obligated Group facilities.

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

## Notes to Consolidated Financial Statements

September 30, 2024 and 2023

**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.

### Installment Loans

Several Northern Light Health affiliates have mortgages, notes payable, and installment loans outstanding totaling \$2,191,000 and \$4,297,000 at September 30, 2024 and 2023, respectively. The notes bear interest at rates ranging between 2.860% and 8.920% per annum and are payable through 2028.

### Letters and Lines of Credit

Northern Light Health obtained a \$75,000,000 non-revolving line of credit arrangement with interest of 6.901% at September 30, 2024. 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, 2025. There were borrowings of \$40,000,000 outstanding at September 30, 2024 and no borrowings outstanding at September 30, 2023. The balance of the line of credit of \$35,000,000 has been frozen due to noncompliance of the debt service coverage ratio covenant within the loan agreement.

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 borrowings of approximately \$18,878,000 outstanding at September 30, 2024, which were paid in full in October 2024. There were no borrowings outstanding at September 30, 2023.

Beacon Health, LLC, and EMMC have letter of credit agreements with various maturities and interest rates. Maximum available borrowings under the agreements are \$1,294,399 at September 30, 2024 and 2023, respectively. Mercy had a letter of credit agreement with available borrowings of \$270,855 which expired on April 15, 2024. There were no borrowings outstanding at September 30, 2024 and 2023.

### 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:	<u>Bonds</u>	<u>Other Debt</u>	<u>Total</u>
2025	\$16,446	\$1,427	\$17,873
2026	17,048	287	17,335
2027	17,660	241	17,901
2028	18,301	221	18,522
2029	19,181	15	19,196
Thereafter	<u>452,409</u>	<u>-</u>	<u>452,409</u>
Total	\$ <u>541,045</u>	\$ <u>2,191</u>	\$ <u>543,236</u>

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

## Notes to Consolidated Financial Statements

September 30, 2024 and 2023

### 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):

	<u>2024</u>	<u>2023</u>
Cancer care	\$ 4,582	\$ 5,079
Capital projects	12,450	18,766
Charity care	8,507	7,263
Education and research	2,083	1,667
Women's and children's care	2,849	1,902
General healthcare services	<u>23,442</u>	<u>17,117</u>
Total	<u>\$ 53,913</u>	<u>\$ 51,794</u>

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

	<u>2024</u>	<u>2023</u>
Cancer care	\$ 3,545	\$ 3,849
Capital projects	2,192	2,192
Charity care	3,973	3,971
Education and research	896	893
Women's and children's care	765	745
General healthcare services	<u>13,115</u>	<u>12,437</u>
Total	<u>\$ 24,486</u>	<u>\$ 24,087</u>

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

	<u>2024</u>	<u>2023</u>
Capital projects	\$ 2,698	\$ 2,289
General healthcare services	<u>13,287</u>	<u>11,293</u>
Total	<u>15,985</u>	<u>13,582</u>
Total net assets with donor restrictions	<u>\$ 94,384</u>	<u>\$ 89,463</u>

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

## **Notes to Consolidated Financial Statements**

**September 30, 2024 and 2023**

### **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, 2024 and 2023, there were no funds with deficiencies.

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

Donor restricted endowment net assets totaled \$65,370,000 and \$55,831,000 at September 30, 2024 and 2023, respectively. The changes therein for the years then ended, is as follows (dollars in thousands):

Endowment net assets – September 30, 2022	\$ <u>53,454</u>
Investment gain:	
Investment income	304
Net appreciation	3,990
Change in beneficial interest in perpetual trust	<u>883</u>
Total investment gain	5,177
Contributions	228
Appropriations of endowment assets for expenditure	(2,769)
Other	<u>(259)</u>
Endowment net assets – September 30, 2023	<u>55,831</u>
Investment gain:	
Investment income	299
Net appreciation	7,944
Change in beneficial interest in perpetual trust	<u>2,403</u>
Total investment gain	10,646
Contributions	245
Appropriations of endowment assets for expenditure	(995)
Other	<u>(357)</u>
Endowment net assets – September 30, 2024	\$ <u>65,370</u>

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

## **Notes to Consolidated Financial Statements**

**September 30, 2024 and 2023**

### **11. Self-Insurance and Other Contingencies**

#### **Professional and General Liability**

Northern Light Health maintains a deductible 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, 2024 and 2023, 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 \$72,033,000 and \$54,969,000, respectively, as of September 30, 2024 and \$55,608,000 and \$48,547,000, respectively, as of September 30, 2023.

