

**Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation**

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to www.irs.gov/Form990PF for instructions and the latest information.**

Open to Public Inspection

For calendar year 2021 or tax year beginning 10/01 , **2021, and ending** 9/30 , **20** 2022

Rosscare
43 Whiting Hill Road, Suite 400
Brewer, ME 04412

A	Employer identification number 01-0391038
B	Telephone number (see instructions) 207 973-9081
C	If exemption application is pending, check here. ▶ <input type="checkbox"/>
D 1	Foreign organizations, check here. ▶ <input type="checkbox"/>
D 2	Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/>
E	If private foundation status was terminated under section 507(b)(1)(A), check here. ▶ <input type="checkbox"/>
F	If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. ▶ <input type="checkbox"/>

G Check all that apply:

<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, column (c), line 16)
▶ \$ 6,663,525.

J Accounting method: Cash Accrual
 Other (specify) _____
 (Part I, column (d), must be on cash basis.)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule). . .	414,845.				
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B					
	3 Interest on savings and temporary cash investments					
	4 Dividends and interest from securities.					
	5a Gross rents					
	b Net rental income or (loss)					
	6a Net gain or (loss) from sale of assets not on line 10.					
	b Gross sales price for all assets on line 6a.					
	7 Capital gain net income (from Part IV, line 2)					
	8 Net short-term capital gain					
	9 Income modifications					
	10a Gross sales less returns and allowances					
b Less: Cost of goods sold.						
c Gross profit or (loss) (attach schedule).						
11 Other income (attach schedule).						
12 Total. Add lines 1 through 11.	414,845.	0.	0.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.				
	14 Other employee salaries and wages.					
	15 Pension plans, employee benefits	27,478.			32,583.	
	16a Legal fees (attach schedule) See St. 1	35.			35.	
	b Accounting fees (attach sch)					
	c Other professional fees (attach sch).					
	17 Interest.				41,381.	
	18 Taxes (attach schedule)(see instrs).					
	19 Depreciation (attach schedule) and depletion					
	20 Occupancy.					
	21 Travel, conferences, and meetings.					
	22 Printing and publications.					
	23 Other expenses (attach schedule)					
	See Statement 2		8,777.			6,113.
	24 Total operating and administrative expenses. Add lines 13 through 23.	36,290.			80,112.	
25 Contributions, gifts, grants paid. Part XIV	206,080.			201,540.		
26 Total expenses and disbursements. Add lines 24 and 25.	242,370.	0.	0.	281,652.		
27 Subtract line 26 from line 12:						
a Excess of revenue over expenses and disbursements	172,475.					
b Net investment income (if negative, enter -0-)		0.				
c Adjusted net income (if negative, enter -0-)			0.			

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash – non-interest-bearing	2,954,052.		
	2 Savings and temporary cash investments			
	3 Accounts receivable			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach sch)			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	472.	472.	472.
	10a Investments – U.S. and state government obligations (attach schedule)			
	b Investments – corporate stock (attach schedule)			
	c Investments – corporate bonds (attach schedule)			
	11 Investments – land, buildings, and equipment: basis			
Less: accumulated depreciation (attach schedule)				
12 Investments – mortgage loans				
13 Investments – other (attach schedule)				
14 Land, buildings, and equipment: basis ▶	5,250.			
Less: accumulated depreciation (attach schedule)	See Stmt 3 ▶ 5,250.			
15 Other assets (describe ▶ See Statement 4)	8,829,240.	6,663,053.	6,663,053.	
16 Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)	11,783,764.	6,663,525.	6,663,525.	
Liabilities	17 Accounts payable and accrued expenses	60,918.	2,705,071.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, & other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)	5,777,584.		
	22 Other liabilities (describe ▶ See Statement 5)	-16,212.	-62,884.	
	23 Total liabilities (add lines 17 through 22)	5,822,290.	2,642,187.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input checked="" type="checkbox"/>			
	24 Net assets without donor restrictions	-2,867,765.	-2,641,715.	
	25 Net assets with donor restrictions	8,829,239.	6,663,053.	
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. <input type="checkbox"/>			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances (see instructions)	5,961,474.	4,021,338.		
30 Total liabilities and net assets/fund balances (see instructions)	11,783,764.	6,663,525.		

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year – Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	5,961,474.
2 Enter amount from Part I, line 27a.	2	172,475.
3 Other increases not included in line 2 (itemize) ▶ See Statement 6	3	53,575.
4 Add lines 1, 2, and 3.	4	6,187,524.
5 Decreases not included in line 2 (itemize) ▶ See Statement 7	5	2,166,186.
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29	6	4,021,338.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a	N/A			
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss)	<input type="checkbox"/> If gain, also enter in Part I, line 7 <input type="checkbox"/> If (loss), enter -0- in Part I, line 7		2
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):	If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8		3

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 — see instructions)

1 a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary — see instructions)		
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)	1	0.
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
3	Add lines 1 and 2	3	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0.
6	Credits/Payments:		
a	2021 estimated tax pymts and 2020 overpayment credited to 2021	6 a	461.
b	Exempt foreign organizations — tax withheld at source	6 b	
c	Tax paid with application for extension of time to file (Form 8868)	6 c	
d	Backup withholding erroneously withheld	6 d	
7	Total credits and payments. Add lines 6a through 6d	7	461.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	461.
11	Enter the amount of line 10 to be: Credited to 2022 estimated tax ▶ 461. Refunded ▶	11	0.

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Part VI-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1 b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		X
If the answer is 'Yes' to 1 a or 1 b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
1 c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ▶ \$ <u>0.</u> (2) On foundation managers ▶ \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If 'Yes,' attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
4 b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If 'Yes,' attach the statement required by <i>General Instruction T</i> .		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Part XIV	X	
8 a Enter the states to which the foundation reports or with which it is registered. See instructions <u>ME</u>		
8 b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If 'No,' attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If 'Yes,' complete Part XIII ..	X	
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses.		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? ... Website address:	X	
14 The books are in care of ▶ <u>John J. Doyle</u> Telephone no. ▶ <u>207 973-9081</u> Located at ▶ <u>43 Whiting Hill Road Brewer ME</u> ZIP + 4 ▶ <u>04412</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here. N/A. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year. ▶ <u>15</u> N/A		
16 At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country ▶		

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Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

	Yes	No
1 a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1 a (1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1 a (2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1 a (3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1 a (4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	1 a (5)	X
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1 a (6)	X
b If any answer is 'Yes' to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions.	1 b	
c Organizations relying on a current notice regarding disaster assistance, check here. <input type="checkbox"/>		
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2021?	1 d	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021?	2 a	X
If 'Yes,' list the years ▶ 20 __ , 20 __ , 20 __ , 20 __		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement – see instructions.)	2 b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 __ , 20 __ , 20 __ , 20 __		
3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3 a	X
b If 'Yes,' did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.)	3 b	
4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021?	4 b	X

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Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

	Yes	No
5 a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5 a (1)	X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5 a (2)	X
(3) Provide a grant to an individual for travel, study, or other similar purposes?	5 a (3)	X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	5 a (4)	X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	5 a (5)	X
b If any answer is 'Yes' to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5 b	N/A
Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If 'Yes,' attach the statement required by Regulations section 53.4945-5(d).	5 d	N/A
6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6 a	X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If 'Yes' to 6b, file Form 8870.	6 b	X
7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7 a	X
b If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?	7 b	N/A
8 Is the foundation 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?	8	X

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 8		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
None				

Total number of other employees paid over \$50,000 0

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services		0

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 <u>SYLVIA ROSS LEGACY PROGRAM-Assistance to qualified applicants to reduce the cost of residency at the Sylvia Ross Home, assisted living apartments located on the campus of Ross Manor in Bangor.</u>	206,080.
2 <u>Also see attached publication.</u>	
3 -----	
4 -----	

Part VIII-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 <u>N/A</u>	
2 -----	
3 All other program-related investments. See instructions.	
Total. Add lines 1 through 3	

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Part IX **Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	1 a	
b Average of monthly cash balances	1 b	
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	0.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1 e	
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6 Minimum investment return. Enter 5% (0.05) of line 5	6	0.

