

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Northern Light Health Foundation, 43 Whiting Hill Road, Brewer, ME 04412-1005. D Employer identification number 22-2514163. E Telephone number (207) 973-9081. G Gross receipts \$ 18,720,767. F Name and address of principal officer: John Doyle, Same As C Above. H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. I Tax-exempt status: 501(c)(3). J Website: www.northernlighthealth.org/Foundation. H(c) Group exemption number 5247. K Form of organization: Corporation. L Year of formation: 1983. M State of legal domicile: ME.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission: Raise & manage funds for exempt organizations. 2. Discontinued operations. 3-7a. Governance and revenue metrics. 7b. Net unrelated business taxable income. 8-12. Revenue breakdown. 13-19. Expenses breakdown. 20-22. Net assets or fund balances.

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 John Doyle, Date 7/23/25, Title NLH VP of Finance.

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature Self-Prepared, Date, Check self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Raise & manage funds for exempt organizations

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 [X] 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 [X] 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 \$ 15,280,336. including grants of \$ 12,030,293.) (Revenue \$ 4,604,579.)

Northern Light Health Foundation raised and managed funds for the benefit of Northern Light Eastern Maine Medical Center and other affiliated exempt entities in northern, eastern and southern Maine.

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

See Schedule O

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

See Schedule O

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

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

4e Total program service expenses 15,280,336.

**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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	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>		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>	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>		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>	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>		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>		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>		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>	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>	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>		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>		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>		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>	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>	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>		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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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.		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>	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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	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> .....	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> .....	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> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....		
<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>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?.....		
<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> .....		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> .....		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> .....		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> .....		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> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i> .....		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> .....		X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i> .....	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> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> .....		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> .....		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> .....		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> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....		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>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> .....		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> .....		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. ....	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>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....	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> 0		
<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>	
<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</b>	<b>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>	X
<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</b>	<b>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>	X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	X
<b>10</b>	<b>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</b>	<b>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</b>	<b>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</b>	<b>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? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X
<b>17</b>	<b>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? . . . . . If "Yes," complete Form 6069.	<b>17</b>	

**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> 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent. . . . . <b>1b</b> 11		
<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? . . . See Schedule O	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? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . See Schedule O	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	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	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? . . . . .	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	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. . . . .		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? . . . . .		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>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	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 . . . . .	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	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 . . . . .	X	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	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 . . . . .	X	
<b>b</b>	Other officers or key employees of the organization. See Schedule O . . . . .	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? . . . . .		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? . . . . .		

**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 Rd, Suite 500 Brewer ME 04412-1005 207-973-9081

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) Tim Dentry, NLH President/CEO Ex-Officio	1 50	X		X			0.	1,891,674.	65,850.
(2) F. Parke Oldenburg, MD Director	1 50	X					0.	867,393.	59,014.
(3) Anthony Filer, SVP/CFO Treasurer-Pt Yr	1 50			X			0.	786,053.	67,850.
(4) George Eaton, Esq SVP/CLO Secretary	1 50			X			0.	516,153.	54,658.
(5) Glenn Martin Former SVP-Chief Legal Officer	1 50					X	0.	423,053.	3,969.
(6) Mike Smith, President Director	50 0	X		X			277,910.	0.	60,739.
(7) Wendy M. Lux VP of Phil	50 0			X			172,371.	0.	51,998.
(8) Susan Rouillard Former VP-Regional Philanthrop	50 0					X	0.	140,152.	21,919.
(9) Cynthia Faulkner VP of Phil	50 0			X			150,019.	0.	6,138.
(10) John Simpson Director	1 0	X					0.	0.	0.
(11) Brian Hamel Chairman	1 0	X		X			0.	0.	0.
(12) Margaret Hourigan Director	1 0	X					0.	0.	0.
(13) Alicia Nichols Director	1 0	X					0.	0.	0.
(14) Shirar Patterson Director	1 0	X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) Lori Roming Director	1 0	X					0.	0.	0.
(16) Karen Stanley Director	1 0	X					0.	0.	0.
(17) Lisa Toner Director	1 0	X					0.	0.	0.
(18) Arielle Silver Karsh Director	1 0	X					0.	0.	0.
(19) Richard Sawyer Director	1 0	X					0.	0.	0.
(20) Aram Khavari Vice Chairman	1 0	X		X			0.	0.	0.
(21) James Rohrbaugh, CPA Treasurer	1 50			X			0.	0.	0.
(22)									
(23)									
(24)									
(25)									

