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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

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
CENTRAL MAINE HEALTHCARE CORPORATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 4500

City or town, state or country, and ZIP + 4
LEWISTON, ME 042434500

D Employer identification number
01-0386913

E Telephone number
(207) 795-2972

G Gross receipts $ 31,145,237

F Name and address of Principal Officer
PETER CHALKE
300 MAIN ST
LEWISTON, ME 04240

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

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ www cmmc org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1982

M State of legal domicile ME

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE EXCEPTIONAL HEALTHCARE SERVICES IN A SAFE AND TRUSTFUL ENVIRONMENT THROUGH THE EXPERTISE, COMMITMENT AND COMPASSION OF OUR FAMILY OF CAREGIVERS

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
5	Total number of employees (Part V, line 2a)	5	175
6	Total number of volunteers (estimate if necessary)	6	25
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	-52,803
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-52,803

Activities & Governance

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	541,089	0
9	Program service revenue (Part VIII, line 2g)	26,239,057	28,642,402
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,075,474	-974,489
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	413,348	1,027,588
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,268,968	28,695,501
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,089,484	12,898,831
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	(Total fundraising expenses, Part IX, column (D), line 25 31,831)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	16,103,572	16,021,829
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	26,193,056	28,920,660
19	Revenue less expenses Subtract line 18 from line 12	3,075,912	-225,159

Revenue

Expenses

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	134,167,876	129,958,616
21	Total liabilities (Part X, line 26)	27,690,876	47,548,616
22	Net assets or fund balances Subtract line 21 from line 20	106,477,000	82,410,000

Net Assets or Fund Balances

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

****** | 2010-05-05
Signature of officer | Date

Charles Orne Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP 2 Financial Center 60 South Street Boston, MA 02111			EIN ▶ Phone no ▶ (617) 988-1000

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

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

1 Briefly describe the organization's mission

TO PROVIDE EXCEPTIONAL HEALTHCARE SERVICES IN A SAFE AND TRUSTFUL ENVIRONMENT THROUGH THE EXPERTISE, COMMITMENT AND COMPASSION OF OUR FAMILY OF CAREGIVERS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code 1) (Expenses $ 23,845,879 including grants of $) (Revenue $ 28,642,402)

TO SUPPORT AFFILIATED HEALTHCARE INSTITUTIONS BY PROVIDING MANAGERIAL, ADMINISTRATIVE AND FUND RAISING SERVICES IN A CONTINUOUS, ORGANIZED, AND EFFICIENT MANNER

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses $ 23,845,879 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	64		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	175		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country CJ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** ***(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)***

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 11		
b	Enter the number of voting members that are independent . .	1b 3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ME

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☑ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

PHIL MORISSETTE
29 LOWELL STREET
LEWISTON, ME 04240
(207) 795-2972

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								4,026,902	871,690	922,934

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 19

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
GE MEDICAL SYSTEMS INFO OF CHICAGO 5517 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	IT CONSULTANT	350,996
HUNTZINGER MANAGEMENT 670 N RIVER ST STE 401 PLAINS, PA 18705	IT CONSULTING	674,766
CARETECH SOLUTIONS INC 901 WILSHIRE DRIVE STE 250 TROY, MI 48084	IT CONSULTING	1,020,484
CPS INC PO BOX 1000 DEPT 176 MEMPHIS TN AUBURN, MA 04210	MGMT CONSULTING	3,619,310
ACS CONSULTANT COMPANY INC PO BOX 633877 CINCINATTI, OH 452633877	IT CONSULTANT	8,081,138