Part X **Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

1 Minimum investment return from Part IX, line 6	1	N/A
2 a Tax on investment income for 2021 from Part V, line 5	2 a	
b Income tax for 2021. (This does not include the tax from Part V.)	2 b	
c Add lines 2a and 2b	2 c	
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	

Part XI **Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1 a	281,652.
b Program-related investments – total from Part VIII-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	3 a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	281,652.

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Part XII Undistributed Income (see instructions)

N/A

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only.....				
b Total for prior years: 20 __, 20 __, 20 __				
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018				
d From 2019				
e From 2020				
f Total of lines 3a through e				
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ _____				
a Applied to 2020, but not more than line 2a ..				
b Applied to undistributed income of prior years (Election required – see instructions).....				
c Treated as distributions out of corpus (Election required – see instructions).....				
d Applied to 2021 distributable amount.....				
e Remaining amount distributed out of corpus.....				
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5.....				
b Prior years' undistributed income. Subtract line 4b from line 2b.....				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.....				
d Subtract line 6c from line 6b. Taxable amount – see instructions.....				
e Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount – see instructions.....				
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022.....				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required – see instructions).....				
8 Excess distributions carryover from 2016 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a.....				
10 Analysis of line 9:				
a Excess from 2017.....				
b Excess from 2018.....				
c Excess from 2019.....				
d Excess from 2020.....				
e Excess from 2021.....				

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed	0.				0.
b 85% (0.85) of line 2a					0.
c Qualifying distributions from Part XI, line 4, for each year listed	281,652.	478,735.	520,884.	484,444.	1,765,715.
d Amounts included in line 2c not used directly for active conduct of exempt activities					0.
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	281,652.	478,735.	520,884.	484,444.	1,765,715.
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test – enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed		101,926.	109,350.	120,775.	332,051.
c 'Support' alternative test – enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

None

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

None

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i>				
Ross Manor 758 Broadway Bangor ME 04401	N/A	509(a) (2)	Provide financial assistance to qualified residents for assisted living at Sylvia Ross Home at Ross Manor	201,540.
Total				3 a 201,540.
<i>b Approved for future payment</i>				
Total				3 b

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of:		
(1) Cash		X
(2) Other assets		X
b Other transactions:		
(1) Sales of assets to a noncharitable exempt organization		X
(2) Purchases of assets from a noncharitable exempt organization		X
(3) Rental of facilities, equipment, or other assets		X
(4) Reimbursement arrangements		X
(5) Loans or loan guarantees		X
(6) Performance of services or membership or fundraising solicitations		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

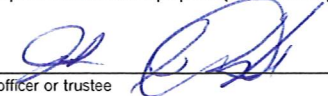
(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

b If 'Yes,' complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
EMH Real Estate	501(c)(2)	Sister organization Holds title to real property

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here  | 2/3/23 | NLH VP of Finance

Signature of officer or trustee | Date | Title

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

Paid Preparer Use Only

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

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

Rosscare

Employer identification number

01-0391038

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[] 501(c)() (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[X] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. > \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Rosscare	Employer identification number 01-0391038
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Sylvia Ross Trust PO Box 923 Bangor, ME 04402-0923	\$ 414,845.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Rosscare

01-0391038

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization

Rosscare

Employer identification number

01-0391038

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... ▶\$ _____ N/A
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

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

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

Type or print	Name of exempt organization or other filer, see instructions. Rosscare	Taxpayer identification number (TIN) 01-0391038
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, Suite 400	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Brewer, ME 04412	

Enter the Return Code for the return that this application is for (file a separate application for each return) 04

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

• The books are in the care of ▶ John J. Doyle _____

Telephone No. ▶ 207 973-9081 _____ Fax No. ▶ 207 973-7139 _____

• If the organization does not have an office or place of business in the United States, check this box ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ... ▶ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 8/15 ____, 20 23 ____, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 10/01 ____, 20 21 ____, and ending 9/30 ____, 20 22 __.

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

3 a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b	\$	461.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.....	3 c	\$	0.

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

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

Form **8868** (Rev. 1-2022)

Client ROSSCARE

Rosscare

01-0391038

6/10/23

09:15PM

Statement 1
Form 990-PF, Part I, Line 16a
Legal Fees

	(a) Expenses Per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
.....	\$ 35.			\$ 35.
Total	<u>\$ 35.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 35.</u>

Statement 2
Form 990-PF, Part I, Line 23
Other Expenses

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Information Technology.....	\$ 4,650.			\$ 4,650.
Shared Services Expense.....	5,685.			4,809.
Supplies.....	-1,558.			-3,346.
Total	<u>\$ 8,777.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 6,113.</u>

Statement 3
Form 990-PF, Part II, Line 14
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value	Fair Market Value
Machinery and Equipment	\$ 5,250.	\$ 5,250.	\$ 0.	\$ 0.
Total	<u>\$ 5,250.</u>	<u>\$ 5,250.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 4
Form 990-PF, Part II, Line 15
Other Assets

	Book Value	Fair Market Value
Beneficial Interest in Perpetual Trusts.....	\$ 6,663,053.	\$ 6,663,053.
Total	<u>\$ 6,663,053.</u>	<u>\$ 6,663,053.</u>

Statement 5
Form 990-PF, Part II, Line 22
Other Liabilities

Reserve for Retiree Health Benefits.....	\$ -62,884.
Total	<u>\$ -62,884.</u>

Client ROSSCARE

Rosscare

01-0391038

6/10/23

09:15PM

Statement 6
Form 990-PF, Part III, Line 3
Other Increases

Pension Liab FAS158.....	\$	18,431.
Post Retirement Health Benefit FAS 158.....		35,144.
Total	\$	<u>53,575.</u>

Statement 7
Form 990-PF, Part III, Line 5
Other Decreases

Change in unrealized G/L.....	\$	2,166,186.
Total	\$	<u>2,166,186.</u>

Statement 8
Form 990-PF, Part VII, Line 1
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Colleen Hilton NL HC&H, 50 Foden Road Suite 3 South Portland, ME 04106	President/Direc 0.50	\$ 0.	\$ 0.	\$ 0.
Tim Dentry 43 Whiting Hill Road Brewer, ME 04412	Director 0.50	0.	0.	0.
Lisa Harvey-McPherson 43 Whiting Hill Road Brewer, ME 04412	Director 0.50	0.	0.	0.
George Eaton 43 Whiting Hill Road Brewer, ME 04412	Director/Secret 0.50	0.	0.	0.
Anthony Filer 43 Whiting Hill Rd Brewer, ME 04412	Treasurer 0.50	0.	0.	0.
Glenn Martin 43 Whiting Hill Rd Brewer, ME 04412-1005	Secretary 0.50	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>



Northern Light
HealthSM

Rosscare
01-0391038
Form 990-PF, Part VIII-A



Promises
Annual Report 2022

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16 A DIFFERENT KIND OF PHARMACIST

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“A promise made must be a promise kept.”

–Aristotle

When people keep their promises to us, we feel valued, respected, and appreciated. At Northern Light Health, we understand the importance of making a promise and doing the work to keep it.