<b>1b Subtotal</b> .....	600,300.	4,624,478.	392,135.
<b>c Total from continuation sheets to Part VII, Section A</b> .....	0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....	600,300.	4,624,478.	392,135.
<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	3		

	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**

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

(A) Name and business address	(B) Description of services	(C) Compensation
The Giving Collaborative 53 Morgan Ave East Haven, CT 06512	Capital Campaign Counsel	180,000.

<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	1
---	---

**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>	<b>1a</b> Federated campaigns .....	<b>1a</b> 3,461.				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b> 829,443.				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 9,623,826.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b> 349,658.				
	<b>h Total.</b> Add lines 1a-1f .....		10,456,730.			
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2a</b> <u>Program Service Revenue</u>	561000	3,608,469.	3,608,469.		
	<b>b</b> <u>Investment Income, net</u>	523000	130,663.	130,663.		
	<b>c</b> -----					
	<b>d</b> -----					
	<b>e</b> -----					
	<b>f</b> All other program service revenue .....					
<b>g Total.</b> Add lines 2a-2f .....		3,739,132.				
<b>Miscellaneous Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,322,736.		2,322,736.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>6a</b>				
	<b>b</b> Less: rental expenses .....	<b>6b</b>				
	<b>c</b> Rental income or (loss) .....	<b>6c</b>				
	<b>d</b> Net rental income or (loss) .....					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>7a</b>	1,561,741.			
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	385,301.		
	<b>c</b> Gain or (loss) .....	<b>7c</b>	1,176,440.			
	<b>d</b> Net gain or (loss) .....		1,176,440.	865,247.	311,193.	
<b>Other Revenue</b>	<b>8a</b> Gross income from fundraising events (not including \$ 829,442. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>	640,228.			
	<b>b</b> Less: direct expenses .....	<b>8b</b>	640,228.			
	<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>				
	<b>b</b> Less: direct expenses .....	<b>9b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....					
	<b>10a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>				
	<b>b</b> Less: cost of goods sold .....	<b>10b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>	<b>Business Code</b>					
	<b>11a</b> <u>Miscellaneous Revenue</u>	561000	200.	200.		
	<b>b</b> -----					
	<b>c</b> -----					
	<b>d</b> All other revenue .....					
<b>e Total.</b> Add lines 11a-11d .....		200.				
<b>12 Total revenue.</b> See instructions .....		17,695,238.	4,604,579.	0.	2,633,929.	