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 5

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f: 0				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶	0			
Program Service Revenue		Business Code				
	2a	MANAGEMENT SERVICES	621,110	28,642,402	28,642,402	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 28,642,402				
	3	Investment income (including dividends, interest other similar amounts) ▶	1,525,247	1,578,050	-52,803	
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents: 0 / 0				
	b	Less rental expenses				
	c	Rental income or (loss): 0 / 0				
	d	Net rental income or (loss) ▶	0			0
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses: 2,092,456 / 357,280				
	c	Gain or (loss): -2,092,456 / -357,280				
	d	Net gain or (loss) ▶	-2,499,736	-2,499,736		
Other Revenue	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶	0			
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a: 0				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less returns and allowances a: 0				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	OTHER REVENUE 900,000	1,027,588	1,027,588		
	b					
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** ▶ $ 1,027,588				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	28,695,501	28,748,304	-52,803	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,473,694	1,252,640	221,054	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	9,651,621	8,203,878		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	1,152,681	979,779	172,902	
10 Payroll taxes	620,835	527,710	93,125	
11 Fees for services (non-employees)				
a Management	0			
b Legal	86,704	73,698	13,006	
c Accounting	107,049	90,992	16,057	
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	130,263	110,724	19,539	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	0			
20 Interest	208,801	177,481	31,320	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,537,393	1,306,784	230,609	
23 Insurance	74,046	62,939	11,107	
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a ADVERTISING	20,912	17,775	3,137	
b UTILITIES & OTHER PROPERTY EXP	1,228,196	1,043,967	184,229	
c PURCHASED SERVICES	8,031,955	6,827,162	1,204,793	
d OTHER FUNDRAISING EXPENSES	31,831			31,831
e SUPPLIES	263,403	223,893	39,510	
f All other expenses	4,301,276	3,656,086	645,190	
25 **Total functional expenses.** Add lines 1 through 24f	28,920,660	24,555,508	4,333,321	31,831
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	12,050,550	2	14,349,763
	3	Pledges and grants receivable, net	216,374	3	134,786
	4	Accounts receivable, net	886,502	4	653,570
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*	5,342,137	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net	5,600,000	7	5,607,517
	8	Inventories for sale or use	9,433	8	0
	9	Prepaid expenses and deferred charges	57,282	9	511,729
	10a	Land, buildings, and equipment cost basis — 10a: 49,185,616			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 20,246,764	24,718,487	10c	28,938,852
	11	Investments—publicly traded securities	58,777,191	11	46,908,455
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	14,595,113	12	14,524,399
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	11,914,807	15	18,329,545
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	134,167,876	16	129,958,616
Liabilities	17	Accounts payable and accrued expenses	3,500,201	17	6,175,662
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties	11,900,000	23	11,885,552
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	12,290,675	25	29,487,402
	26	**Total liabilities.** *Add lines 17 through 25*	27,690,876	26	47,548,616
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	91,911,000	27	70,052,000
	28	Temporarily restricted net assets	3,500,000	28	1,936,000
	29	Permanently restricted net assets	11,066,000	29	10,422,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	106,477,000	33	82,410,000
	34	Total liabilities and net assets/fund balances	134,167,876	34	129,958,616

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CENTRAL MAINE HEALTHCARE CORPORATION

Employer identification number
01-0386913

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	469,646	697,502	586,848	541,089	0	2,295,085
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3	469,646	697,502	586,848	541,089	0	2,295,085
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						2,295,085

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	469,646	1,797,775	586,848	541,089	0	2,295,085
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,631,972	1,797,775	2,257,664	2,092,957	1,578,050	9,358,418
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	36,138	9,054	402,274	1,027,588	1,475,054
11 **Total Support** (Add lines 7 through 10)						13,128,557

12	Gross receipts from related activities, etc (See instructions)	12	130,729,645

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

14	Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	**17.482 %**
15	Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	**28.176 %**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☑

