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0806

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

MAINEGENERAL HEALTH AND AFFILIATES

Number and street (or P.O. box if mail is not delivered to street address)

6 EAST CHESTNUT STREET

City or town, state or country, and ZIP + 4

AUGUSTA, ME 04330

D Employer identification number

32-0265031

E Telephone number

207-626-1289

F Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☒ Yes ☐ No

H(b) If "Yes," enter number of affiliates **5**

H(c) Are all affiliates included? (If "No," attach a list.) ☒ Yes ☐ No

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number **9706**

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: **WWW.MAINEGENERAL.ORG**

J Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **522,126,664.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received:				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	6,819,930.		
c	Indirect public support (not included on line 1a)	1c	300,095.		
d	Government contributions (grants) (not included on line 1a)	1d	3,143,472.		
e	Total (add lines 1a through 1d) (cash \$ 7,896,997. noncash \$ 2,366,500.)	1e		10,263,497.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		428,721,414.	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		774,395.	
5	Dividends and interest from securities	5		7,136,524.	
6 a	Gross rents	6a	761,872.		
b	Less: rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a	6c		761,872.	
7	Other investment income (describe ▶)	7			
8 a	Gross amount from sales of assets other than inventory	8a	57,607,599.		
b	Less: cost or other basis and sales expenses	8b	62,254,119.		
c	Gain or (loss) (attach schedule)	8c	-4,646,520.		
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		-5,441,872.	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10 a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11		16,799,897.	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		459,015,727.	
13	Program services (from line 44, column (B))	13		407,265,092.	
14	Management and general (from line 44, column (C))	14		57,910,608.	
15	Fundraising (from line 44, column (D))	15			
16	Payments to affiliates (attach schedule)	16			
17	Total expenses. Add lines 13 and 14, column (A)	17		465,175,700.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		-6,159,973.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		241,676,920.	
20	Other changes in net assets or fund balances (attach explanation)	20		-23,075,912.	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		212,441,035.	

723001
12-27-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

917

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22b				
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A 25a	655,369.	460,155.	195,214.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c				
26 Salaries and wages of employees not included on lines 25a, b, and c 26	151,943,854.	143,869,479.	8,074,375.	
27 Pension plan contributions not included on lines 25a, b, and c 27	6,722,641.	6,364,996.	357,645.	
28 Employee benefits not included on lines 25a - 27 28	18,856,648.	17,857,671.	998,977.	
29 Payroll taxes 29	10,481,965.	9,925,674.	556,291.	
30 Professional fundraising fees 30				
31 Accounting fees 31	6,990.	1,878.	5,112.	
32 Legal fees 32	491,087.	3,177.	487,910.	
33 Supplies 33	54,729,834.	53,835,556.	894,278.	
34 Telephone 34	1,588,714.	191,367.	1,397,347.	
35 Postage and shipping 35	771,072.	716,764.	54,308.	
36 Occupancy 36	11,508,742.	10,511,622.	997,120.	
37 Equipment rental and maintenance 37	8,129,627.	6,610,972.	1,518,655.	
38 Printing and publications 38	154,416.	152,117.	2,299.	
39 Travel 39	1,170,874.	1,110,977.	59,897.	
40 Conferences, conventions, and meetings 40	605,840.	497,904.	107,936.	
41 Interest 41	3,634,921.	3,634,921.		
42 Depreciation, depletion, etc. (attach schedule) 42	21,931,515.	14,019,259.	7,912,256.	
43 Other expenses not covered above (itemize):				
a 43a				
b 43b				
c 43c				
d 43d				
e 43e				
f 43f				
g SEE STATEMENT 6 43g	171,791,591.	137,500,603.	34,290,988.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	465,175,700.	407,265,092.	57,910,608.	0.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► **SEE STATEMENT 8**

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a **MAINEGENERAL MEDICAL CENTER PROVIDES COMPREHENSIVE HEALTHCARE SERVICES TO THE KENNEBEC VALLEY COMMUNITY, INCLUDING 24-HOUR EMERGENCY ROOMS, REGARDLESS OF A PATIENT'S ABILITY TO PAY. MGMC'S THREE HOSPITALS ARE LOCATED IN AUGUSTA AND WATERVILLE.**