**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	12,009,177.	12,009,177.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	21,116.	21,116.		
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	719,175.	719,175.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	35.		35.	
c Accounting	9,054.		9,054.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	54,902.	54,902.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O Sch. O)	2,686,618.	1,916,935.	173,859.	595,824.
12 Advertising and promotion	3,985.	3,985.		
13 Office expenses	166,587.	158,209.	3,833.	4,545.
14 Information technology	201,935.	159,221.	3,428.	39,286.
15 Royalties				
16 Occupancy	117,968.	93,055.	1,999.	22,914.
17 Travel	30,815.	30,815.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,136.	21,136.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,696.	6,068.	131.	1,497.
23 Insurance	3,288.	3,288.		
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>Dues &amp; Subscriptions</u>	68,524.	68,524.		
b <u>Fundraising Expense</u>	27,256.			27,256.
c <u>Volunteer Recognition Exp</u>	9,846.	9,846.		
d <u>Employee Events and Recog.</u>	2,841.	2,841.		
e All other expenses	2,043.	2,043.		
25 Total functional expenses. Add lines 1 through 24e.	16,163,997.	15,280,336.	192,339.	691,322.
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.....	600.	<b>1</b>	781.
	<b>2</b> Savings and temporary cash investments.....	21,629,663.	<b>2</b>	21,497,489.
	<b>3</b> Pledges and grants receivable, net.....	5,664,969.	<b>3</b>	4,228,215.
	<b>4</b> Accounts receivable, net.....	73,258.	<b>4</b>	296,702.
	<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.....		<b>7</b>	
	<b>8</b> Inventories for sale or use.....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges.....	21,533.	<b>9</b>	20,203.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	<b>10a</b> 324,966.		
	<b>b</b> Less: accumulated depreciation.....	<b>10b</b> 302,965.	29,696.	<b>10c</b> 22,001.
	<b>11</b> Investments – publicly traded securities.....	64,236,660.	<b>11</b>	74,025,488.
	<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.....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11.....	182,420.	<b>15</b>	183,525.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33).....	91,838,799.	<b>16</b>	100,274,404.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses.....	986,002.	<b>17</b>	685,038.
	<b>18</b> Grants payable.....		<b>18</b>	
	<b>19</b> Deferred revenue.....		<b>19</b>	
	<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.....		<b>23</b>	
	<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.....	600,682.	<b>25</b>	615,072.
	<b>26 Total liabilities.</b> Add lines 17 through 25.....	1,586,684.	<b>26</b>	1,300,110.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions.....	19,366,346.	<b>27</b>	21,215,555.
	<b>28</b> Net assets with donor restrictions.....	70,885,769.	<b>28</b>	77,758,739.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<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> Total net assets or fund balances.....	90,252,115.	<b>32</b>	98,974,294.	
<b>33</b> Total liabilities and net assets/fund balances.....	91,838,799.	<b>33</b>	100,274,404.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,695,238.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,163,997.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,531,241.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	90,252,115.
5	Net unrealized gains (losses) on investments	5	7,832,763.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O) <b>See Schedule O</b>	9	-641,825.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	98,974,294.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	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		

**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 <b>Northern Light Health Foundation</b>	Employer identification number <b>22-2514163</b>
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**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 ..... 13
  - 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) See Part VI						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					15,208,419.	0.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization 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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 <b>Total.</b> Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 <b>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
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>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**

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)).	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14.	15	%
16a <b>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"/>
17a <b>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"/>
18 <b>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 2023 (line 10c, column (f), divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> See Part VI		X
<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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		X
<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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>3c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		X
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		X
<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? <i>If "Yes," provide detail in Part VI.</i>		X
<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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
<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))? <i>If "Yes," provide detail in Part VI.</i>		X
<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? <i>If "Yes," provide detail in Part VI.</i>		X
<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? <i>If "Yes," provide detail in Part VI.</i>		X
<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)? <i>If "Yes," answer line 10b below.</i>		X
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**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?		X
<b>b</b> A family member of a person described on line 11a above?		X
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		X

**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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		X

**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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**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 ( <b>see instructions</b> ).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
<b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>		
<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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<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? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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.

<b>Section A – Adjusted Net Income</b>		(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	

<b>Section B – Minimum Asset Amount</b>		(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 Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			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  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

<b>Section D – Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required – provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

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

BAA

**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 A, Part I, Line 12**  
**Name(s) of Supported Organization(s)**

Name of Supported Organization	Federal EIN	Type of Organization	Listed in Governing Document?		Amount of Monetary Support	Amount of Other Support
			Yes	No		
Eastern Maine Medical Center	01-0211501	3		X	\$ 5,616,856.	\$ 0.
Acadia Hospital Corp.	01-0459837	3		X	597,721.	0.
Charles A. Dean Memorial Hospital	04-3341666	3		X	1,937,879.	0.
Inland Hospital	01-0217211	3		X	225,555.	0.
The Aroostook Medical Center	01-0372148	3		X	351,507.	0.
Sebasticook Valley Health	01-0263628	3		X	284,196.	0.
The Blue Hill Memorial Hospital	01-0227195	3		X	436,765.	0.
Eastern Maine Medical Ctr Auxiliary	01-0377901	10		X	330.	0.
Mercy Hospital	01-0211534	3		X	2,964,068.	0.
VNA Home Health & Hospice	01-0246804	10		X	864,297.	0.
Maine Coast Regional Health Facilit	01-0198331	3		X	1,796,448.	0.
MRH Corp	84-3689003	3		X	123,421.	0.
Lakewood Hospital	01-0421234	3		X	9,376.	0.
					<u>\$15,208,419.</u>	<u>\$ 0.</u>

**Part IV, Section A, Line 1 - Description Of How Supported Organizations Are Designated**

The supported organizations are organizations for which we raise and manage funds.