#### **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 \$13,852,000 and \$16,172,000 and the liabilities were approximately \$13,066,000 and \$15,971,000 at September 30, 2024 and 2023, 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, 2024 and 2023.

#### **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.

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

## Notes to Consolidated Financial Statements

September 30, 2024 and 2023

### 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, along with new hires, will participate in an enhanced 403(b) match program.

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

	<u>2024</u>	<u>2023</u>
Change in benefit obligation		
Benefit obligation – beginning of year	\$ 346,795	\$ 359,873
Service cost	14,903	16,710
Interest cost	19,884	18,391
Benefits paid	(34,310)	(42,427)
Actuarial loss (gain)	23,596	(6,296)
Net change in individual accounts	<u>934</u>	<u>544</u>
Benefit obligation – end of year	\$ <u>371,802</u>	\$ <u>346,795</u>
Change in Plan assets		
Fair value of Plan assets – beginning of year	\$ 248,393	\$ 250,290
Actual return on Plan assets	42,831	17,886
Employer contribution	35,300	22,100
Benefits paid	(34,310)	(42,427)
Net change in individual accounts	<u>934</u>	<u>544</u>
Fair value of Plan assets – end of year	\$ <u>293,148</u>	\$ <u>248,393</u>
Funded status at end of year	\$ <u>(78,654)</u>	\$ <u>(98,402)</u>



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

## Notes to Consolidated Financial Statements

**September 30, 2024 and 2023**

Cumulative amounts recognized in other changes in  
unrestricted net assets

Prior-service costs	\$ 8	\$ 17
Actuarial loss	<u>102,491</u>	<u>102,680</u>
Total recognized in other changes in net assets without donor restrictions	<u>\$ 102,499</u>	<u>\$ 102,697</u>
Prepaid benefit cost	<u>\$ 23,845</u>	<u>\$ 4,295</u>
Accumulated benefit obligation	<u>\$ 339,039</u>	<u>\$ 323,275</u>

Northern Light Health's contribution to the Plan for 2024 and 2023 exceeded amounts required by the Employee Retirement Income Security Act of 1974 (ERISA). The Plan's Adjusted Funding Target Attainment Percentage under ERISA was 84% and 86% at September 30, 2024 and 2023, respectively. As a result, the Plan is not subject to ERISA benefit restrictions.

For the years ended September 30, 2024 and 2023, net periodic pension cost for the Plan included the following components (dollars in thousands):

	<u>2024</u>	<u>2023</u>
Service cost for benefits earned during the year	\$ 14,903	\$ 16,710
Interest cost on projected benefit obligation	19,885	18,391
Expected return on Plan assets	(21,725)	(22,182)
Amortization of prior service cost	8	9
Amortization of net loss	<u>2,581</u>	<u>3,387</u>
Net periodic pension benefit cost	<u>15,652</u>	<u>16,315</u>
Recognized settlement loss	-	10,761
Recognized curtailment loss	<u>-</u>	<u>4</u>
Total settlement and curtailment losses	<u>-</u>	<u>10,765</u>
Total cost	<u>\$ 15,652</u>	<u>\$ 27,080</u>

Net periodic pension costs of \$748,436 and \$10,369,570 are reported in other gains (losses) for the years ended September 30, 2024 and 2023, respectively. Service cost is reported in compensation and employee benefits in the consolidated statements of operations.

The significant loss related to change in the benefit obligation for the years ended September 30, 2024 was primarily due to the change in the discount rate assumption.