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐ **330,434,268.**

b **MAINEGENERAL HEALTH ASSOCIATES PROVIDES FAMILY AND SPECIALTY MEDICINE PROGRAMS AND PROMOTES HEALTH BY PROVIDING COMPASSIONATE CARE AND RESPONDING TO THE NEEDS OF THE COMMUNITY.**

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐ **36,133,419.**

c **HEALTHREACH NETWORK PROVIDES HOSPICE AND HOME CARE TO THE CHRONICALLY ILL. THEIR COMMUNITY SUPPORT PROGRAMS TREAT PEOPLE AFFECTED BY SUBSTANCE ABUSE AND ASSIST PEOPLE WITH MENTAL ILLNESS.**

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐ **20,124,392.**

d **SEE STATEMENT 7**

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐ **17,728,525.**

e Other program services (attach schedule) **SEE STATEMENT 9**

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐ **2,844,488.**

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ► **407,265,092.**

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	7,851.	8,801.
	46 Savings and temporary cash investments	8,236,716.	11,736,504.
	47 a Accounts receivable	95,793,192.	
	b Less: allowance for doubtful accounts	49,926,046.	
		32,346,432.	45,867,146.
	48 a Pledges receivable	1,913,451.	
	b Less: allowance for doubtful accounts	38,269.	
		2,738,407.	1,875,182.
	49 Grants receivable	350,862.	73,534.
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable	717,094.	
	b Less: allowance for doubtful accounts		
			717,094.
	52 Inventories for sale or use	3,691,928.	3,806,522.
53 Prepaid expenses and deferred charges	1,673,721.	3,134,645.	
54 a Investments - publicly-traded securities	151,015,459.	104,967,299.	
b Investments - other securities			
55 a Investments - land, buildings, and equipment basis			
b Less: accumulated depreciation			
56 Investments - other	0.	1,900,348.	
57 a Land, buildings, and equipment basis	345,365,259.		
b Less: accumulated depreciation	167,038,982.		
	171,897,763.	178,326,277.	
58 Other assets, including program-related investments (describe SEE STATEMENT 12)	2,476,406.	2,342,047.	
59 Total assets (must equal line 74). Add lines 45 through 58	374,435,545.	354,755,399.	
Liabilities	60 Accounts payable and accrued expenses	26,106,443.	30,944,458.
	61 Grants payable		47,515.
	62 Deferred revenue	1,677,185.	700,406.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities	75,081,563.	69,895,564.
	b Mortgages and other notes payable	6,187,959.	5,430,930.
	65 Other liabilities (describe SEE STATEMENT 13)	23,705,475.	35,295,491.
66 Total liabilities . Add lines 60 through 65	132,758,625.	142,314,364.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	212,767,184.	192,146,012.
	68 Temporarily restricted	13,548,996.	4,514,683.
	69 Permanently restricted	15,360,740.	15,780,340.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances . Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	241,676,920.	212,441,035.
	74 Total liabilities and net assets/fund balances . Add lines 66 and 73	374,435,545.	354,755,399.

[illegible]

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III).	82b	38,146.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	N/A
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	N/A
90 a	List the states with which a copy of this return is filed	90b	NONE
b	Number of employees employed in the pay period that includes March 12, 2007	90b	3470
91 a	The books are in care of		MARY GRISWOLD
	Located at		6 EAST CHESTNUT STREET, AUGUSTA, ME
	Telephone no.		207-626-1289
	ZIP + 4		04330
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)? If "Yes," enter the name of the foreign country	91b	N/A
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue.					
a PROGRAM SERVICE REVENUE					168,979,728.
b					
c					
d					
e					
f Medicare/Medicaid payments					259,646,316.
g Fees and contracts from government agencies					95,370.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	774,395.	
96 Dividends and interest from securities			14	7,136,524.	
97 Net rental income or (loss) from real estate:					
a debt-financed property			16	761,872.	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-5,441,872.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue.					
a SEE STATEMENT 19		573,268.			16,226,629.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		573,268.		8,672,791.	439,506,171.
105 Total (add line 104, columns (B), (D), and (E))					448,752,230.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

SEE STATEMENT 20**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a						
b						
c						
Totals						

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a						
b						
c						
Totals						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

	Yes	No

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.