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Central Maine Healthcare (CMHC) is the parent organization in a system of eleven exempt organizations, including three hospitals, and each organization files an individual Form 990 The mission of the entire integrated system is to "provide exceptional healthcare services in a safe and trustful environment through the expertise, commitment and compassion of our family of caregivers" CMHC's contribution to the consolidated organization is to service and support the entire system by providing centralized managerial, administrative and fundraising services in a continuous, organized and efficient manner CMHC's Development Office is dedicated to raising money from public sources to support the various exempt organizations within the system CMHC manages and invests these funds on behalf of the various organizations within this system These funds are collected and managed by CMHC, they are recorded on the financial statements of the subsidiary organizations in beneficial interest per donor intent Primarily, these funds are held for the beneficial interest of its three subsidiary hospitals The CMHC Board of Directors is represented by individuals from each of the communities which its subsidiary organizations provide public services CMHC provides a significant portion of central Maine with 24-hour emergency room coverage, charity care for eligible patients, and wide ranging general and specialty medical services through its three subsidiary hospitals It also provides nursing home services, public health education, and nursing education through some of its other subsidiary exempt organizations

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CENTRAL MAINE HEALTHCARE CORPORATION

Employer identification number
01-0386913

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c Beginning balance	1c	1,925,048
d Additions during the year	1d	5,405
e Distributions during the year	1e	223,677
f Ending balance	1f	1,706,776

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	14,565,885				
b Contributions	922,762				
c Investment earnings or losses	-2,561,513				
d Grants or scholarships					
e Other expenditures for facilities and programs	569,446				
f Administrative expenses					
g End of year balance	12,357,688				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 84 33 %
- c Term endowment ▶ 15 67 %

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		625,362		625,362
b Buildings		28,064,228	13,855,467	14,208,761
c Leasehold improvements		267,535	182,807	84,728
d Equipment		6,977,822	6,208,491	769,331
e Other		13,250,670	0	13,250,670
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				28,938,852

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other Investment in Subsidiaries	14,524,399	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	14,524,399	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
OTHER	17,087,291
CHARITABLE REMAINDER TRUST	1,242,254
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	18,329,545

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED PENSION OBLIGATION	29,179,984
OBLIGATIONS UNDER CAPITAL LEASE	307,418
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	29,487,402

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CENTRAL MAINE HEALTHCARE CORPORATION

Employer identification number
01-0386913

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SEVERANCE PAYMENT	PART I, LINE 4A	SHANNON BANKS RECEIVED A SEVERANCE PAYMENT OF $110,126 FOR INVOLUNTARY SEPARATION DUE TO A CONSOLIDATION OF MANAGEMENT POSITIONS
COMPENSATION	SCHEDULE J-1, PART I	Compensation reported in column B(iii) consists of various taxable benefits not classified in columns B(i) or B(ii) These typically include items such as group term life insurance, long term disability insurance, vested distributions of deferred compensation plans, or personal use of a business vehicle On the occasions when it occurs, severance pay is included in this column Column C contains contributions to retirement plans and other deferred compensation plans This could include employees' pretax contributions to retirement plans in addition to any employer contributions Column D reports compensation that is not taxable in W-2 Box 5, but is provided to the employee Typically, these are health and dental benefits, healthcare spending account contributions by the employee, and other similar benefits Due to a change in reporting period, as required by the IRS, column F represents the reporting of compensation previously recorded on the 2007 Form 990 Previously, compensation was reported on a fiscal year basis and as such, this tax filing duplicates six months of compensation due to the change from fiscal year to calendar year compensation reporting This situation only occurs for the 2008 Form 990 There are no other types of reportable compensation in 2008 that were previously reported on a Form 990