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

## Notes to Consolidated Financial Statements

**September 30, 2024 and 2023**

The following table sets forth the weighted-average assumptions used in determining the benefit obligations at September 30, 2024 and 2023:

	<u><b>2024</b></u>	<u><b>2023</b></u>
Discount rate	<b>5.10%</b>	6.10%
Rate of increase in future compensation	<b>3.00</b>	3.00
Cash balance interest credit rate	<b>4.50</b>	4.75

The following sets forth the weighted-average assumptions used to determine net periodic benefit cost for the years ended September 30, 2024 and 2023:

	<u><b>2024</b></u>	<u><b>2023</b></u>
Discount rate	<b>6.10%</b>	5.30%
Rate of increase in future compensation	<b>3.00</b>	3.00
Expected long-term rate of return on plan assets	<b>7.50</b>	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 \$27,200,000 in contributions to the Plan during 2025. 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):

2025	28,291
2026	28,904
2027	29,546
2028	31,920
2029	30,871
2030 – 2034	165,354

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:

	<u><b>Minimum</b></u>	<u><b>Target</b></u>	<u><b>Maximum</b></u>
Public Equity	44%	54%	64%
Liability Hedging Assets	30	40	50
Multi Asset	-	4	10
Cash	-	2	10

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

## Notes to Consolidated Financial Statements

September 30, 2024 and 2023

### 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, 2024 and 2023 was approximately \$17,373,000 and \$16,907,000, 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 \$77,135,000 and \$77,030,000, respectively, as of September 30, 2024 and \$62,487,000 and \$62,403,000, respectively, as of September 30, 2023.

### 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, 2024 and 2023, net periodic postretirement medical benefit cost consists of the components listed below (dollars in thousands):

	<u>2024</u>	<u>2023</u>
Service cost for benefits attributed to service during the year	\$ 74	\$ 60
Interest cost on accumulated postretirement benefit obligation	1,480	1,258
Amortization of prior service credit and actuarial gain	<u>(159)</u>	<u>(606)</u>
Net periodic postretirement medical benefit cost	<u>\$ 1,395</u>	<u>\$ 712</u>

Net periodic postretirement medical benefit cost of \$1,321,000 and \$652,000 are reported in other gains (losses) for the years ended September 30, 2024 and 2023, respectively. Service cost is reported in compensation and employee benefits in the statement of operations.

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

## Notes to Consolidated Financial Statements

**September 30, 2024 and 2023**

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):

	<u><b>2024</b></u>	<u><b>2023</b></u>
Change in postretirement benefit obligation		
Benefit obligation – beginning of year	\$ <b>25,364</b>	\$ 23,388
Service cost	<b>74</b>	60
Interest cost	<b>1,480</b>	1,258
Benefits paid	<b>(1,882)</b>	(1,670)
Actuarial loss	<u><b>5,464</b></u>	<u>2,328</u>
Benefit obligation at September 30	<u><b>\$ 30,500</b></u>	<u>\$ 25,364</u>
Cumulative amounts recognized in other changes in net assets without donor restrictions		
Prior-service costs	\$ <b>335</b>	\$ 815
Actuarial gain	<u><b>(1,385)</b></u>	<u>(7,488)</u>
Total recognized in other changes in net assets without donor restrictions	<u><b>\$ (1,050)</b></u>	<u>\$ (6,673)</u>

Approximately \$2,454,000 and \$2,185,000 of the benefit obligation is included in current liabilities as of September 30, 2024 and 2023, respectively and approximately, \$28,046,000 and \$23,179,000 of the benefit obligation is included in noncurrent liabilities as of September 30, 2024 and 2023, respectively.

The loss related to changes in the benefit obligation for the year ended September 30, 2024 was primarily due to the decrease in the discount rate and claims experience being higher than expected.

In determining the accumulated postretirement medical benefit obligation, Northern Light Health used discount rates of 5.10% in 2024 and 6.10% in 2023. 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 5.00% to 4.00% on a graded scale, becoming fixed in 2028.

Northern Light Health expects to contribute \$2,516,000 to the postretirement benefit plan during 2025.