Our promise to the people and communities we serve across our great state of Maine is to make healthcare work for you. This means that we promise to get better every day by raising quality through teamwork, efficiency, and innovation. We promise to guide the way for our patients and their families, through the care experience. We live in a big, rural state, and we know access to care can be challenging for some people in our communities. So, we are committed to improving access. And last, but certainly not least, we promise to see patients as diverse individuals with their own unique needs.

In this annual report, we highlight the ways our valued employees and community partners are working together to keep our promises to the communities we serve. From helping firefighters access lung cancer studies at world-class research hospitals, to helping busy parents schedule pediatrics appointments on their own time, and using the latest in diagnostic technology to help people with congestive heart failure stay out of the hospital. We are also helping the state address a critical shortage of psychiatric inpatient beds while addressing the state’s long-term community-based mental and behavioral health needs.

These stories in this report are just a few examples of the promises we work hard to keep every day. This work inspires us. We hope it inspires you too.



Timothy J. Dentry, MBA
President & CEO
Northern Light Health



Kathy Corey,
Board Chair
Northern Light Health

Promises

ACADIA FOR ALL

Emerald Forcier is walking an aisle of gleaming white chairs carefully set on a lush green lawn overlooking the Penobscot River. Her husband, Kurt is hustling along on a lawn tractor, making sure the lawn is short and neat for the upcoming wedding the couple plans to host at their venue, Penobscot Bay Weddings in Winterport. As her four-year-old daughter, Maisie picks wildflowers, Forcier is holding her 8-month-old son Miles in her arms while she thinks about all the work she has left to do in the wedding tent. “I often say to friends and family when they ask how I’m doing, I’m like, I am exhausted. We’re starting a new business. And yet the deep, important things are wonderful.”

But seven years ago, things were not wonderful for Forcier in terms of her mental health. She was living on the island of Bali; she was having difficulty getting the medications to manage her depression, and she was in a suicidal state. She moved back to the United States and attended an

“To be stuck in an emergency department with nowhere to go is a devastating experience far too many people face, and I cannot imagine a child or their parent going through that.” - Emerald Forcier

inpatient treatment program, which she credits with saving her life. After six months of hard work restarting her life, she was back in Maine, but her health insurance was due to expire at the beginning of the new year. Despite spending four weeks consistently trying, Forcier could not access any outpatient provider to renew her prescriptions. Desperate for help, she ended up in a hospital emergency department on New Year’s Eve 2015. Even then, she was sent away



Northern Light Acadia Hospital is undertaking an ambitious expansion project to double the number of its single occupancy rooms and add 50 inpatient pediatric rooms.

multiple times because psychiatric care was not available.

“I remember what it was like when I had reached my rock bottom and I needed inpatient services. I also remember the fear and helplessness of

being stuck in the emergency department, unable to access the care I needed. I frankly cannot even imagine the terror and the sadness of experiencing both of these things at once. The day a person needs inpatient care is one of the worst days of their life. To be stuck in an emergency department with nowhere to go is a devastating experience far too many people face, and I cannot imagine a child or their parent going through that.”



For more information about the Capital Campaign go to northernlight.org/AcadiaForAll



Scott Oxley, MBA, President, Northern Light Acadia Hospital (right) speaks with Dwane Albert, Northern Light Health facilities project manager (left) during a site visit.



Donors have given generously to the Acadia for All campaign including the Stephen and Tabitha King Foundation which donated one million dollars.

Forcier's experience is unfortunately all too common. Across Maine, there simply are not enough inpatient beds and people who end up in crisis situations turn to hospital emergency departments.

Nadia Mendiola, MD, an adolescent psychiatrist at Northern Light Acadia Hospital, sees it all too often. She says it's particularly troubling when children get stuck in these emergency departments for several weeks, or even months, waiting for an inpatient bed. "Emergency care physicians, they're wonderful at their job but they're not psychiatrists. They have limited options, they have

limited space, and you're talking about kids who can't even function in a big home or a big school and now you're confining them to a little spot. It's just not conducive to good care."

This is one of the reasons why Northern Light Acadia Hospital is undertaking an ambitious expansion project to double the number of its single occupancy rooms. The 50,000 square foot expansion will add 50 pediatric inpatient rooms as well as new group and individual treatment spaces. The 50 existing inpatient rooms are being remodeled to single occupancy, adult inpatient rooms



Nadia Mendiola, MD, Northern Light Acadia Hospital

to better meet current behavioral healthcare standards.

Acadia President Scott Oxley knows the expansion is needed. “Unfortunately, the kids we see today are sicker than they were 30 years ago, so we need more circulation space, more room for group therapies. And really, our existing facility does not accommodate that,” shares Oxley.

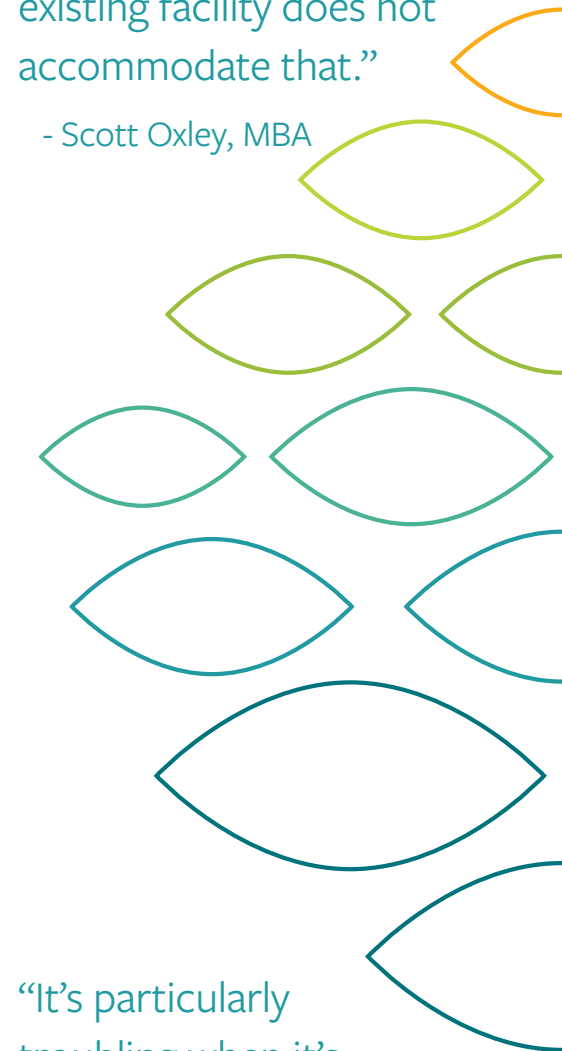
In addition to the new inpatient rooms, there will also be an expansion of the Mood and Memory clinic for patients with Alzheimer’s disease and dementia, and an

endowment created for workforce development, recruitment, and retention. All this work requires substantial investment, and Oxley says community support thus far has been exceptional.

“Long term, the key to our success is early detection, early intervention, keeping folks in their communities, and keeping them out of the highest level of care. The reality is there’s such a shortage of inpatient beds, that the need is urgent for inpatient beds while we work strategically and collaboratively on the longer-term plan.”

“Unfortunately, the kids we see today are sicker than they were 30 years ago, so we need more circulation space, more room for group therapies. And really, our existing facility does not accommodate that.”

- Scott Oxley, MBA



“It’s particularly troubling when it’s children who get stuck in these emergency departments for several weeks, or even months, waiting for an inpatient bed.”

- Nadia Mendiola, MD

Pictured: Beverly Fowler



BINGO!

How's your heart health?