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 01-0386913
Name: CENTRAL MAINE HEALTHCARE CORPORATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
PETER E CHALKE	(I)	506,189	110,000	21,614	0	100,140	737,943	260,135
	(II)	0	0	0	0	0	0	0
CHARLES T ORNE	(I)	303,521	42,000	44,593	0	126,641	516,755	169,009
	(II)	0	0	0	0	0	0	0
PHILIP J O'CONNOR MD	(I)	0	0	0	0	0	0	0
	(II)	766,961	94,271	10,458	0	11,385	883,075	414,432
WAYNE BENNETT	(I)	155,634	0	0	14,000	13,097	182,731	0
	(II)	0	0	0	0	0	0	0
JOHN CARLSON	(I)	183,601	7,966	26,535	36,000	33,852	287,954	107,713
	(II)	0	0	0	0	0	0	0
LAIRD COVEY	(I)	289,821	32,000	64,930	39,000	18,382	444,133	189,737
	(II)	0	0	0	0	0	0	0
DOUGLAS DIVELLO	(I)	158,596	10,000	13,321	15,500	14,821	212,238	0
	(II)	0	0	0	0	0	0	0
JAMES HAGEN	(I)	159,199	8,410	0	20,500	15,385	203,494	0
	(II)	0	0	0	0	0	0	0
SUSAN HORTON	(I)	158,608	10,475	15,650	33,488	1,151	219,372	0
	(II)	0	0	0	0	0	0	0
JOYCE MCPHETRES	(I)	154,211	9,286	15,150	20,500	5,356	204,503	0
	(II)	0	0	0	0	0	0	0
SHARRON SIELEMAN	(I)	163,930	9,500	16,350	18,500	8,797	217,077	0
	(II)	0	0	0	0	0	0	0
JOHN WELSH	(I)	200,583	15,933	34,600	39,000	32,721	322,837	0
	(II)	0	0	0	0	0	0	0
SHANNON BANKS	(I)	12,330	0	110,126	14,500	14,210	151,166	0
	(II)	0	0	0	0	0	0	0
CHARLES GILL	(I)	167,277	10,605	21,979	26,900	421	227,182	103,229
	(II)	0	0	0	0	0	0	0
LARRY HOPPERSTEAD MD	(I)	315,115	20,000	31,200	36,000	12,112	414,427	182,963
	(II)	0	0	0	0	0	0	0
JAMES KANE	(I)	156,327	10,571	19,758	26,500	16,151	229,307	0
	(II)	0	0	0	0	0	0	0
SHARON L KUHRT	(I)	111,580	8,781	12,352	11,700	15,308	159,721	64,935
	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CENTRAL MAINE HEALTHCARE CORPORATION

Employer identification number
01-0386913

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
See Additional Data Table										
Total . . . . . ▶ $				9,579,993						

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No

Additional Data

Software ID:
Software Version:
EIN: 01-0386913
Name: CENTRAL MAINE HEALTHCARE CORPORATION

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount $	(d) Balance due $	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
MARCEL B BILODEAU LIFE INSURANCE				203,110		No	Yes		Yes	
JOHN CARLSON LIFE INSURANCE				282,691		No	Yes		Yes	
BERNARD CARPENTER LIFE INSURANCE				160,806		No	Yes		Yes	
PETER E CHALKE LIFE INSURANCE				3,397,920		No	Yes		Yes	
WILLIAM W CHALMERS LIFE INSURANCE				156,107		No	Yes		Yes	
LAIRD COVEY LIFE INSURANCE				450,173		No	Yes		Yes	
PAUL R DIONNE LIFE INSURANCE				120,814		No	Yes		Yes	
JAMES KANE III LIFE INSURANCE				142,845		No	Yes		Yes	
RICHARD A LOVEJOY LIFE INSURANCE				157,127		No	Yes		Yes	
PHILIP J O'CONNOR LIFE INSURANCE				43,275		No	Yes		Yes	
CHARLES T ORNE LIFE INSURANCE				1,743,250		No	Yes		Yes	
ROBERT QUINTON LIFE INSURANCE				172,730		No	Yes		Yes	
WILLIAM W YOUNG JR LIFE INSURANCE				2,245,014		No	Yes		Yes	
JOHN WELSH LIFE INSURANCE				304,131		No	Yes		Yes	

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CENTRAL MAINE HEALTHCARE CORPORATION