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

## Notes to Consolidated Financial Statements

**September 30, 2024 and 2023**

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:

2025	2,516
2026	2,499
2027	2,474
2028	2,450
2029	2,443
2030 – 2034	11,837

### **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 <u>Plan</u>	Postretiremen  <u>Medical Benefits</u>	<u>Total</u>
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)	<u>2,581</u>	<u>(638)</u>	<u>1,943</u>
	<u>\$ 198</u>	<u>\$ (5,623)</u>	<u>\$ (5,425)</u>
For the year ended September 30, 2023			
Prior service costs	\$ 13	\$ 479	\$ 492
Net actuarial gain (loss)	12,761	(2,328)	10,433
Amortization of net actuarial gain (loss)	<u>3,386</u>	<u>(1,085)</u>	<u>2,301</u>
	<u>\$ 16,160</u>	<u>\$ (2,934)</u>	<u>\$ 13,226</u>

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

## Notes to Consolidated Financial Statements

September 30, 2024 and 2023

### 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:

	<u>2024</u>	<u>2023</u>
Medicare and MaineCare	27%	28%
Commercial and other insurance	58	56
Patients	<u>15</u>	<u>16</u>
	<u>100%</u>	<u>100%</u>

#### Labor Force

Certain Northern Light Health hospitals have employees that are members of the Maine State Nurses Association and/or Teamsters Union. Between 19% to 22% of the workforce at each of EMMC, Maine Coast, and AR Gould have contracts expiring at various times through July 2027.

### 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.

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

## Notes to Consolidated Financial Statements

**September 30, 2024 and 2023**

The following tables present the carrying amounts and estimated fair value for Northern Light Health's financial assets and liabilities as of September 30, 2024 and 2023 (dollars in thousands):

<b>Fair Value Measurements at September 30, 2024</b>				
	<u><b>Level 1</b></u>	<u><b>Level 2</b></u>	<u><b>Level 3</b></u>	<u><b>Total</b></u>
<b>Assets:</b>				
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
	<u>\$ 193,464</u>	<u>\$ 6,963</u>	<u>\$ 17,790</u>	218,217
Common/collective trusts				389
Public equity funds				86,022
Public debt funds				213,027
Multi asset funds				4,480
Hedge funds				<u>688</u>
				<u>\$ 522,823</u>
<b>Liabilities:</b>				
Deferred compensation	\$ -	\$ 77,030	\$ -	\$ 77,030
Total	<u>\$ -</u>	<u>\$ 77,030</u>	<u>\$ -</u>	<u>\$ 77,030</u>
<b>Cash Balance Pension Plan Assets (Note 12)</b>				
Institutional mutual funds				
Participant driven (deferred compensation)	<u>\$ 17,667</u>	<u>\$ -</u>	<u>\$ -</u>	\$ 17,667
Public equity funds				155,220
Multi asset funds				10,950
Liability hedging funds				<u>109,311</u>
				<u>\$ 293,148</u>

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

## Notes to Consolidated Financial Statements

September 30, 2024 and 2023

	Fair Value Measurements at September 30, 2023			
	Level 1	Level 2	Level 3	Total
Assets:				
Cash investments	\$ 73,228	\$ -	\$ -	\$ 73,228
Pledges and other receivables	-	10,053	-	10,053
Marketable equity securities	5,621	-	-	5,621
Mutual funds				
Participant driven (deferred compensation)	62,098	-	-	62,098
Fixed-income securities – U.S. government				
Treasury and agency obligations	-	1,944	-	1,944
Fixed-income securities – corporate obligations	-	1,711	-	1,711
Interest in trusts and charitable gift annuities	-	-	1,496	1,496
Beneficial interest in perpetual trust	-	-	13,582	13,582
	<u>\$ 140,947</u>	<u>\$ 13,708</u>	<u>\$ 15,078</u>	169,733
Common/collective trusts				389
Public equity funds				110,637
Public debt funds				188,158
Multi asset funds				15,954
Hedge funds				<u>681</u>
				<u>\$ 485,552</u>
Liabilities:				
Deferred compensation	\$ -	\$ 62,403	\$ -	\$ 62,403
Total	<u>\$ -</u>	<u>\$ 62,403</u>	<u>\$ -</u>	<u>\$ 62,403</u>
Cash Balance Pension Plan Assets (Note 12)				
Institutional mutual funds				
Participant driven (deferred compensation)	<u>\$ 9,935</u>	<u>\$ -</u>	<u>\$ -</u>	\$ 9,935
Public equity funds				135,691
Multi asset funds				9,511
Liability hedging funds				<u>93,256</u>
				<u>\$ 248,393</u>