**Part IV, Section C, Line 1 - Control Or Management Of Supported Orgs.**

The Northern Light Health Foundation and the supported organizations each have Eastern Maine Healthcare Systems d/b/a Northern Light Health (NLH) as their corporate parent. Restated Articles of Incorporation and Bylaws of NLH, the supported

**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.)

**Part IV, Section C, Line 1 - Control Or Management Of Supported Orgs. (continued)**

organizations, and Northern Light Health Foundation have tightly integrated the supported organization and NLH board governance structure into a unified and cohesive governance system in which the NLH board has ultimate authority over Northern Light Health Foundation and the supported organizations with respect to nearly all governance domains. Thus, NLH board authority goes far beyond traditional powers of appointment and reserved powers of approval typical of many healthcare system governance models and actually vests authority in the NLH board to initiate and direct action on the part of Northern Light Health Foundation and any one or more supported organizations, in essence acting itself as the supported organization board, thus establishing the presence of common supervision or control among the governing bodies of all organizations involved. Type II supporting organization status for NLH was confirmed by the IRS on March 8, 2016, in response to a request filed on form 8940 on September 28, 2015.

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

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.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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 <b>Northern Light Health Foundation</b>	Employer identification number <b>22-2514163</b>
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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)	-----			

**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.

<b>Limits on Lobbying Expenditures</b> (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: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
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)).**

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
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		12.
j Total. Add lines 1c through 1i.			12.
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.

**Additional Information**

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

Employer identification number

Northern Light Health Foundation

22-2514163

**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	
2 Aggregate value of contributions to (during year) . . . . .	15,200.	
3 Aggregate value of grants from (during year) . . . . .	6,000.	
4 Aggregate value at end of year . . . . .	48,788.	

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

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

**Part II Conservation Easements**

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

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

<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
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange program
- e  Other \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

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

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

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

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

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	51,557,196.	48,543,555.	58,505,630.	50,730,034.	51,871,739.
b Contributions	456,640.	388,551.	2,453,374.	294,976.	458,227.
c Net investment earnings, gains, and losses	9,802,958.	4,305,148.	-8,857,723.	9,273,517.	325,684.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,398,543.	1,680,058.	3,557,726.	1,792,897.	1,925,616.
f Administrative expenses					
g End of year balance	60,418,251.	51,557,196.	48,543,555.	58,505,630.	50,730,034.

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

- a Board designated or quasi-endowment 20.00 %
- b Permanent endowment 80.00 %
- c Term endowment \_\_\_\_\_ %

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		73,948.	59,981.	13,967.
d Equipment		251,018.	242,984.	8,034.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 22,001.

**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) Charitable Gift Annuity	615,072.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, column (B))	615,072.

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**

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

1	Total revenue, gains, and other support per audited financial statements		1	6,319,352.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b	1,225.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e		1,225.
3	Subtract line 2e from line 1		3	6,318,127.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.) See Part XIII	4b	11,377,111.	
	c Add lines 4a and 4b	4c		11,377,111.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	17,695,238.

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

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

1	Total expenses and losses per audited financial statements		1	3,828,318.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	1,225.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e		1,225.
3	Subtract line 2e from line 1		3	3,827,093.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.) See Part XIII	4b	12,336,904.	
	c Add lines 4a and 4b	4c		12,336,904.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	16,163,997.

**Part XIII Supplemental Information**

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

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

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

**Part X - FASB ASC 740 Footnote**

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

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

as described in Section 501(c)(3) or 501(c)(2) of the Internal Revenue Code (the Code) and, accordingly, are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Accordingly, no provision for federal income taxes has been recorded in the accompanying financial statements for these organizations.