Employer identification number
01-0386913

Identifier	Return Reference	Explanation
Form 990 Review Process	Core Part VI, Section A, Line 10	All affiliated Form 990's and applicable schedules are prepared by a public accounting firm in cooperation with the Finance Department They are then reviewed with the Director of Finance, followed by the CFO Following that review, they are presented to the Finance Committee of the Central Maine Healthcare Board of Directors, which has representatives from all affiliated Boards Once this review is completed, any necessary changes are made and the final returns are presented to the respective Boards, with the Finance Committee member taking and answering questions A Finance Department representative, knowledgeable of the returns, is available to assist during presentations, if requested by the Finance Committee member All Board members of affiliated exempt organizations were invited to an educational session on November 14, 2009, which covered the 2008 Form 990 The presentation was performed by a third party consulting firm knowledgeable in Exempt Organization tax preparation Board members not attending the session were provided a DVD of the presentation

Identifier	Return Reference	Explanation
Conflict of Interest Policy	FORM 990, PART VI, SECTION B, LINE 12c	Officers and Directors complete an annual Conflict of Interest statement which is reviewed by the Chairman of the Board and conforms to the conditions contained within the Corporation's bylaws, which meet or exceed the current IRS reporting thresholds In areas of conflict by the Chairman, the Vice-Chairman reviews Additionally, as part of the annual Form 990 preparation process, a separate questionnaire is provided, which includes distribution to Key Employees, covering reporting areas of Loans, Grants, Business Relationships, and other conflicts These questionnaires are reviewed by the Finance Department for reportable items for the Form 990 In the case of a possible conflict, the Board would review the situation and take actions deemed appropriate for the possible or actual conflicts of members of the Board or the executive officers In the case of Key Employees, the review and actions taken would be performed by their direct supervisor

Identifier	Return Reference	Explanation
Compensation Policy - OFFICERS	FORM 990, PART VI, SECTION B, LINE 15A	Central Maine Healthcare (CMHC) has established and follows a deliberative transparent process which meets IRS regulations for "Rebuttable Presumption of Reasonableness" A standing Executive Compensation Committee (ECC), comprised of independent members of Board leadership, exists to undertake the process of determining compensation for the Chief Executive Officer, Chief Financial Officer, Chief Medical Officer, President of Central Maine Medical Center, President of Rumford Hospital, and President of Bridgton Hospital The process guidelines and authority of the ECC are set out in the Executive Compensation Philosophy and Responsibilities Charter which was approved by the CMHC Board The entire CMHC Board participates in the annual performance evaluation of each executive, including a review of accomplishments relative to goals and objectives derived from the strategic plan The ECC reviews the results of the annual performance evaluation and appropriate comparability data based on several factors recommended by an independent executive compensation consultant who specializes in not-for-profit hospitals and health systems and our attorneys Factors used in determining comparability to the organization include size, geography, organizational complexity, facility type, ownership type, and any other factors deemed relevant by the Committee, its consultants, or attorneys Using this information, the ECC annually reviews the executives' compensation to determine if modification to base salary is warranted, and reviews the executives' accomplishments to determine if any variable pay is to be awarded The entire process is then documented contemporaneously with the decision-making process and approved thereafter in accordance with the requirements of the IRS

Identifier	Return Reference	Explanation
COMPENSATION POLICY - KEY EMPLOYEES	FORM 990, PART VI, SECTION B, LINE 15B	The compensation paid to Key Employees is reviewed by the Vice President of Human Resources and Organizational Development During the review process, the Central Maine Healthcare Compensation Manager provides market data on comparable positions from comparative groups of healthcare organizations that are appropriately similar in terms of their revenue, geographic location, number of employees, number of staffed hospital beds, etc Human Resources provides at a minimum four sets of comparability data from the most recent national healthcare specific compensation surveys (e g Watson & Wyatt, Sullivan & Cotter, The Hay Group, Mercer, etc) for reference These surveys report pay rate data that is typically aged less than 6 months Central Maine Healthcare and affiliates strive to pay at the market average or slightly above it for Key Employees Once the Compensation Manager and the Vice President of Human Resources and Organizational Development have finalized recommendations based on this empirical data, they are presented to the Presidents of each hospital that supervise the Key Employee, and the CEO of Central Maine Healthcare, for review, edits and approval This process typically occurs during the last month of the fiscal year in preparation for the next fiscal year Central Maine Healthcare documents the basis for its determination of Key Employees' compensation and maintains this contemporaneously substantiated material in the Human Resources department