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

## Notes to Consolidated Financial Statements

**September 30, 2024 and 2023**

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, 2022	\$ <u>14,182</u>	\$ <u>1,368</u>	\$ <u>15,550</u>
Contributions	-	100	100
Distributions	(1,504)	(128)	(1,632)
Dividends, net of fees	-	19	19
Unrealized losses	<u>904</u>	<u>137</u>	<u>1,041</u>
Balance at September 30, 2023	<u>13,582</u>	<u>1,496</u>	<u>15,078</u>
Contributions	-	100	100
Distributions	-	(122)	(122)
Dividends, net of fees	-	23	23
Unrealized gains	<u>2,403</u>	<u>308</u>	<u>2,711</u>
Balance at September 30, 2024	\$ <u>15,985</u>	\$ <u>1,805</u>	\$ <u>17,790</u>

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 3.51% to 3.61% at September 30, 2024 and 4.72% to 5.12% at September 30, 2023.

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

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

**Notes to Consolidated Financial Statements**

**September 30, 2024 and 2023**

*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.

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

## Notes to Consolidated Financial Statements

September 30, 2024 and 2023

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

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

## Notes to Consolidated Financial Statements

**September 30, 2024 and 2023**

	Fair Value Estimated Using Net Asset Value Per Share September 30, 2023				
	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Other Redemption Restrictions</u>	<u>Redemption Notice Period</u>
Investments					
Common/Collective trust					
Large Cap U.S. Equity	\$ <u>389</u>	None	Daily	None	1 business day
Public equity funds					
	65,781	None	Daily	None	2 business days
	20,893	None	Weekly	None	4-5 business days
	<u>23,963</u>	None	Monthly	None	5-14 business days
	<u>110,637</u>				
Public debt funds					
	156,271	None	Daily	None	2-3 business days
	<u>31,887</u>	None	Monthly	None	15 business days
	<u>188,158</u>				
Multi asset funds	<u>15,954</u>	None	Weekly	None	1 business day
Hedge Funds	<u>681</u>	None	Quarterly	None	90 business days
Total	\$ <u>315,819</u>				
Pension Plan investments					
Public equity funds					
	\$ 102,440	None	Daily	None	2-5 business days
	17,352	None	Weekly	None	4 business days
	<u>15,899</u>	None	Monthly	None	14-35 business days
	<u>135,691</u>				
Multi asset funds	<u>9,511</u>	None	Daily	None	1 business day
Liability hedging funds	<u>93,256</u>	None	Daily	None	2 business days
Total	\$ <u>238,458</u>				

**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.

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

## Notes to Consolidated Financial Statements

September 30, 2024 and 2023

*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 \$3.7 million and \$4.3 million in 2024 and 2023, respectively.

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

	<u>2024</u>		
	<u>Healthcare Service</u>	<u>Administrative Support</u>	<u>Total</u>
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	<u>22,862</u>	<u>1,140</u>	<u>24,002</u>
	<u>\$ 2,097,553</u>	<u>\$ 218,134</u>	<u>\$ 2,315,687</u>

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

## Notes to Consolidated Financial Statements

September 30, 2024 and 2023

	<u>2023</u>		
	<u>Healthcare Service</u>	<u>Administrative Support</u>	<u>Total</u>
Salary, payroll taxes, and fringe benefits	\$ 1,007,404	\$ 115,679	\$ 1,123,083
Supplies and other	447,192	22,325	469,517
Purchased services	428,758	50,450	479,208
Provider taxes	36,963	-	36,963
Depreciation and amortization	56,182	11,317	67,499
Interest expense	<u>21,351</u>	<u>1,064</u>	<u>22,415</u>
	<u>\$ 1,997,850</u>	<u>\$ 200,835</u>	<u>\$ 2,198,685</u>