Beverly Fowler is her name and Bingo is her game. Every Monday and Wednesday, Fowler leaves her Bangor apartment and heads to the Bangor Elks Lodge to have lunch with friends, play a few card games, and set up for evening Bingo. “Usually on a Monday night, we get between 80 and 100 people, which is a good, good evening. Some winter nights, if it’s snowing or something, we only get about 70, but that’s still pretty good,” she says. Fowler also plays Tuesdays, Thursdays, Fridays, and Sundays. “Saturday is a free day,” she says with a chuckle.

At 83 years old, Fowler enjoys staying active and socializing, but managing her congestive heart failure was slowing her down. “I kept filling up with fluids and ending up in the hospital for a week at a time. That’s happened three or four times,” says Fowler.

Alan Jansujwicz, MD, general cardiologist and director of Northern Light Cardiovascular Care is working to improve the quality of life of patients like Fowler by keeping them out of the hospital. “We know patients with heart failure end up being hospitalized over the course of time and each hospitalization matters. The statistics say that if you’re hospitalized with heart failure, over the next six months to a year, your risk of not doing well is higher than before you were hospitalized,” says Dr. Jansujwicz.



Northern Light Health is offering a new option to patients like Beverly Fowler, so they can monitor their congestive heart failure and correct course before needing hospitalization.

“I kept filling up with fluids and ending up in the hospital for a week at a time.”

- Beverly Fowler

Now, Northern Light Health is offering a new option to patients like Fowler, so they can monitor their condition and correct course before needing hospitalization. A remote monitoring device is implanted in the patient's pulmonary artery through a blood vessel in the groin. It measures pulmonary artery pressure and sends information to a receiver that resembles a giant pillow, which the

patient lays on to take daily readings. The receiver records and sends the information to a secure website where a patient care manager like Janet Glidden, RN, BSN, MBA, reviews it. If Glidden sees troubling changes in a patient's numbers, she can call them and talk about what's happening. “I'll look at their readings, and if I see they are ranging up, I'll call. They may not feel like there's

any change, but I'll say, ‘Your numbers are up. What did you do differently yesterday?’ It almost always relates to diet or having too many fluids,” Glidden shares.

“If the pressure's going up, it tells us the patient might be heading toward heart failure. Maybe we can stop that before it happens by increasing their therapies as opposed to them just

Beverly Fowler is getting her daily reading from her cardiac monitoring device.





Twin brothers Harold and Carrol Gurney go through their pre-game rituals. They are regulars at the Elks Lodge Bingo games.

slowly slipping into heart failure, getting past that early detection point, and ending up in the emergency department or hospitalized,” adds Dr. Jansujwicz.

Fowler says the device is indeed working, she thinks it’s kept her out of the hospital at least five times so far and she’s had it for less than a year. It does require the patient to commit to taking a daily reading, every week of the year — even when traveling. For Fowler, it’s a necessary inconvenience that keeps her out of the hospital so she can spend her time where she wants to be, which most days, is at bingo.



Fowler says the device is indeed working. She thinks it’s kept her out of the hospital at least five times so far and she’s had it for less than a year.

“The statistics say that if you’re hospitalized with heart failure, over the next six months to a year, your risk of not doing well is higher than it was before you were hospitalized.”

- Alan Jansujwicz, MD

Insanities

YES, PLEASE

Self-Scheduling for busy people

Emily Tadlock is a busy working mom with a blended family that includes her partner, Jim Bertolino, his three children, James 16, Isabella 14, Ruby six, and their infant daughter, six-month-old Elena. A typical day starts with preparing formula and getting diapers changed, making breakfast and packing lunches, and getting kids to school and daycare. Then, it's time to work a full day and juggle after-school pickups and activities such as theater practice or track practice. "It's nonstop. There's always something going on," shares Tadlock. While Tadlock and Bertolino are tech savvy (he's a software engineer and she's a marketing manager for Northern Light Health), they use a very low-tech, giant white-board calendar in their kitchen to help keep all six schedules straight. "We try to keep track of meals and our grocery list on there, too. If we don't have any more chocolate milk or we're almost out, we write it down there."

With so much going on in their daily lives, flexibility is something they covet. Tadlock is a big fan of Northern Light Health's new online self-scheduling tool for pediatric and primary care appointments. "A lot of times when I call a doctor's office, I have to sit down in front of my calendar to compare with their calendar. They have to say, okay, we have this time. Nope, that doesn't work. Okay, we have this time; that doesn't work either. Whereas with this, I can just pull it up and see what's open and it's easy for me to go, 'Oh this is the perfect time; here it is.' Even if I get distracted; if Ruby comes over and asks me for a paper towel or whatever, I can still come right back to it. I don't have to try to hold her off while I'm on the phone."



Self-scheduling is just one of the new digital offerings designed to improve patient access and experience, staff experience, and employee job satisfaction.



Pictured: Emily Tadlock and daughter Elena

“Self-scheduling is a splendid way for us to bring healthcare to patients. We can provide care how patients want it, when they want it, and where they want it. Self-scheduling is one of the basic tenets of all things going forward.”

- Darmita Wilson,
Vice President of Operations,
Northern Light Health Medical Group





For Tadlock, less time on the phone and more time with her family is something to be celebrated, “It’s a game changer for busy families for sure.”



Emily Tadlock checks Elena in for her appointment at Northern Light Pediatric Primary Care in Bangor.

Mary Archdeacon, a patient service representative at Northern Light Pediatric Primary Care in Bangor agrees scheduling takes a lot of time. “If somebody calls with three kids to schedule three well-child visits, that’s a long time on the phone, and we could be doing other tasks such as answering patient questions,” shares Archdeacon.

Darmita Wilson, vice president of operations for the Northern Light Medical Group says self-scheduling is just one of the new digital offerings designed to improve patient access and experience, staff experience, and employee job satisfaction.

“It is a splendid way for us to bring healthcare to patients. We can provide care how patients want it, when they want it, and where they want it. Self-scheduling is one of the basic tenets of

all things going forward,” shares Wilson. Other digital experience applications allow patients to fill out their paperwork electronically before coming to the medical practice, saving time in reception.

Northern Light Health offers self-scheduling for many pediatric and adult primary care visits, as well as screening mammograms at most locations. Current patients can get to the tool through the patient portal, but even new patients can schedule appointments online using the Provider Finder or the Schedule an Appointment links found on Northern Light Health websites. “Access is what Northern Light is really all about,” adds Wilson.

For Tadlock, less time on the phone and more time with her family is something to be celebrated. “It’s a game changer for busy families for sure.”

A DIFFERENT KIND OF PHARMACIST

Are you in control of your diabetes?

Darlene Ouellette is a retired schoolteacher who often put her health needs behind the rest of her family. Caring for her children, including a son with autism, was her priority. On a recent visit with her primary care provider, who happened to be a former student, she had a frank conversation about her health.

“I felt very comfortable talking to my provider about what was going on in my life, the stress levels and everything. She said she was concerned; she said, ‘Would you mind talking with Jessica, our pharmacist, and we’ll see where we can go with it?’ I said, Sure. I knew at that point I had to do something,” recalls Ouellette, who was struggling to keep her blood pressure and diabetes in check.

What Ouellette, did not realize, was that Jessica Bates, PharmD, is not the type of pharmacist that you visit in a retail pharmacy and have a conversation with while picking up medications. Bates is an ambulatory care pharmacist.

“Primary care practitioners refer patients to meet with me for a variety of reasons ranging from diabetes to high blood pressure to medication management. I work directly with the practitioner which allows me to adjust people’s medication and provide education about their medications. I also review their medication list for drug interactions and streamline their therapy to ensure they’re on the optimal medications,” shares Bates. “But limiting the number of medications they have to take is the primary goal.”



Jessica Bates, PharmD, is not the type of pharmacist that you visit in a retail pharmacy and have a conversation with while picking up medications. Bates is an ambulatory care pharmacist.