Please
Sign
Here

Signature of officer _____ Date _____
MICHAEL KOZIOL, CHIEF FINANCIAL OFFICER & TREASURER
 Type or print name and title

Paid
Preparer's
Use Only

Preparer's signature _____ Date _____ Check if self-employed ☐ Preparer's SSN or PTIN (See Gen. Inst. X) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 _____ EIN _____
 Phone no. _____

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2007

Name of the organization

MAINEGENERAL HEALTH AND AFFILIATES

Employer identification number

32 0265031

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are 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 & deferred compensation	(e) Expense account and other allowances
<u>ANTHONY MANCINI</u> 6 EAST CHESTNUT STREET, AUGUSTA, ME 0	PHYSICIAN 40.00	694,422.	38,567.	0.
<u>DONALD MAGIONCALDA</u> 6 EAST CHESTNUT STREET, AUGUSTA, ME 0	PHYSICIAN 40.00	538,614.	38,966.	0.
<u>BRUCE GOMBERG</u> 6 EAST CHESTNUT STREET, AUGUSTA, ME 0	PHYSICIAN 40.00	512,553.	36,279.	0.
<u>ANN TRAYNOR</u> 6 EAST CHESTNUT STREET, AUGUSTA, ME 0	PHYSICIAN 40.00	487,270.	27,071.	0.
<u>JOHN THALLER</u> 6 EAST CHESTNUT STREET, AUGUSTA, ME 0	PHYSICIAN 40.00	379,900.	30,682.	0.
Total number of other employees paid over \$50,000	► 957			

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>MAINE DARTMOUTH FAMILY PRACTICE RESIDENCY</u> 15 E. CHESTNUT ST, AUGUSTA, ME 04330	OPERATION OF PHYSICIAN RESIDEN	6596847.
<u>WATERVILLE ANESTHESIA ASSOCIATES</u> P.O. BOX 232, WATERVILLE, ME 04903	ANESTHESIA SERVICES	1275070.
<u>MAYO MEDICAL LABORATORY</u> P.O. BOX 9146, MINNEAPOLIS, MN 55480-9146	MEDICAL LABORATORY SERVIC	1050503.
<u>MAINEGENERAL CARDIAC CATHERTIZATION LAB</u> 6 EAST CHESTNUT STREET, AUGUSTA, ME 04330	CARDIAC CATHETERIZATION SE	948,575.
<u>ANESTHESIA & RESPIRATORY CARE ASSOCIATES</u> 6 EAST CHESTNUT STREET, AUGUSTA, ME 04330	ANESTHESIA SERVICES	805,742.
Total number of others receiving over \$50,000 for professional services	► 61	

Part II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>ATWOOD AND SON ELECTRIC</u> P.O. BOX 7, FAIRFIELD, ME 04937	ELECTRICAL INSTALATION AND R	888,244.
<u>AMEDISTAF LLC</u> P.O. BOX 595, TONTITOWN, AR 72770	TEMPORARY STAFFING	486,528.
<u>HERBERT CONSTRUCTION LLC</u> 8 GOULD RD, LEWISTON, ME 04240	BUILDING CONSTRUCTION AND	391,115.
<u>MCGEE CONSTRUCTION</u> 537 HIGH STREET, W. GARDINER, ME 04345	BUILDING CONSTRUCTION AND	381,898.
<u>PINE STATE ELEVATOR CO.</u> 230 ANDERSON ST, PORTLAND, ME 04101	BUILDING CONSTRUCTION AND	277,215.
Total number of other contractors receiving over \$50,000 for other services	► 11	

Part III Statements About Activities (See page 2 of the instructions.)**Yes No**

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence - public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X	
e Transfer of any part of its income or assets?	2e		X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SEE STATEMENT 21	3a	X	
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b Did the organization make any taxable distributions under section 4966? N/A	4b		
c Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
d Enter the total number of donor advised funds owned at the end of the tax year			N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			N/A
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☒ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ►					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. **N/A**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a ☐ if the organization belongs to an affiliated group. Check ☐ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	41	
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	42	
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

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 instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

Yes	No	Amount
		0.

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Exempt Organizations (See page 14 of the instructions.)