### 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):

	<u>2024</u>	<u>2023</u>
Operating Leases		
Right-of-use assets-operating leases	<u>\$ 41,231</u>	<u>\$ 31,015</u>
Operating lease liabilities, current	<u>\$ 5,414</u>	<u>\$ 5,234</u>
Operating lease liabilities, long-term	<u>35,616</u>	<u>27,400</u>
Total operating lease liabilities	<u>\$ 41,030</u>	<u>\$ 32,634</u>
Finance Leases		
Property and equipment	<u>\$ 41,535</u>	<u>\$ 31,123</u>
Accumulated depreciation	<u>(13,986)</u>	<u>(6,963)</u>
Property and equipment, net	<u>\$ 27,549</u>	<u>\$ 24,160</u>
Current maturities of long-term debt	<u>\$ 7,666</u>	<u>\$ 5,945</u>
Long-term debt	<u>20,869</u>	<u>18,869</u>
Total finance lease liabilities	<u>\$ 28,535</u>	<u>\$ 24,814</u>

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

## Notes to Consolidated Financial Statements

**September 30, 2024 and 2023**

The following tables presents 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	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	<u>17,106</u>
Total lease cost		<u>\$ 25,512</u>

Lease costs	Natural expense classification	2023
Finance lease cost:		
Amortization of right-of-use assets	Depreciation and amortization	\$ 4,737
Interest on lease obligation	Interest expense	934
Operating lease cost:	Other operating costs	<u>16,247</u>
Total lease cost		<u>\$ 21,918</u>

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:

	<u>Operating</u>	<u>Finance</u>	<u>Total</u>
2025	\$ 8,181	\$ 8,732	\$ 16,913
2026	7,535	7,778	15,313
2027	6,494	6,660	13,154
2028	5,338	4,519	9,857
2029	4,585	2,171	6,756
Thereafter	<u>19,217</u>	<u>1,165</u>	<u>20,382</u>
Total	51,350	31,025	82,375
Less Discount	<u>(10,320)</u>	<u>(2,490)</u>	<u>(12,810)</u>
Total	<u>\$ 41,030</u>	<u>\$ 28,535</u>	<u>\$ 69,565</u>

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

## Notes to Consolidated Financial Statements

**September 30, 2024 and 2023**

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
2023 Operating:	
Weighted-average discount rate	5.14%
Weighted-average remaining lease term	7.43 years
2023 Finance:	
Weighted-average discount rate	4.48%
Weighted-average remaining lease term	4.33 years

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

	<u><b>2024</b></u>	<u><b>2023</b></u>
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows - operating leases	<b>\$ 6,495</b>	\$ 5,934
Financing cash flows - finance leases	<b>\$ 6,787</b>	\$ 4,490

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, 2024 (dollars in thousands):

Years Ending September 30:

2025	19,231
2026	17,624
2027	15,611
2028	15,523
2029	11,302
Thereafter	<u>37,040</u>
	<u><b>\$ 116,331</b></u>



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

## Notes to Consolidated Financial Statements

September 30, 2024 and 2023

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, 2024 and 2023, the outstanding balances under this agreement were \$13,332,000 and \$20,000,000, 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. Management's Financial Improvement Plan

Northern Light Health has incurred significant operating losses over the past three fiscal years: \$156 million in 2024, \$36 million in 2023, and \$132 million in 2022. In 2023 losses were mitigated by one-time events; including a \$33 million settlement for underpayments from 340B acquired drugs and \$47 million in FEMA funds. Liquidity has deteriorated in FY24, resulting in draws on lines of credit, advances from vendors, and failure to meet its debt covenant. Labor costs are particularly challenging industry-wide, due to reliance on agency staffing and union nurse wage increases. The nationwide shortage of clinical staff has intensified competition, leading to higher expenses for temporary labor and premium wages.

These factors have raised concerns about Northern Light Health's ability to meet its financial obligations due within one year after the issuance of these financial statements.

#### **Plans to Alleviate Substantial Doubt**

To address these challenges, management has initiated a strategic plan approved by the Board of Directors, focusing on:

**Cost Reduction Initiatives:** Restructuring shared services to drive efficiency and reduce costs by integrating functions, improving quality and outcomes, and aligning investments with the organization's size. This initiative targets cost savings of \$70 million over the next 12 months, with \$35 million reflected in the 2025 budget.