Pictured above: Darlene Ouellette



Pictured above: Darlene Ouellette
Right: Jessica Bates, PharmD, Northern Light Pharmacy



Ouellette is a huge fan of this added level of collaboration and care. After ignoring her own medical needs for so long, she's now making progress. She is more careful about her diet and goes for walks every day.

Patients like Ouellette, meet with Bates in her office, typically for 20-40 minutes. The discussion is primarily about medications and Bates says she can learn a lot about her patients in those meetings that she can share with the primary care practitioners in addition to information she learns about new and existing medications.

“We have monthly meetings, and I usually provide updates for them about clinical guideline changes, new and emerging therapies, or clinical trials that have been published. This relationship is mutually beneficial for the provider, for me, and ultimately the patients,” says Bates.

Ouellette is a huge fan of this added level of collaboration and care. After ignoring her own medical needs for so long, she's now making progress. She is more careful about her diet and goes for walks every day. She says Bates helped get her blood pressure medications adjusted and her diabetes in check.

“If people come up to me and say, what are you doing? I tell them it's a collaboration between me, my pharmacist, and my physician. We talk all together. It makes it so much easier to know everyone's on the same page. They want to do what's right for you, and they want to try to make sure you're doing well in terms of not only your physical health but your mental health too!”





“If people come up to me and say, what are you doing? I tell them it’s a collaboration between me, my pharmacist, and my physician. We talk all together. It makes it so much easier to know everyone’s on the same page.”

- Darlene Ouellette




Northern Light
Medical Group

KEEPING IT LOCAL

How was your trip to see us?

Nearly 20 years ago, Gavin Ducker, MD, joined Northern Light Health to become what he calls a country doctor. Since that time, Dr. Ducker has provided primary care to thousands of patients in towns throughout central Maine at Northern Light Primary Care in Waterville. He's made the wellness of others his professional commitment and has seen the importance and benefits of screenings for the early detection of lung cancer. He also knows the importance of keeping care close to home. "Over the years, I've had many patients die from lung cancer. It's a sad moment, and I've often wondered how we could have effectively detected those cancers early on to try and cure them. Despite years and years of research, we've never come up with an effective way of doing that until about six or seven years ago."

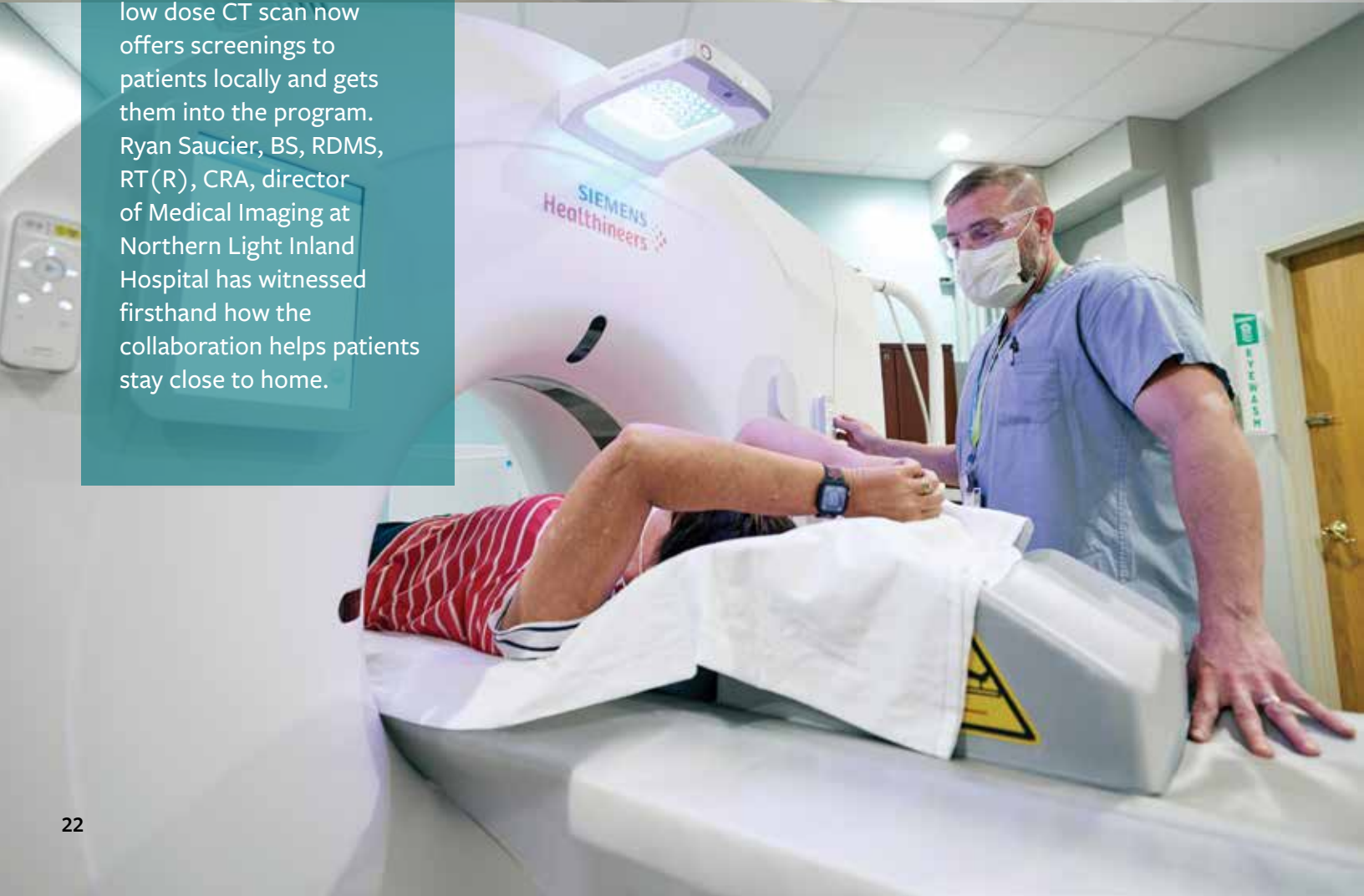
When it comes to lung cancer, early detection is key. Seventy-five percent of cancer cases in Maine are detected too late and, as a result, are less likely to be curable. So, when Dr. Ducker has a patient who may qualify for Northern Light Eastern Maine Medical Center's Lung Cancer Screening Program, patient navigator Amy McClary, RN, steps in. The Lung Cancer Screening Program is helping patients discover potential issues earlier, resulting in more treatment options, and leading to brighter and better outcomes. To make the process more convenient for people in rural areas, Eastern Maine Medical Center partners with hospitals in smaller communities, allowing



The Northern Light Eastern Maine Medical Center Lung Cancer Screening Program is helping patients discover potential issues earlier, resulting in more treatment options, and leading to brighter and better outcomes.



Each of our member hospitals who can do a low dose CT scan now offers screenings to patients locally and gets them into the program. Ryan Saucier, BS, RDMS, RT(R), CRA, director of Medical Imaging at Northern Light Inland Hospital has witnessed firsthand how the collaboration helps patients stay close to home.





Amy McClary, RN can guide patients from across Northern Light Health through their care plan.

“Having this program is so important because early-stage lung cancer is asymptomatic. A lot of the cancers we find are people who just came in for their normal scan, had no symptoms, and didn’t even realize they were walking around with this cancerous lung nodule in them.”

- Amy McClary

patients to have a low-dose CT scan done closer to home. Once complete, Amy and her team take it from there, handling everything from tracking appointments to working with the patient’s local primary care provider, like Dr. Ducker.