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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 organization. If the organization 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:

N/A

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

▶ ☐ Yes ☒ No

b. If "Yes," complete the following schedule:

N/A

[illegible]

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LAND	12/15/06	SL	.000	16	4366911.			4366911.			0.
2	LAND	12/15/07	SL	.000	16	801,164.			801,164.			0.
3	BUILDINGS AND IMPROVEMENTS	12/15/07	SL	20.00	16	42454941.			42454941.			1061343.
4	BUILDINGS AND IMPROVEMENTS	12/15/06	SL	20.00	16	142290656			142290656	67691153.		5633273.
5	LAND IMPROVEMENTS	12/15/07	SL	15.00	16	1909884.			1909884.			63,663.
6	LAND IMPROVEMENTS	12/15/06	SL	15.00	16	6192255.			6192255.	3727537.		256,799.
7	EQUIPMENT	12/15/07	SL	7.00	16	38301489.			38301489.			2735821.
8	EQUIPMENT	12/15/06	SL	7.00	16	109047959			109047959	73688777.		12180616.
* TOTAL 990 PAGE 2						345365259		0.	345365259	145107467	0.	21931515.
DEPR												

FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
	1	
	2	761,872.
TOTAL TO FORM 990, PART I, LINE 6A		761,872.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	2
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALES OF POOLED INVESTMENTS	57,607,599.	62,254,119.	0.	-4,646,520.
TO FORM 990, PART I, LINE 8	57,607,599.	62,254,119.	0.	-4,646,520.

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	3
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
SALES AND DISPOSAL OF PROPERTY, PLANT AND EQUIPMENT			PURCHASED
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE
	DEPREC	NET GAIN OR (LOSS)	
VARIOUS	61,466.	8,243,350.	0. 7,386,532. -795,352.
TO FM 990, PART I, LN 8	61,466.	8,243,350.	0. 7,386,532. -795,352.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
UNREALIZED LOSSES ON INVESTMENTS	-11,614,849.
PENSION RELATED CHANGES OTHER THEN NET PERIODIC PENSION COST	-11,461,063.
TOTAL TO FORM 990, PART I, LINE 20	-23,075,912.

FORM 990 OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACTUAL				
ALLOWANCES	75,416,888.	75,416,888.		
FREE CARE	8,545,913.	8,545,913.		
PHYSICIAN FEES	9,067,945.	9,067,945.		
EDUCATIONAL LOANS	510,826.	510,826.		
INCOME GUARANTEE	393,719.	393,719.		
TEMPORARY WORKER	2,431,939.	2,431,939.		
PURCHASED SERVICES	10,254,981.	10,254,981.		
PHARMACY REVIEW	407,066.	407,066.		
TRANSCRIPTION	84,765.	84,765.		
SERVICE CHARGES	2,803.	2,803.		
CONSULTANT FEES	1,320,332.	1,320,332.		
MOVING EXPENSES	19,765.	19,765.		
ADVERTISING	1,179,298.	1,179,298.		
INSURANCE	2,003,791.	2,003,791.		
EMPLOYEE AWARDS	340.	340.		
RECRUITMENT	263,674.	263,674.		
LOCUMS COSTS	1,541,694.	1,541,694.		
INSTITUTIONAL DUES	158,627.	158,627.		
LICENSE				
ACCREDITATION	150,991.	150,991.		
STATE TAX ASSESSMENT	5,972,356.	5,972,356.		
BAD DEBT EXPENSE	17,589,321.	17,589,321.		
TEMPORARY WORKER	59.		59.	
PURCHASED SERVICES	9,438,539.		9,438,539.	
CONSULTANT FEES	661,168.		661,168.	
MANAGEMENT FEES	23,904,141.		23,904,141.	
ADMINISTRATIVE				
EXPENSES	4,760.		4,760.	
PROFESSIONAL				
MEMBERSHIPS	161,304.		161,304.	
TAXES	118,773.		118,773.	
LICENSE	2,244.		2,244.	
PROFESSIONAL				
MEMBERSHIPS	183,569.	183,569.		
TOTAL TO FM 990, LN 43	171,791,591.	137,500,603.	34,290,988.	