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

Certain of Northern Light Health's affiliates are taxable entities. Deferred taxes related to these entities are based on the difference between the financial statement and tax bases of assets and liabilities using enacted tax rates in effect in the years the differences are expected to reverse. The deferred tax assets and liabilities for these entities are not material.

**Schedule D, Part XI, Line 4b**  
**Other Revenue Included On Form 990 But Not Included In F/S**

Restricted Contrib Reported from Fnd Bal.....	\$ 12,017,339.
Special Events Reclass to Line 8b.....	-640,228.
Total	<u>\$ 11,377,111.</u>

**Part XIII** Supplemental Information *(continued)***Schedule D, Part XII, Line 4b**  
**Other Expenses Included On Form 990 But Not Included In F/S**

Restricted Expenses from Fund Balance.....	\$ 12,977,132.
Special Events Reclass to Line 8b.....	-640,228.
Total	<u>\$ 12,336,904.</u>

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Northern Light Health Foundation

Employer identification number

22-2514163

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						0.

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

ME \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		EMMC Champion (event type)	Mercy Bush Fam (event type)	18 (total number)	(add column (a) through column (c))	
Revenue	1	Gross receipts	461,881.	401,960.	591,464.	1,455,305.
	2	Less: Contributions	318,847.	247,099.	275,953.	841,899.
	3	Gross income (line 1 minus line 2)	143,034.	154,861.	315,511.	613,406.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	143,034.	154,861.	315,511.	613,406.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				613,406.
	11	Net income summary. Subtract line 10 from line 3, column (d)				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name -----

Address -----

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name -----

Address -----

16 Gaming manager information:

Name -----

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year... \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

Northern Light Health Foundation

Employer identification number

22-2514163

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. See Part IV

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Eastern Maine Medical Center PO Box 404, 489 State Street Bangor, ME 04402	01-0211501	501 (c) (3)	4,455,734.	0.			General support
(2) Acadia Hospital Corp. 43 Whiting Hill Rd Brewer, ME 04412	01-0459837	501 (c) (3)	279,801.	0.			General Support
(3) Inland Hospital 200 Kennedy Memorial Drive Waterville, ME 04901	01-0217211	501 (c) (3)	49,370.	0.			General support
(4) Lakewood 220 Kennedy Memorial Drive Waterville, ME 04901	01-0421234	501 (c) (3)	9,376.	0.			General support
(5) Eastern Maine Healthcare Syst 43 Whiting Hill Rd Brewer, ME 04412	01-0527066	501 (c) (3)	6,278.	0.			General support
(6) Blue Hill Memorial Hospital 57 Water Street Blue Hill, ME 04614	01-0227195	501 (c) (3)	195,862.	0.			General support
(7) The Aroostook Medical Center PO Box 151, 140 Academy St Presque Isle, ME 04769	01-0372148	501 (c) (3)	317,105.	0.			General support
(8) Husson University One College Circle Bangor, ME 04401	01-0271210	501 (c) (3)	13,988.	0.			Nursing and accounting scholarships

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 14

3 Enter total number of other organizations listed in the line 1 table 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Healthcare expense assistance	12	17,616.			
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.**

EMHS Foundation procedure for grant monitoring and review process includes the following:

Recipients are required to provide an accounting of expenditures. These are reviewed by the Director of Finance and Operations before being disbursed.

## Continuation Sheet for Schedule I (Form 990)

2023

Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 1

Name of the organization

Northern Light Health Foundation

Employer identification number

22-2514163

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Sebasticook Valley Health 447 North Main Street Pittsfield, ME 04967	01-0263628	501(c)(3)	192,460.				General Support
Charles A Dean Memorial Hospi Pritham Ave, PO Box 1129 Greenville, ME 04441	04-3341666	501(c)(3)	1,816,903.				General Support
Mercy Hospital 175 Fore River Parkway Portland, ME 04102	01-0211534	501(c)(3)	2,342,062.				General support
VNA Home Health & Hospice 225 Gorham Rd, Ste 200 South Portland, ME 04106	01-0246804	501(c)(3)	735,938.				General Support
Maine Coast Regional Health F 50 Union Street Ellsworth, ME 04605	01-0198331	501(c)(3)	1,514,342.				General Support
MRH Corp 897 W Main Street Dover-Foxcroft, ME 04426	84-3689003	501(c)(3)	59,593.				General Support

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

Attach to Form 990.