“Having this program is so important because early-stage lung cancer is asymptomatic. A lot of the cancers we find are people who just came in for their normal scan, had no symptoms, and didn’t even realize they were walking around with this cancerous lung nodule in them. The symptoms for lung cancer don’t appear until very late stage when there are fewer treatment options available,” explains McClary.

Ryan Saucier, BS, RDMS, RT(R), CRA, director of Medical Imaging at Northern Light Inland Hospital has witnessed first-hand how the collaboration helps patients stay close to home. Instead of driving to Bangor for a five-minute scan, patients are scanned with state-of-the-art equipment right at Inland Hospital. “When I think of providing this service to the community and the potential

to make a difference in catching a cancer that 75 percent of the time is found too late, it’s a wonderful opportunity to make a difference in someone’s life by participating in this kind of work. I ask myself, ‘how do we find a way to serve our patients in a meaningful way?’ And this is a great way that we’re able to do it, and it feels good.”

“The National Institutes of Health finally came up with a program that involves low dose CT scanning, they published the data about six or seven years ago. We’ve mimicked exactly what they do here at our lung cancer screening program. Each of our member hospitals that can do a low-dose CT scan now offer screenings to patients locally and get them into the program. It’s a big step forward,” adds Dr. Ducker.



To see eligibility requirements or more information go to northernlighthealth.org/EMMCLCS

Promises



Pictured: Dave Crowley

Breathing Easier

Can we bring care closer to you?

Portland Fire Lieutenant Dave Crowley keeps a watchful eye as he steams across Casco Bay and patrols the islands and mainland looking for any signs of trouble from boaters, fishermen, or island residents. As a lieutenant, he's responsible for the operation of the boat and the safety of the crew. Saving lives is the job he signed up for. He's rescued stranded boaters and shuttled injured islanders to mainland hospitals. "When I started working on the fire boat, one of my first calls was for Cliff Island, which is eight miles out and about a half-hour run. The call was for an eight-year-old child who fell out of a tree. Female, unconscious, not breathing. And, I know it's my kid."

It was one of the scariest calls he would answer in his years on the fireboat. Fortunately, his daughter's injuries were not as severe as they initially appeared, and she ended up recovering fully. Crowley admits that while he's looking out for the well-being of others, he's not always been that good about taking care of his own healthcare needs. "My wife pushes me to do a better job of it," shares Crowley.

One thing he is a big fan of is getting something for free. When he was offered an opportunity to get a lung cancer screening as part of a clinical research trial through the joint efforts of the Portland Fire Department, Massachusetts General Hospital (MGH), and Northern Light Mercy Hospital, he didn't need much convincing. The Portland Fire Department used federal funding earmarked for firefighter wellness initiatives to pay for 50 of its firefighters to get lung scans. Through a clinical affiliation agreement with Northern Light Health, firefighters like Dave Crowley were able to get their screenings done right at Mercy Hospital in Portland, who then shared that information with researchers at MGH. Because it didn't cost Crowley anything and it was convenient, he was on board. "I thought it's free, you know, and I've got Scottish blood in me and if I'm going to get something that somebody else is paying for, I'm in line," Crowley says the whole process was quick. "It took me longer to get to Mercy Fore River from



When Crowley was offered an opportunity to get a lung cancer screening as part of a clinical research trial through the joint efforts of the Portland Fire Department, Massachusetts General Hospital (MGH), and Northern Light Mercy Hospital, he didn't need much convincing.



“It took me longer to get to Mercy Fore River from Commercial Street than it did to do the scan, including the check-in and everything. It was painless.”

- Dave Crowley

Commercial Street than it did to do the scan, including the check-in and everything. It was painless. You lie down on the table, put your arms up over your head, hold your breath, and then they run you through the machine twice and you're done.” The decision to get the free screening proved to be a critically important one for Crowley. His screening detected a small spot on his lung. “That was an eye opener; you know, it shows us our mortality,” he said.

The spot was caught very early so the plan for Crowley is to go back to Northern Light Mercy Hospital every three months for another scan to see if the spot grows any larger. If it does, he will assess his options with his care team but, because they detected this spot, Crowley says the prognosis is very good.

“They go in with a small scope and pluck it out. Most people don't even have shortness of breath afterward,” Crowley said. But if he hadn't had this screening and the spot was cancerous and went undetected, he could have easily been another lung cancer statistic. While he doesn't dwell upon that, he does acknowledge the effect of having this new piece of health information.

“Even the bad news is good news. It's virtually a 100 percent chance of survival. You don't get that for a root canal,” he laughs. “My theory of the way I live my life is you should never be so afraid of dying that you're afraid to live. I still do everything I've done before.”



The decision to get the free screening proved to be a critically important one for Crowley. His screening detected a small spot on his lung. Because they detected this spot, the prognosis is very good.

Screenises



Northern Light Health, Investing in Care for the Future of Maine with the Help of Donor Support



Northern Light CA Dean new hospital construction.

layouts, these facilities are designed to ensure that care teams can make the most of space and equipment, to provide the best care possible for patients.

In Ellsworth, Northern Light Maine Coast Hospital opened a spacious, family-focused birthing center – ready to welcome future generations to the Downeast region. A two-phase project, the hospital’s former obstetrics space will soon be renovated, becoming inpatient rooms that offer enhanced privacy for patients to rest and heal.

Northern Light Acadia Hospital’s behavioral health services have statewide reach, thanks to telehealth and embedded providers at Northern Light Health member facilities, but the need for inpatient care has outgrown the physical hospital space in Bangor. In 2022, Northern Light Acadia Hospital broke ground on its much-needed expansion, to increase the number of pediatric inpatient rooms and treatment areas, and update adult inpatient rooms for single occupancy.



January 2023 celebrates one year of One Mercy! We’re happy to provide one expanded healthcare campus along the Fore River Parkway.

With the help of generous and committed community members and corporate partners, Northern Light Health is making good on its promise to make healthcare work for you.

2022 will be remembered as a year when communities across Maine came together to invest in the future of healthcare for all Mainers. In Greenville and Blue Hill, Northern Light CA Dean and Blue Hill Hospitals broke ground on brand new hospital buildings, designed with private inpatient rooms and 24/7 emergency departments. With new, modern



Thank you for helping us invest in the future of healthcare for Maine! To learn more about how you can support our ongoing building campaigns, scan the QR code.

STATEWIDE SUPPORT FOR CANCER CARE

Sadly, cancer will touch most of our lives in some way, as a patient, as a family member, or as a friend. Northern Light Cancer Care is committed to providing services for cancer patients throughout Maine. We are grateful for the generous individuals who are stepping up to support these programs.

A MILESTONE FOR CHAMPION THE CURE CHALLENGE

“It’s hard to describe the cancer journey in words, but when you know the community is behind you, it’s powerful. It means so much in terms of hope and healing,” says Jon Henry, a patient at Northern Light Cancer Care, explaining why he participates in Northern Light Eastern Maine Medical Center’s annual Champion the Cure Challenge.

In August 2022, a long-time Champion the Cure Challenge enthusiast, who wishes to remain anonymous, offered to help make 2022 the first year in the event’s history to

raise one million dollars to support Northern Light Cancer Care. The generous donor proposed a match of every dollar raised by participants, up to \$250,000, through September 30. The community rose to the challenge. By the end of September, teams and participants had well exceeded the fundraising goal for the first time in the event’s 13-year history.

For people like Jon Henry, the matching challenge was an inspiration. “That prompted me to make another donation before the matching challenge ended.”

Most of the funds will go toward the purchase of a linear accelerator, which provides radiation oncology treatments. Associate vice president of Oncology at Northern Light Eastern Maine Medical Center, Donna Boehm says, “This milestone achievement for Champion the Cure Challenge will help ensure that world-class cancer care remains available right here in our community.”