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	7
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DESCRIPTION OF PROGRAM SERVICE FOUR

MAINEGENERAL REHABILITATION AND NURSING CARE PROVIDES CARE AND TREATMENT OF RESIDENTS REQUIRING LONG TERM HEALTHCARE AND SKILLED NURSING CARE.

THEIR ALZHEIMER'S CARE FACILITY PROVIDES BOARDING AND DAY CARE SERVICES FOR INDIVIDUALS WITH ALZHEIMER'S DISEASE.

THE INN AT CITY HALL IS AN ASSISTED LIVING FACILITY WHICH PROVIDES ASSISTANCE WITH DAILY LIVING TO RESIDENTS THAT REQUIRE MEDICAL ASSISTANCE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		17,728,525.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	8
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EXPLANATION

PROVIDING INPATIENT AND OUTPATIENT MEDICAL SERVICES PRIMARILY TO THE KENNEBEC COUNTY SERVICE AREA.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	9
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DESCRIPTION OF OTHER PROGRAM SERVICES

ASSISTING IN THE DEVELOPMENT OF SYSTEM-WIDE DELIVERY OF NEEDED HEALTH CARE SERVICES IN AN EFFICIENT AND COORDINATED MANOR. PROVIDING ADMINISTRATIVE AND MANAGEMENT SERVICES AND DEVELOPING AND OWNING A RETIREMENT COMMUNITY PROJECT LOCATED IN AUGUSTA AND HALLOWELL, MAINE, KNOWN AS GRANITE HILL ESTATES.

TOTAL TO FORM 990, PART III, LINE E

	GRANTS AND ALLOCATIONS	EXPENSES
		0. 2,844,488.
		2,844,488.

FORM 990	OTHER INVESTMENTS	STATEMENT 10
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DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENT IN JOINT VENTURES	MARKET VALUE	1,900,348.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,900,348.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 11
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	4,366,911.	0.	4,366,911.
LAND	801,164.	0.	801,164.
BUILDINGS AND IMPROVEMENTS	42,454,941.	1,061,343.	41,393,598.
BUILDINGS AND IMPROVEMENTS	142,290,656.	73,324,426.	68,966,230.
LAND IMPROVEMENTS	1,909,884.	63,663.	1,846,221.
LAND IMPROVEMENTS	6,192,255.	3,984,336.	2,207,919.
EQUIPMENT	38,301,489.	2,735,821.	35,565,668.
EQUIPMENT	109,047,959.	85,869,393.	23,178,566.
TOTAL TO FORM 990, PART IV, LN 57	345,365,259.	167,038,982.	178,326,277.

FORM 990	OTHER ASSETS	STATEMENT 12
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DUE FROM AFFILIATES-	1,484,693.	1,418,935.
DEFERRED ISSUANCE COSTS	991,713.	923,112.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	2,476,406.	2,342,047.

FORM 990

OTHER LIABILITIES

STATEMENT 13

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ACC PENSION COST NET CURR PORT-	1,633,750.	11,509,678.
DEFERRED REVENUE REFUNDABLE-	13,579,388.	14,690,079.
DEFERRED REVENUE NONREFUNDABLE-	1,539,321.	1,607,188.
DUE TO AFFILIATES	5,854,103.	6,212,638.
PURCHASE DEPOSITS-		2,400.
SECURITY DEPOSITS-		121,071.
OTHER LONG-TERM LIABILITIES-	46,777.	55,159.
FIN47 ENVIRONMENTAL LIABILITY-	1,052,136.	1,097,278.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	23,705,475.	35,295,491.

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 14

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
BOARD DESIGNATED FUNDS	FMV			76,629,943.	76,629,943.
TRUSTEE HELD FUNDS	FMV			7,570,057.	7,570,057.
PERPETUAL TRUSTS	FMV			11,011,398.	11,011,398.
PERMANENTLY RESTRICTED INVEST-	FMV			4,708,699.	4,708,699.
TEMPORARILY RESTRICTED FUNDS	FMV			2,639,500.	2,639,500.
WORKERS COMPENSATION TRUST-	FMV			2,347,459.	2,347,459.
PERMANANTLY RESTRICTED ENDOWMENTS	FMV			60,243.	60,243.
TO FORM 990, LINE 54A, COL B				104967299.	104967299.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	15
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DESCRIPTION	AMOUNT
CONTRACTUAL ALLOWANCES	-75,416,888.
CHARITY CARE	-8,545,913.
TOTAL TO FORM 990, PART IV-A	<u>-83,962,801.</u>