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

Northern Light Health Foundation

Employer identification number

22-2514163

**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.

- |  |  |
|--|--|
| <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 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

**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?

**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.

- |  |  |          |
|--|--|----------|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     | Part III |
| <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> | X |
| <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? | <b>4b</b> | X |
| <b>c</b> Participate in or receive payment from an equity-based compensation arrangement?    | <b>4c</b> | X |
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Part III

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- |                                    |           |   |
|------------------------------------|-----------|---|
| <b>a</b> The organization?         | <b>5a</b> | X |
| <b>b</b> Any related organization? | <b>5b</b> | X |
- If "Yes" on line 5a or 5b, describe in Part III.

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

- |                                    |           |   |
|------------------------------------|-----------|---|
| <b>a</b> The organization?         | <b>6a</b> | X |
| <b>b</b> Any related organization? | <b>6b</b> | X |
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**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

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

**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			
1 Tim Dentry, NLH President/CEO Ex-Officio	(i)	0.	0.	0.	0.	0.	0.
	(ii)	1,274,400.	592,846.	24,428.	29,700.	36,150.	1,957,524.
2 F. Parke Oldenburg, MD Director	(i)	0.	0.	0.	0.	0.	0.
	(ii)	665,702.	176,953.	24,738.	24,420.	34,594.	926,407.
3 Wendy M. Lux VP of Phil	(i)	159,462.	4,728.	8,181.	14,753.	37,245.	224,369.
	(ii)	0.	0.	0.	0.	0.	0.
4 Anthony Filer, SVP/CFO Treasurer-Pt Yr	(i)	0.	0.	0.	0.	0.	0.
	(ii)	648,351.	122,349.	15,353.	29,700.	38,150.	853,903.
5 George Eaton, Esq SVP/CLO Secretary	(i)	0.	0.	0.	0.	0.	0.
	(ii)	457,660.	22,965.	35,528.	29,127.	25,531.	570,811.
6 Cynthia Faulkner VP of Phil	(i)	149,116.	194.	709.	0.	6,138.	156,157.
	(ii)	0.	0.	0.	0.	0.	0.
7 Mike Smith, President Director	(i)	260,816.	11,598.	5,496.	22,973.	37,766.	338,649.
	(ii)	0.	0.	0.	0.	0.	0.
8 Glenn Martin Former SVP-Chief Legal Officer	(i)	0.	0.	0.	0.	0.	0.
	(ii)	-369.	17,666.	405,756.	3,600.	369.	427,022.
9 Susan Rouillard Former VP-Regional Philanthropy Off	(i)	0.	0.	0.	0.	0.	0.
	(ii)	109,978.	4,458.	25,716.	11,784.	10,135.	162,071.
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**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 VP & President of NLH Foundation (NLHF) 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 NLHF VP & President in consultation with the NLH President/CEO. The Committee used the following methods to establish the VP & President's compensation:

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

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

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

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

**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)**

prior years and does not represent additional expense beyond what was previously accrued in the company's financial statements.

Other compensation information:

Michael Smith

This director/officer is employed by the system parent organization, Eastern Maine Healthcare Systems d/b/a Northern Light Health. 100% of his time is dedicated to NLH Foundation. As a result, his compensation is reported in Form 990, Part VII, column D and Schedule J, Part II, line A(i).

Wendy Lux

This officer is employed by the system parent organization, Eastern Maine Healthcare Systems d/b/a Northern Light Health. 100% of her time is dedicated to NLH Foundation. As a result, her compensation is reported in Form 990, Part VII, column D and Schedule J, Part II, line A(i).

**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)**

Cynthia Faulkner

This officer is employed by the system parent organization, Eastern Maine Healthcare Systems d/b/a Northern Light Health. 100% of her time is dedicated to NLH Foundation. As a result, her compensation is reported in Form 990, Part VII, column D and Schedule J, Part II, line A(i).

Tim 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 NLH Foundation.

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 NLH Foundation.