**Revenue Enhancement Strategies:** Improving revenue cycle management through partnerships and improved documentation accuracy to increase compensation for services rendered, projected to generate an additional \$20 million in net revenue in 2025.

**Workforce Optimization:** Reducing reliance on contract labor and locum tenens physicians by investing in recruitment and retention of permanent staff. This is expected to save up to \$40 million in labor costs, with \$26.5 million incorporated into the 2025 fiscal year's budget.

**Operational Efficiency:** Establishing a system-wide medical group and implementing comprehensive operational and clinical redesign initiatives to improve efficiency. These efforts are expected to realize \$30 million in benefits, with \$15 million budgeted for 2025.

**Liquidity Management:** Engaging in negotiations to renew the expired credit line and address covenant compliance. Management expects to reach favorable terms for both lines of credit to maintain liquidity and avoid near-term repayment obligations.

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

## **Notes to Consolidated Financial Statements**

**September 30, 2024 and 2023**

### **Status**

As of the date of this report, the initiatives outlined above have been launched, with early milestones achieved in line with project goals. Restructuring efforts that have been implemented will yield annual cost savings of \$5.8M. Recruitment and retention efforts for permanent clinical staff are progressing, with a net increase of more than 100 nurses expected in 2025. Clinical and operational consultants have been engaged to support NLH work teams focused on the clinical model and operating efficiency, and their final recommendations report is scheduled for publication in early January 2025. Management anticipates renewing the expired line of credit in 2025.

### **Conclusion**

Management believes these strategic initiatives will mitigate the conditions that raised substantial doubt. Based on forecasts and cash flow projections reflecting these plans, management has concluded that substantial doubt about Northern Light Health's ability to continue as a going concern has been alleviated for one year from December 19, 2024, the date the financial statements were issued.

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
Gain on sale of lab outreach business	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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.