To register for the 2023
Champion the Cure Challenge,
visit ctcchallenge.org





Twenty-Eight Years of Supporting Breast Health

At Northern Light Sebecook Valley Hospital, supporting breast health is a long-standing tradition. For nearly three decades, the community has rallied together to raise money to support breast health services at Northern Light Women’s Health in Pittsfield.



To schedule a screening mammogram, go to NorthernLightHealth.org/ScheduleAMammogram

Giving by Organization

Acadia Hospital	\$1,825,095.13
AR Gould Hospital	\$233,623.46
Blue Hill Hospital	\$1,498,171.23
CA Dean Hospital	\$5,187,019.51
Eastern Maine Medical Center and Children’s Miracle Network Hospitals	\$3,305,292.94
Home Care & Hospice	\$393,051.43
Inland Hospital	\$419,146.42
Maine Coast Hospital	\$2,441,990.75
Mayo Hospital	\$289,976.26
Mercy Hospital	\$3,580,757.13
Northern Light Health	\$361,384.62
Northern Light Health Foundation	\$219,637.03
Sebecook Valley Hospital	\$90,971.07

Total \$19,846,116.98



To learn more about how donors are supporting care in our communities, visit northernlighthealth.org/foundation



People who have lived with cancer know treatment is only the beginning of their cancer journey. Northern Light Health’s survivorship programs, which include teams of specialists such as physical therapists, nutritionists, and social workers, surround patients with holistic resources and support as they move into the next stage of their cancer journey.

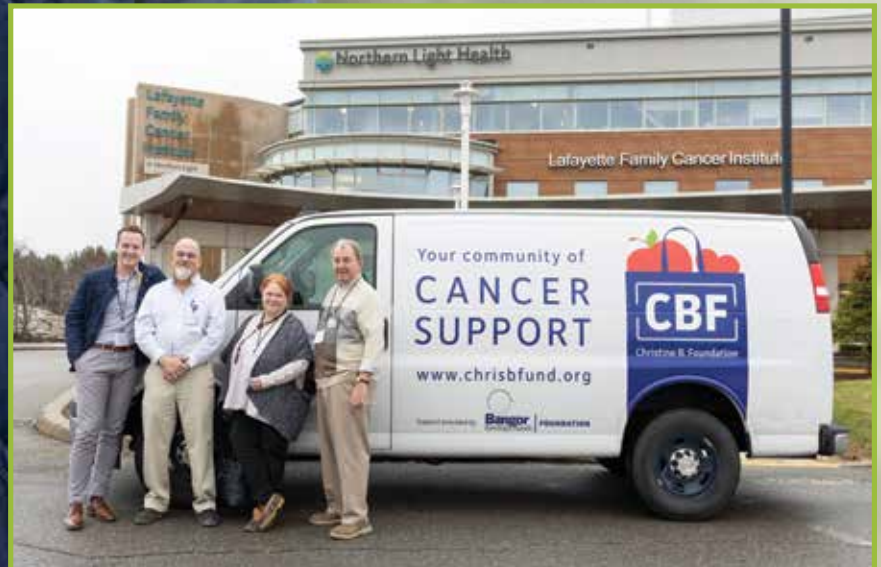
Northern Light Mercy Hospital’s survivorship program was created through the generosity of the Tallen Kane Foundation. Last fall, the hospital hosted special virtual events to help connect cancer patients and their families to wellness resources and support. “We are grateful to the Tallen Kane Foundation for their generous support in helping us increase access to vital resources and information for our patients and their families,” says Charlie Therrien, president of Northern Light Mercy Hospital.

ARE YOU EATING OK?

Matt Dexter was 13 years old when his mom headed off for what was supposed to be a routine checkup with her doctor. Seven months later, in April of 2008, Matt's mother died of stomach cancer. "She was our family's rock and a generous person. When she was diagnosed with cancer she changed dramatically. She lost weight and barely spoke to any family or friends. It really shook my sister, my dad, and me," Dexter recalls.

When he attended college at the University of Maine in 2014, Dexter already had a solid foundation for community service, something his mom instilled in him at a young age. An avid runner, he organized a fundraiser road race in his mother's honor and called it the Eastern Trek for Cancer. "It started off very, very simple—raise funds, give them out, have a good time. I quickly realized service to others is what I was meant to do, and that is how the Christine B. Foundation (CBF) got its start."

From its humble beginnings as a college student's road race in his mother's name, CBF has transformed into a non-profit agency that provides nutrition assistance to cancer patients across Maine. "We have supported more than 1,300 Mainers and provided nearly



Christine B. Foundation Executive Director Matt Dexter, Manager Brian Ross, and volunteers Rebecca Dauphinee and Dan Bahr deliver food for patients at the Lafayette Family Cancer Institute.

300,000 medically tailored meals. We work with 120 volunteers every week. We're headquartered in Bangor and reach people over 11,000 square miles of the state, which is magical with only two staff," explains Dexter, who serves as executive director of CBF.

The Christine B. Foundation partners with agencies, government, colleges, universities, hospitals, and healthcare systems, including Northern Light Health, to provide meal assistance to cancer patients.

"For patients recovering from cancer, a nutritious diet is vitally important. Having the opportunity to provide nutritious meals at no cost to our patients, especially with food prices so high, goes a long way to help us heal those in need in our communities," shares Kate Fergola, community health specialist, Northern Light Mayo Hospital.

Northern Light Health recently awarded CBF a \$10,000 community benefit grant. "The Christine B. Foundation and their amazing team of volunteers bring nutritious food and a caring personal connection to people living with cancer. We are proud to support the growth of their home delivery network improving food equity and access for people in rural Maine communities," shares Doug Michael, MPH, associate vice president, chief community health and grants officer, Northern Light Health.

Matt Dexter is grateful to have community partners like Northern Light Health support CBF's mission.



Learn more about Christine B. Foundation at: chrisbfund.org



Find Help and other resources at: <https://northernlighthealth.org/Find-Help>

Total Community Investment by Category

Community Health Improvement Services	\$1,688,553
Health Professions Education	\$2,014,444
Research	\$1,263,109
Cash and In-Kind Contributions	\$250,058
Community Building Activities	\$551,469
Community Benefit Operations	\$1,798,788
Traditional Charity Care	\$13,996,429
Unpaid Cost of Public Programs:	
Medicaid	\$112,656,916
Medicare	\$208,557,110

Total Systemwide **\$342,776,876**

Northern Light Health Member Community Benefit

Acadia Hospital	\$12,948,815
AR Gould Hospital	\$18,778,272
Blue Hill Hospital.....	\$4,883,678
CA Dean Hospital	\$129,640
Eastern Maine Medical Center	\$227,976,812
Home Care & Hospice	\$423,576
Inland Hospital	\$13,117,525
Maine Coast Hospital.....	\$13,105,471
Mayo Hospital	\$662,439
Mercy Hospital	\$49,878,565
Northern Light Health Home Office	\$462,944
Sebasticook Valley Hospital	\$409,139



To learn more go to: northernlighthealth.org/Community-Health-Needs-Assessment/Community-Benefit-Reports

Consolidated Balance Sheets

Years Ended September 30, 2022 and 2021

(in thousands of dollars)