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	16
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DESCRIPTION	AMOUNT
CONTRACTUAL ALLOWANCES	75,416,888.
CHARITY CARE	8,545,913.
TOTAL TO FORM 990, PART IV-B	<u>83,962,801.</u>

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	17
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ELIZABETH MITCHELL 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD CHAIR-MGRC 0.00	0.	0.	0.
BARBARA MAYER 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD CHAIR-MGMC, MGRNC 0.00	0.	0.	0.
TIM BLANCHARD 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGRC 0.00	0.	0.	0.
MARILYN WEBBER 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGRC 0.00	0.	0.	0.
ERNEST MARRINER 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGRC 0.00	0.	0.	0.

MAINEGENERAL HEALTH AND AFFILIATES

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ROBERT BOND 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGRC 0.00	0.	0.	0.
WENDELL DAVIS 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGRC 0.00	0.	0.	0.
CHUCK HAYS 6 EAST CHESTNUT ST AUGUSTA, ME 04330	PRESIDENT - MGMC 40.00	0.	0.	0.
NONA BOYINK, 6 EAST CHESTNUT ST AUGUSTA, ME 04330	PRESIDENT - HRN, MGRNC, MGRC 40.00	177,498.	17,716.	0.
REBECCA COLWELL 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGRC 40.00	0.	0.	0.
WILLIAM ADAMS 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00	0.	0.	0.
CONRAD AYOTTE 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00	0.	0.	0.
SCOTT BULLOCK 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 40.00	0.	0.	0.
DIANE CAMPBELL 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00	0.	0.	0.
DOUGLAS CUTCHIN 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00	0.	0.	0.
STEVEN DIAZ, M.D. 6 EAST CHESTNUT ST AUGUSTA, ME 04330	CHIEF OF STAFF-MGMC 40.00	0.	0.	0.
MARGARET GRIFFIN, M.D. 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00	0.	0.	0.
JEFFREY HUBERT 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00	0.	0.	0.

MAINEGENERAL HEALTH AND AFFILIATES

32-0265031

FREDERICK LAROCHELLE, M.D. 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 40.00 248,358. 23,074. 0.
ROBERT MARDEN 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00 0. 0. 0.
ROY MILLER, M.D. 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00 0. 0. 0.
GORDON POW 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00 0. 0. 0.
BRIAN RINES, PH.D. 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00 0. 0. 0.
TOBI SCHNEIDER, ESQ. 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00 0. 0. 0.
SYDNEY SEWALL, M.D. 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 40.00 155,753. 33,000. 0.
WILLIAM SPRAGUE 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00 0. 0. 0.
KENNETH VIENS 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00 0. 0. 0.
BAARBARA WOODLEE, ED. D. 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00 0. 0. 0.
PETER ALFOND 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00 0. 0. 0.
PETER GUZZETTI, D.O., D.D.S. 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00 0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V-A

581,609.	73,790.	0.
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FORM 990

PART V-A OFFICER COMPENSATION FROM
RELATED ORGANIZATIONS

STATEMENT 18

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
SCOTT BULLOCK	415,644.	109,785.	4,606.
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
MAINEGENERAL HEALTH		04-3369649	
RELATIONSHIP BETWEEN ORGANIZATIONS			
PARENT			
COMPENSATION DESCRIPTION			
SALARY AS PRESIDENT OF MGH			