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

Consolidating Statement of Operations

Year Ended September 30, 2023

	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	Sebastcook Valley Hospital	Eliminations and Reclassifications	2023 NLH Consolidated
Revenue																			
Net patient service revenue	\$ 74,537,010	\$ 3,724,646	\$ 153,170,176	\$ 41,706,448	\$ 19,056,960	\$ 997,112,472	\$ 39,577,771	\$ 81,501,102	\$ 107,745,032	\$ 63,083,599	\$ 270,180,993	\$ 1,115,412	\$ -	\$ 7,578,338	\$ -	\$ -	\$ 55,282,936	\$ (1,378,296)	\$ 1,913,994,599
Sales and contract revenue	5,980,498	11,815,772	109,260	8,250	-	10,208,507	576,794	168,053	61,716	4,047	652,010	203,429,733	4,186,789	2,175,298	1,204,131	-	1,060,540	(232,160,112)	9,481,286
Other revenue	7,406,163	685,085	23,831,808	2,043,537	3,775,537	138,309,816	518,727	14,403,065	8,345,123	6,137,155	15,539,071	153,656,003	8,197	495,867	1,071,602	301,009	5,559,417	(146,409,390)	235,677,792
Net assets with donor restrictions released from restrictions - operations	106,552	-	73,684	87,977	23,729	1,827,885	395,766	33,797	128,279	2,700	638,299	3,665	58,702	-	-	-	49,332	-	3,430,367
Total revenue	88,030,223	16,225,503	177,184,928	43,846,212	22,856,226	1,147,458,680	41,069,058	96,106,017	116,280,150	69,227,501	287,010,373	358,204,813	4,253,688	10,249,503	2,275,733	301,009	61,952,225	(379,947,798)	2,162,584,044
Expenses																			
Compensation and employee benefits	59,441,642	5,401,461	89,757,774	19,546,909	13,822,927	455,318,769	38,610,024	44,572,080	45,041,794	33,465,679	144,809,310	137,284,986	3,235,986	8,043,564	496,143	7,994	26,360,197	(2,133,903)	1,123,083,336
Supplies and other	22,267,694	14,636,746	76,305,865	21,570,774	8,025,011	624,762,529	12,866,589	50,789,665	63,184,950	25,698,539	121,868,093	289,431,096	1,010,329	2,812,092	896,327	260,100	27,115,293	(377,813,895)	985,687,797
Depreciation and amortization	852,571	309,776	3,740,587	854,778	466,191	29,319,807	120,050	2,095,644	2,656,074	1,443,828	8,509,519	15,713,627	7,373	234,490	14,057	-	1,160,659	-	67,499,031
Interest	(14,068)	48,174	917,878	105,259	162,559	12,194,616	1,339	646,451	655,966	411,037	3,823,707	3,286,699	-	-	-	-	175,688	-	22,415,305
Total expenses	82,547,839	20,396,157	170,722,104	42,077,720	22,476,688	1,121,595,721	51,598,002	98,103,840	111,538,784	61,019,083	279,010,629	445,716,408	4,253,688	11,090,146	1,406,527	268,094	54,811,837	(379,947,798)	2,198,685,469
Income (loss) from operations	5,482,384	(4,170,654)	6,462,824	1,768,492	379,538	25,862,959	(10,528,944)	(1,997,823)	4,741,366	8,208,418	7,999,744	(87,511,595)	-	(840,643)	869,206	32,915	7,140,388	-	(36,101,425)
Other gains (losses)																			
Income tax expense	-	(7,181,293)	-	-	-	(53,573)	-	-	-	-	-	-	-	-	(219,349)	-	-	-	(7,454,215)
Joint venture income (loss)	-	(39,892)	15,370	-	-	(110,556)	-	-	-	-	-	2,289,154	-	-	-	-	-	-	2,154,076
Gain on sale of lab outreach business	-	30,700,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	30,700,000
Investment income (losses) and other, net	(788,174)	(419,544)	45,084	(214,855)	(139,798)	(4,739,217)	-	96	316	-	(450)	32,619,832	1,262,342	(37,327)	1,974	(8,800)	418	(18,888,617)	8,693,280
Total other gains (losses) - net	(788,174)	23,059,271	60,454	(214,855)	(139,798)	(4,903,346)	-	96	316	-	(450)	34,908,986	1,262,342	(37,327)	(217,375)	(8,800)	418	(18,888,617)	34,093,141
Excess (deficiency) of revenue and gains over expenses and losses	4,694,210	18,888,617	6,523,278	1,553,637	239,740	20,959,613	(10,528,944)	(1,997,727)	4,741,682	8,208,418	7,999,294	(52,602,609)	1,262,342	(877,970)	651,831	24,115	7,140,806	(18,888,617)	(2,008,284)
Net assets with donor restrictions released from restrictions - capital acquisitions	-	-	363,045	3,350,664	13,500	675,550	-	82,153	2,841,257	-	1,036,321	-	-	-	-	-	18,857	-	8,381,347
Net change in funds held at affiliates	1,717	-	16,210	5,017	1,580,918	580,070	241,713	17,360	507,655	5,020	458	1,601	-	-	-	-	1,848	(2,959,587)	-
Interentity equity transfers	(235)	-	(15,948)	(4,761)	(1,574,371)	(525,216)	(425)	(8,714)	76,288	(2,410)	-	-	2,055,792	-	-	-	-	-	-
Pension and postretirement plan - related adjustments	1,077,793	552,412	-	197,439	101,255	8,182,931	-	-	-	-	-	3,404,077	-	12,279	257,726	(7,435)	-	(552,412)	13,226,065
Dividends to members	-	(23,000,000)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23,000,000	-
Increase (decrease) in net assets without donor restrictions	\$ 5,773,485	\$ (3,558,971)	\$ 6,886,585	\$ 5,101,996	\$ 361,042	\$ 29,872,948	\$ (10,287,656)	\$ (1,906,928)	\$ 8,166,882	\$ 8,211,028	\$ 9,036,073	\$ (49,196,931)	\$ 3,318,134	\$ (865,691)	\$ 909,557	\$ 16,680	\$ 7,161,511	\$ 599,384	\$ 19,599,128

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