**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 NLH Foundation.

F. Parke Oldenburg

This director is employed by Northern Light Eastern Maine Medical Center, a related organization of NLH Foundation.

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 NLH Foundation.

Susan Rouillard

This former officer was employed by the system parent organization, Eastern Maine Healthcare Systems d/b/a Northern Light Health.

**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)**

Compensation for employees of NLH Foundation 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 M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Northern Light Health Foundation

Employer identification number

22-2514163

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		3,268	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded	X	8	280,762	FMV
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory	X	2	786	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (Gas Cards - Fuel Ass)	X	1	60,000	FMV
26 Other (Securities)	X	1	4,842	FMV
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

---

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

---

**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**

Northern Light Health Foundation

Employer identification number

22-2514163

**Form 990, Part III, Line 4b - Program Service Accomplishments**

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

Name of the organization

Northern Light Health Foundation

Employer identification number

22-2514163

**Form 990, Part III, Line 4b - Program Service Accomplishments**

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 Sebecook Valley Hospital

Northern Light Work Health

Waterville

Northern Light Home Care &amp; Hospice

Name of the organization

Northern Light Health Foundation

Employer identification number

22-2514163

**Form 990, Part III, Line 4b - Program Service Accomplishments**

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

Name of the organization

Northern Light Health Foundation

Employer identification number

22-2514163

**Form 990, Part III, Line 4b - Program Service Accomplishments**

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,

Name of the organization

Employer identification number

Northern Light Health Foundation

22-2514163

**Form 990, Part III, Line 4b - Program Service Accomplishments**

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.

Name of the organization

Employer identification number

Northern Light Health Foundation

22-2514163

**Form 990, Part III, Line 4b - Program Service Accomplishments**

"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

Name of the organization

Northern Light Health Foundation

Employer identification number

22-2514163

**Form 990, Part III, Line 4b - Program Service Accomplishments**

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.”

**Form 990, Part III, Line 4c - Program Service Accomplishments****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 4c - Program Service Accomplishments**

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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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 4c - Program Service Accomplishments**

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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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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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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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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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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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](http://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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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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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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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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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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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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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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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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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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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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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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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 2 - Business or Family Relationship of Officers, Directors, Etc.**

Brian Hamel, director/officer is board member of Versant Power. Arielle Silver Karsh, director is vice president of Legal & Regulatory Affairs at Versant Power.

Name of the organization

Northern Light Health Foundation

Employer identification number

22-2514163

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

Northern Light Health Foundation (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 corporate member of the Corporation.

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

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

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

The NLH President has authority to appoint and remove the 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. action concerning the Corporation's role in the NLH Strategic Plan;
- X. action concerning the Corporation's participation in key strategic affiliations with third parties not affiliated with NLH; and
- XI. dissolution of the Corporation.

Name of the organization

Northern Light Health Foundation

Employer identification number

22-2514163

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

Form 990 is reviewed by the VP & President and the Director, Finance of NLH Foundation. It is also provided to each board member either electronically or in hard copy with an opportunity to ask questions prior to filing with the IRS.

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

The organization requests updates of potential conflicts and relationships from the officers and Board members on an annual basis. The request requires disclosure of all business relationships, board memberships, and family relationships. A database is maintained that is compared to payroll records and the accounts payable vendor list to identify any potential conflicts of interest. Transactions are reviewed for reasonableness as an arm's length transaction.

The first agenda item for board meetings and board committee meetings is for members to declare any conflict of interest with upcoming agenda items or deliberations. At any point when consideration is being given to purchase/contract with a party in interest, the member with the conflict is 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 VP & President of NLH Foundation 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

Name of the organization

Northern Light Health Foundation

Employer identification number

22-2514163

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

the compensation of the NLH CEO, and to review the recommendations of the NLH CEO with respect to the compensation of the Presidents of the Member Organizations and other key management personnel. The Committee is comprised entirely of independent Directors per NLH bylaws.

## Process:

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

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

Name of the organization

Northern Light Health Foundation

Employer identification number

22-2514163

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

deemed appropriate.

-Maintains minutes of the meetings and communicates actions to the NLH Board of Directors.