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
KAREN TOBIAS	56,680.	10,956.	0.
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
MAINEGENERAL HEALTH		04-3369649	
RELATIONSHIP BETWEEN ORGANIZATIONS			
PARENT			
COMPENSATION DESCRIPTION			
SALARY AS ADMINISTRATIVE ASSISTANT FOR PRESIDENT OF MGH			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
CHARLES HAYS	191,318.	14,297.	1,592.
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
MAINEGENERAL HEALTH		04-3369649	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
PARENT			
<u>COMPENSATION DESCRIPTION</u>			
SALARY AS PRESIDENT MGMC			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
STEVEN DIAZ, M.D.	238,955.	17,719.	0.
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
MAINEGENERAL HEALTH		04-3369649	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
PARENT			
<u>COMPENSATION DESCRIPTION</u>			
SALARY AS SENIOR VICE PRESIDENT, MEDICAL ADMINISTRATION			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
BARBARA CROWLEY, M.D.	290,679.	33,150.	3,998.
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
MAINEGENERAL HEALTH		04-3369649	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
PARENT			
<u>COMPENSATION DESCRIPTION</u>			
SALARY AS EXECUTIVE VICE PRESIDENT			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
SHARON WOODWARD	165,288.	20,382.	0.
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
MAINEGENERAL HEALTH		04-3369649	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
PARENT			
<u>COMPENSATION DESCRIPTION</u>			
SALARY AS SENIOR VICE PRESIDENT OF PATIENT SERVICES			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
REBECCA LAMEY	148,327.	27,174.	0.
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
MAINEGENERAL HEALTH		04-3369649	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
PARENT			
<u>COMPENSATION DESCRIPTION</u>			
SALARY AS SENIOR VICE PRESIDENT OF HUMAN RESOURCES			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
GAIL EVANS	201,125.	17,129.	0.
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
MAINEGENERAL HEALTH		04-3369649	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
PARENT			
<u>COMPENSATION DESCRIPTION</u>			
SALARY AS SENIOR VICE PRESIDENT OF MARKETING			

FORM 990	OTHER REVENUE				STATEMENT 19
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
JOINT VENTURE REVENUE-KP&HC	446110	573,268.			
OTHER REVENUE - RELATED OR EXEMPT					4,170,051.
CONSULTING REVENUE					112,343.
JOINT VENTURE REVENUE					1,946,540.
LAUNDRY REVENUE					196,048.
RETIREMENT COMMUNITY REVENUE					2,839,307.
VENDOR REBATES AND DISCOUNTS					636,963.
TIF REFUND REVENUE					204,043.
AMORTIZATION OF ENTRANCE FEES					1,100,889.
DAY CARE REVENUE					421,875.
THERAPY REVENUE					1,722,420.
LIFELINE REVENUE					18,874.
ANSWERING SERVICE REVENUE					29,875.
MANAGEMENT FEES OTHER					155,004.
CONTRACT SERVICE REVENUE					1,070,403.
FREE CARE - ASSISTED LIVING					-42,071.
INTERCOMPANY OTHER					
OPERATING INCOME					115,639.
CAFETERIA SALES					1,528,426.
TO FORM 990, PART VII, LINE 103		573,268.			16,226,629.

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT 20
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93B	PROVIDED HEALTHCARE SERVICES TO PATIENTS IN OUR SERVICE AREA
93F	PROVIDED HEALTHCARE SERVICES TO ELDERLY AND LOW INCOME PATIENTS
93G	PROVIDED HEALTHCARE SERVICES FUNDED BY GRANTS FROM VARIOUS SOURCES
100	LOSSES FROM SALES OF EXEMPT FUNCTION ASSETS AND INVESTMENTS
103A	PROVIDED PHARMACY AND MRI SERVICES TO COMMUNITY THROUGH JOINT VENTURES
103A	PROVIDED ASSISTED LIVING SERVICES THROUGH GRANITE HILL ESTATES
103A	PROVIDED THERAPY SERVICES TO OTHER AREA FACILITIES FOR REHAB PATIENTS
103A	PROVIDE MANAGEMENT & ADMINISTRATIVE SERVICES TO NONPROFIT ORGANIZATION

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT	21
	PART III, LINE 3A		

MAINEGENERAL MEDICAL CENTER AND MAINEGENERAL REHABILITATION AND NURSING CARE AWARD EDUCATIONAL SCHOLARSHIPS TO STUDENTS IN POST-SECONDARY EDUCATION WHO ARE PURSUING CAREERS IN THE HEALTHCARE INDUSTRY. APPLICATIONS ARE REVIEWED BY A SCHOLARSHIP COMMITTEE AND AWARDED BASED ON THE REQUIREMENTS OF EACH INDIVIDUAL SCHOLARSHIP.