ASSETS	2022	2021
Total current assets	\$534,651	\$764,553
Assets limited as to use:		
Capital replacement and other designated uses	327,121	403,255
Self insurance funds and other trusts	47,559	57,814
Donor restricted gifts	92,514	97,182
Total assets limited as to use	467,194	558,251
Property and equipment, net	829,522	795,667
Other long-term assets	62,748	62,136
Total assets	\$1,894,115	\$2,180,607
LIABILITIES		
Total current liabilities	\$404,718	\$506,407
Accrued post-employment benefits	229,948	259,423
Long-term debt	552,831	568,914
Other long-term liabilities	10,138	5,690
Total liabilities	1,197,635	1,340,434
Total net assets	696,480	840,173
Total liabilities and net assets	\$1,894,115	\$2,180,607

Consolidated Statements of Operation

Years Ended September 30, 2022 and 2021

(in thousands of dollars)

	2022	2021
Net operating revenue	<u>\$2,006,106</u>	<u>\$2,027,076</u>
Operating expenses:		
Salaries and employee benefits	1,136,355	1,128,103
Supplies and other	1,001,468	841,815
Total expenses	<u>2,137,823</u>	<u>1,969,918</u>
(Loss) income from operations	(131,717)	57,158
Investment gains and (losses)	(46,318)	27,468
(Deficiency) excess of revenue and gains over expenses and losses	(178,035)	84,626
Noncontrolling interest		2
(Deficiency) excess of revenue and gains over expenses and losses - controlling interest	<u>\$(178,035)</u>	<u>\$84,628</u>
Operating margin	-6.57%	2.82%
Total margin	-9.08%	4.12%
Reinvestment in clinical equipment, technological advancements, and facilities	\$85,896	\$98,176



1

Home care and hospice organization



1

Integrated physician organization



6

Emergency transport members



8

Nursing homes



7

Joint ventures



10

Hospitals



44

Primary care practices



743

Available acute care beds



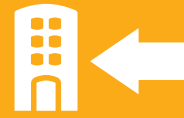
12,018

Employees



396,333

Primary care visits



26,799

Inpatient admissions



4,587

Observation admissions



3,008

Births

6,611

Inpatient surgical cases

25,990

Outpatient surgical cases



396,842

Imaging procedures

13,561

Inpatient emergency department visits

97,153

Outpatient emergency department visits



418

Cardiac surgeries



2,470,301

Outpatient visits



290,769

Telehealth Visits



140,482

Home Health & Hospice patient visits

LifeFlight of Maine

- 99 Towns Responded to for Scene Calls
- 198 Total Scene Calls
- 329 Fixed Wing Air Transports
- 413 Traumatic Injury Transports
- 666 Ground Transports
- 1,329 Helicopter Air Transports



Northern Light Medical Transport

- 100 Towns/townships/ unorganized territories in response area
- 3,623 Wheelchair van transports
- 18,612 Patients transported



Joint Ventures

- County Physical Therapy, LLC
- LifeFlight of Maine, LLC
- LTC, LLC
- MedComm, LLC
- New Century Healthcare, LLC
- Penobscot Logistics Solutions, LLC
- Uniship Courier Services, LLC



Member Map



* In December 2022, Quest Diagnostics acquired select assets of Northern Light Laboratory.

Northern Light Laboratory has a location in Rutland, Vermont.

1 Presque Isle

Northern Light AR Gould Hospital
Northern Light Home Care & Hospice
Northern Light Work Health

2 Greenville

Northern Light CA Dean Hospital

3 Dover Foxcroft

Northern Light Mayo Hospital
Northern Light Work Health

4 Bangor

Northern Light Acadia Hospital
Northern Light Eastern Maine Medical Center
Northern Light Health Foundation
Northern Light Home Care & Hospice
Northern Light Laboratory*
Northern Light Pharmacy
Northern Light Work Health
Northern Light Work Force

Brewer

Northern Light Beacon Health
Northern Light Eastern Maine Medical Center
Northern Light Health Home Office
Northern Light Laboratory*
Northern Light Pharmacy

5 Pittsfield

Northern Light Sebecook Valley Hospital
Northern Light Work Health

6 Waterville

Northern Light Home Care & Hospice
Northern Light Inland Hospital
Northern Light Work Health

7 Ellsworth

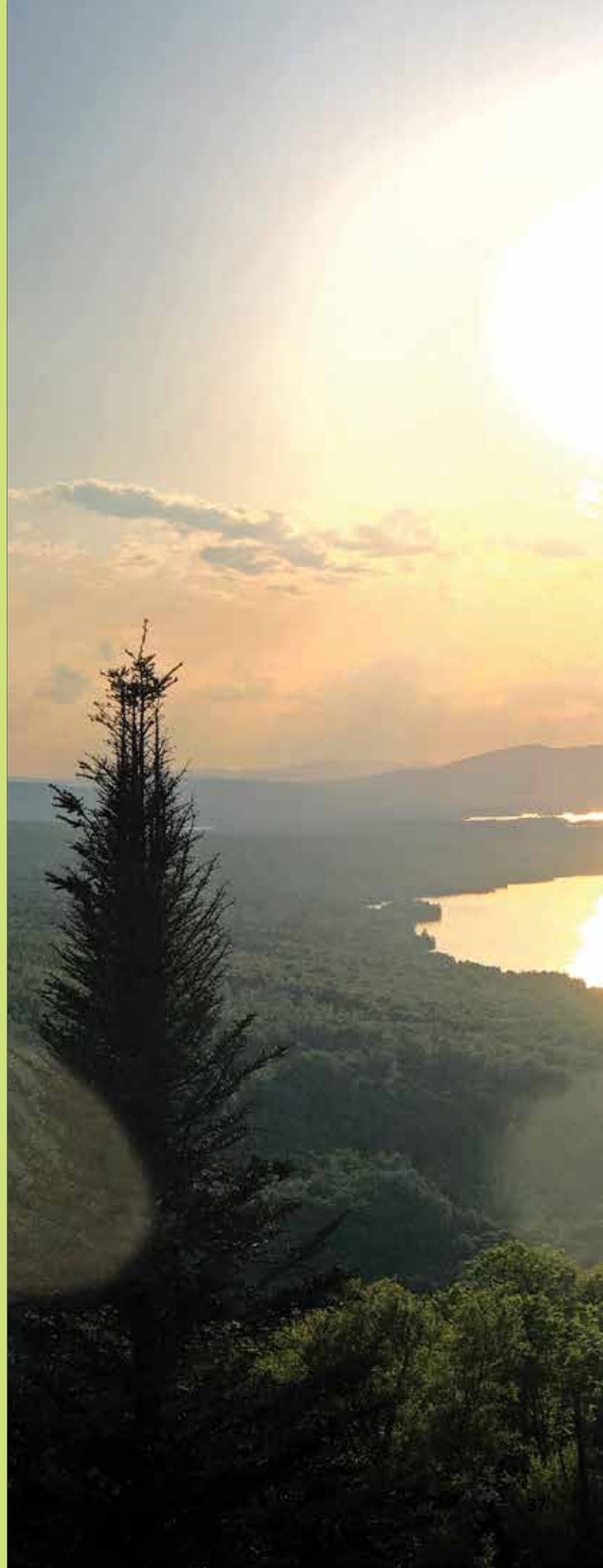
Northern Light Home Care & Hospice
Northern Light Maine Coast Hospital
Northern Light Work Health

8 Blue Hill

Northern Light Blue Hill Hospital

9 Portland

Northern Light Home Care & Hospice
Northern Light Laboratory*
Northern Light Mercy Hospital
Northern Light Pharmacy
Northern Light Work Force
Northern Light Work Health





Northern Light Health employees, families, and friends at the 2022 Bangor Pride Parade.



Our mission, vision, and values

Our Mission

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

Our Vision

Northern Light Health will be a leader in healthcare excellence.

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.



**Northern Light
Health**SM

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Brewer, Maine 04412
northernlighthealth.org

Receive Northern Light Health news all year.