Identifier	Return Reference	Explanation
Public Disclosure	FORM 990, PART VI, SECTION C, LINE 19	The organization's governing documents and conflict of interest policy are available upon request in the organization's administrative offices The financial statements of the organization are included in the most recently filed Form 990 and provided, upon request, in that format unless the specific request deems a different format more appropriate

Identifier	Return Reference	Explanation
LOANS WITH INTERESTED PARTIES - SEE STATEMENT 7	SCHEDULE L, PART II	CENTRAL MAINE HEALTHCARE (CMHC) PAYS THE PREMIUMS ON LIFE INSURANCE POLICIES OF PARTICIPATING OFFICERS, TRUSTEES, KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES UPON THE DEATH OF THE INSUREDS, THE POLICY DEATH BENEFIT PROCEEDS ARE TO BE "SPLIT" SO THAT CMHC RECOVERS THE ENTIRE VALUE OF THE PREMIUMS PAID, PLUS APPLICABLE INTEREST, WITH THE REMAINDER OF THE POLICY PROCEEDS PAID TO THE INSUREDS' BENEFICIARY CMHC HAS REPORTED BENEFITS RECEIVED BY THESE PERSONS IN FORM 990 PART VII AND SCHEDULE J, AS DIRECTED BY THE INSTRUCTIONS OF THOSE RESPECTIVE FORMS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CENTRAL MAINE HEALTHCARE CORPORATION

Employer identification number
01-0386913

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
FRANKLIN SCOREKEEPER LLC 29 LOWELL STREET BOX A LEWISTON, ME04240 20-0720146	SOFTWARE - HEALTC	DE	NA	RELATED	66,980	503,685		No		Yes	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Central Maine Health Ventures Inc 300 Main Street Lewiston, ME04240 01-0430016	HEALTHCARE	ME	CMHC	C Corp			100 %
CWM INSURANCE LTD GENESIS BUILDING PO BOX 1363 GRAND CAYMAN, CAYMAN ISLANDS CJ 98-0220891	INSURANCE		CMHC	FOREIGN CORP			100 %

Part V Transactions with Related Organizations

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

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 01-0386913
Name: CENTRAL MAINE HEALTHCARE CORPORATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Central Maine Medical Center PO Box 4500 Lewiston, ME042434500 01-0211494	Healthcare	ME	501(c)(3)	3	CMHC
Central Maine Heart & Vascular Institute 300 Main Street Lewiston, ME04240 54-2078282	Healthcare	ME	501(c)(3)	9	CMHC
CMMC College of Nursing and Health Profe PO Box 4500 Lewiston, ME042434500 01-0356077	Education	ME	501(c)(3)	2	CMMC
Central Maine Real Estate Management Cor PO Box 4500 Lewiston, ME042434500 01-0387674	Real Estate	ME	501(c)(2)		CMHC
Central Maine Community Health Corporati PO Box 4500 Lewiston, ME042434500 01-0386912	Public Educat	ME	501(c)(3)	7	CMHC
Rumford Community Family Health Center 430 Franklin Street Rumford, ME04276 01-0481000	Healthcare	ME	501(c)(3)	3	CMHC
Rumford Community Home Corporation 11 John F Kennedy Lane Rumford, ME04276 22-2844951	Nursing Home	ME	501(c)(3)	9	CMHC
Rumford Hospital PO Box 619 Rumford, ME04276 01-0215227	Healthcare	ME	501(c)(3)	3	CMHC
Bridgton Hospital 10 Hospital Drive Bridgton, ME04009 01-0130427	Healthcare	ME	501(c)(3)	3	CMHC
Bridgton Hospital Physicians Group South High Street Bridgton, ME04009 01-0493083	Healthcare	ME	501(c)(3)	3	CMHC
Elias E Tucker Trust Fund C/O CMMC 300 Main Street Lewiston, ME04240 01-6042343	Nursing Ed	ME	501(c)3	11a	CMMC