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

**Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees**

NLH Foundation does not pay employees directly. All staff and officers are employed by NLH, the System's parent organization and are purchased service by NLH Foundation.

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

NLH Foundation 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	27,962.	27,962.		
Consulting	193,358.	193,358.		
Housekeeping Expense	2,442.	1,925.	42.	475.
NLH Support Services	2,375,465.	1,626,904.	169,690.	578,871.
Other Purchased Services	71,949.	56,730.	1,222.	13,997.
Record Management Fees	2,688.		2,688.	
Recruitment Fees	1,760.	1,388.	30.	342.
Relocation Expense	10,994.	8,668.	187.	2,139.
<b>Total</b>	<b>\$ 2,686,618.</b>	<b>\$ 1,916,935.</b>	<b>\$ 173,859.</b>	<b>\$ 595,824.</b>

Name of the organization

Northern Light Health Foundation

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

Transfer to exempt subsidiary-HC&H.....	\$	-350,000.
Transfer to exempt subsidiary-MCH.....		-291,825.
	Total	<u>\$ -641,825.</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**

Employer identification number

Northern Light Health Foundation

22-2514163

**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 Rd Brewer, ME 04412 01-0527066	Supporting organization for healthcare affiliates	ME	501 (c) (3)	12 Type II	N/A		X
(2) 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
(3) Eastern Maine Healthcare Real Esta 43 Whiting Hill Rd Brewer, ME 04412 01-0391036	Leases real estate	ME	501 (c) (2)		EMHS		X
(4) Rosscare 43 Whiting Hill Road, Ste 400 Brewer, ME 04412 01-0391038	Provide services to elderly	ME	501 (c) (3)	PF	EMHS		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	0.	0.			X
(2) Affiliated Healthcare Managemen 43 Whiting Hill Road Brewer, ME 04412 01-0349339	Hlthcr mgmt	ME	AHS	C	0.	0.			X
(3) Affiliated Laboratory, Inc. 43 Whiting Hill Road Brewer, ME 04412 01-0381283	Clinical lab	ME	AHS	C	0.	0.			X

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

**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 .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

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

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

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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
Acadia Hospital Corp. (AHC) 43 Whiting Hill Road Brewer, ME 04412 01-0459837	Provide healthcare services	ME	501 (c) (3)	3	EMHS		X
Eastern Maine Medical Center Auxilia 43 Whiting Hill Road Brewer, ME 04412 01-0377901	Fundraising for exempt Eastern Maine Medical Center	ME	501 (c) (3)	10	EMMC		X
Acadia Healthcare, Inc. 43 Whiting Hill Road Brewer, ME 04412 22-3183888	Provide healthcare services	ME	501 (c) (3)	10	AHC		X
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 and long-term nursing care	ME	501 (c) (3)	3	Inland Hospital		X
C.A. Dean Memorial Hospital Pritham Ave, PO Box 1129 Greenville, ME 04441-1129 04-3341666	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
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

**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
Mercy Hospital 175 Fore River Parkway Portland, ME 04102 01-0211534	Provide healthcare services	ME	501 (c) (3)	3	EMHS		X
VNA Home Health & Hospice 225 Gorham Rd, STE 220 South Portland, ME 04106 01-0246804	Provide home health and hospice services	ME	501 (c) (3)	10	EMHS		X
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
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	MCH		X
Beacon Health, LLC 43 Whiting Hill Road Brewer, ME 04412 45-2967056	Accountable care organization	ME	501 (c) (3)	12 Type II	EMHS		X
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
LTC, LLC 43 Whiting Hill Road Brewer, ME 04412 01-0211501	Operation of Nursing Homes	ME	501 (c) (3)	3	EMMC		X
Northern Light Medical Transport 43 Whiting Hill Rd Brewer, ME 04412 83-0911574	Ambulance	ME	501 (c) (3)	10	EMHS		X





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

OMB No. 1545-0047

**File a separate application for each return.  
 Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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 instruction 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>	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
	Northern Light Health Foundation	22-2514163
File by the due date for filing your return. See instructions.	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 Rd, Suite 500 Brewer ME 04412-1005  
 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, 2025, 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, 2023, and ending 9/30, 2024.

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.