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	CENTRAL MAINE MEDICAL CENTER	A	1,188,140
(2)	BRIDGTON HOSPITAL	A	62,469
(3)	RUMFORD HOSPITAL	A	45,420
(4)	BRIDGTON HOSPITAL	K	2,096,579
(5)	CENTRAL MAINE MEDICAL CENTER	K	23,681,346
(6)	RUMFORD HOSPITAL	K	1,684,085
(7)	CENTRAL MAINE HEALTH VENTURES	K	110,828
(8)	BRIDGTON HOSPITAL	N	194,670
(9)	CENTRAL MAINE HEALTH VENTURES	N	184,478
(10)	BRIDGTON HOSPITAL	P	3,164,105
(11)	CENTRAL MAINE COMMUNITY HEALTH	P	71,343
(12)	CENTRAL MAINE MEDICAL CENTER	P	33,197,908
(13)	RUMFORD COMMUNITY HEALTH	P	545,238
(14)	RUMFORD HOSPITAL	P	4,640,341
(15)	CMMC COLLEGE OF NURSING AND HEALTH PROFESSION	P	84,001
(16)	CENTRAL MAINE HEALTH VENTURES	P	524,302

Additional Data

Software ID:
Software Version:
EIN: 01-0386913
Name: CENTRAL MAINE HEALTHCARE CORPORATION

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PETER E CHALKE , PRESIDENT	55 0	X		X				637,803	0	100,140
PAUL R DIONNE , CHAIRMAN	1 0	X						0	0	23,219
PAULINE V BEALE OD , DIRECTOR	1 0	X						0	0	0
MARCEL B BILODEAU , DIRECTOR	1 0	X						0	0	13,101
DOUGLAS M BOYD , DIRECTOR	1 0	X						0	0	0
WILLIAM W CHALMERS , VICE CHAIR	1 0	X		X				0	0	30,698
RICHARD A LOVEJOY , DIRECTOR	1 0	X						0	0	17,510
ROBERT E QUINTON , DIRECTOR	1 0	X						0	0	18,101
PHILIP J O'CONNOR MD , DIRECTOR	1 0	X						0	871,690	11,385
RICHARD L ROY , DIRECTOR	1 0	X						0	0	0
STEVEN A CLOSSON , DIRECTOR	1 0	X						0	0	0
CHARLES T ORNE , TREASURER	55 0			X				390,114	0	126,641
CAROL J MORIN , SECRETARY	55 0			X				76,695	0	28,287
WAYNE BENNETT , VICE PRESIDENT	55 0				X			155,634	0	27,097
JOHN CARLSON , PRESIDENT - BRIDGTON HOSPITAL	1 0				X			218,102	0	69,852
LAIRD COVEY , PRESIDENT - CMMC	1 0				X			386,751	0	57,382
DOUGLAS DIVELLO , VICE PRESIDENT	55 0				X			181,917	0	30,321
JAMES HAGEN , VICE PRESIDENT	55 0				X			167,609	0	35,885
SUSAN HORTON , VICE PRESIDENT	55 0				X			184,733	0	34,639
JOYCE MCPHETRES , VICE PRESIDENT	55 0				X			178,647	0	25,856
SHARRON SIELEMAN , VICE PRESIDENT	55 0				X			189,780	0	27,297
JOHN WELSH , PRESIDENT - RUMFORD HOSPITAL	1 0				X			251,116	0	71,721
SHANNON BANKS , VICE PRESIDENT	55 0					X		122,456	0	28,710
CHARLES GILL , VICE PRESIDENT	55 0					X		199,861	0	27,321
LARRY HOPPERSTEAD MD , CHIEF MEDICAL OFFICER	55 0					X		366,315	0	48,112
JAMES KANE , ADMINISTRATOR	55 0					X		186,656	0	42,651
SHARON L KUHRT , PRESIDENT - COLLEGE OF NURSING	1 0					X		132,713	0	27,008