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|                                                                                                                                                              |                                                                                                                                                                                                  |                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Form <b>990</b><br><br>Department of the Treasury<br>Internal Revenue Service | <b>Return of Organization Exempt From Income Tax</b><br><br><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b> | OMB No 1545-0047<br><div> <div>2009</div> <div>Open to Public Inspection</div> </div> |
|                                                                                                                                                              | The organization may have to use a copy of this return to satisfy state reporting requirements                                                                                                   |                                                                                       |

|                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                              |  |                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>A</b> For the <b>2009</b> calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010                                                                                                                                                                                           |  | <b>C</b> Name of organization<br>CENTRAL MAINE HEALTHCARE CORPORATION                                                                                        |  | <b>D</b> Employer identification number<br>01-0386913                                                                                          |  |
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending |  | Doing Business As                                                                                                                                            |  | <b>E</b> Telephone number<br>(207) 795-2972                                                                                                    |  |
|                                                                                                                                                                                                                                                                                              |  | Number and street (or P O box if mail is not delivered to street address)<br>PO BOX 4500                                                                     |  | Room/suite                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                              |  | City or town, state or country, and ZIP + 4<br>LEWISTON, ME 042434500                                                                                        |  | <b>G</b> Gross receipts \$ 44,879,251                                                                                                          |  |
|                                                                                                                                                                                                                                                                                              |  | <b>F</b> Name and address of principal officer<br>PETER CHALKE<br>300 MAIN ST<br>LEWISTON, ME 04240                                                          |  | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                         |  |
|                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                              |  | <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions) |  |
|                                                                                                                                                                                                                                                                                              |  | <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |  | <b>H(c)</b> Group exemption number                                                                                                             |  |
| <b>J</b> Website: www.cmmc.org                                                                                                                                                                                                                                                               |  |                                                                                                                                                              |  |                                                                                                                                                |  |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other                                                                                                             |  | <b>L</b> Year of formation 1982                                                                                                                              |  | <b>M</b> State of legal domicile ME                                                                                                            |  |

| Part I                      |     | Summary                                                                                                                                                                                                                                  |              |                     |
|-----------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------|
| Activities & Governance     | 1   | Briefly describe the organization's mission or most significant activities<br>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 <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets                                                                                        |              |                     |
|                             | 3   | Number of voting members of the governing body (Part VI, line 1a)                                                                                                                                                                        | 3 1          |                     |
|                             | 4   | Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                                                            | 4            |                     |
|                             | 5   | Total number of employees (Part V, line 2a)                                                                                                                                                                                              | 5 29         |                     |
|                             | 6   | Total number of volunteers (estimate if necessary)                                                                                                                                                                                       | 6 7          |                     |
|                             | 7a  | Total gross unrelated business revenue from Part VIII, column (C), line 12                                                                                                                                                               | 7a -3,35     |                     |
|                             | 7b  | Net unrelated business taxable income from Form 990-T, line 34                                                                                                                                                                           | 7b -3,35     |                     |
| Revenue                     | 8   | Contributions and grants (Part VIII, line 1h)                                                                                                                                                                                            | Prior Year 0 | Current Year 11,700 |
|                             | 9   | Program service revenue (Part VIII, line 2g)                                                                                                                                                                                             | 28,642,402   | 40,398,086          |
|                             | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                                                            | -974,489     | 3,454,052           |
|                             | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                 | 1,027,588    | 1,015,413           |
|                             | 12  | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                                                         | 28,695,501   | 44,879,251          |
| Expenses                    | 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)                                                                                                                                                        | 12,898,831   | 21,191,729          |
|                             | 16a | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                                                                            | 0            | 0                   |
|                             | b   | Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 20,807                                                                                                                                     |              |                     |
|                             | 17  | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)                                                                                                                                                                             | 16,021,829   | 20,274,044          |
|                             | 18  | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                                                                                                                 | 28,920,660   | 41,465,773          |
|                             | 19  | Revenue less expenses Subtract line 18 from line 12                                                                                                                                                                                      | -225,159     | 3,413,478           |
| Net Assets or Fund Balances |     | Beginning of Current Year                                                                                                                                                                                                                | End of Year  |                     |
|                             | 20  | Total assets (Part X, line 16)                                                                                                                                                                                                           | 129,958,616  | 138,046,773         |
|                             | 21  | Total liabilities (Part X, line 26)                                                                                                                                                                                                      | 47,548,616   | 69,460,187          |
|                             | 22  | Net assets or fund balances Subtract line 21 from line 20                                                                                                                                                                                | 82,410,000   | 68,586,586          |

|                                 |                                                                                                                                                                                                                                                                                                                     |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II Signature Block</b>  |                                                                                                                                                                                                                                                                                                                     |
| <b>Sign Here</b>                | 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 |
|                                 | <div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2011-05-11</div> <div>Date</div> </div>                                                                                                                                                                                                    |
|                                 | <div>MATTHEW E COX CFO</div> <div>Type or print name and title</div>                                                                                                                                                                                                                                                |
| <b>Paid Preparer's Use Only</b> | <div> <div>Preparer's signature</div> <div>Date</div> <div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div> <div>Preparer's identifying number (see instructions)</div> </div>                                                                                              |
|                                 | <div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>KPMG LLP</div> <div>60 South Street</div> <div>Boston, MA 02111</div> </div> </div>                                                                                                                                       |
|                                 | <div> <div>EIN</div> <div>Phone no (617) 988-1000</div> </div>                                                                                                                                                                                                                                                      |

Part III

Statement of Program Service Accomplishments

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 501(c)(4) organizations and section 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

) (Expenses \$

34,715,527

including grants of \$

0

) (Revenue \$

41,413,499

)

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

\$

34,715,527

Form 990 (2009)

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   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II                                                                                                                   | 4   | Yes |
| 5   | <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                         | 10  | Yes |
| 11  | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.                                                                                                     | 11  | Yes |
|     | ◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.                                                                                                                                                                                                |     |     |
|     | ◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.                                                                                                                              |     |     |
|     | ◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.                                                                                                                              |     |     |
|     | ◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.                                                                                                                                               |     |     |
|     | ◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.                                                                                                                                                                                                              |     |     |
|     | ◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.                                                                                               |     |     |
| 12  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII                                                                                            | 12  | No  |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year?                                                                                                                                                                                                                             | Yes | No  |
|     | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional                                                                                                                                                                             | 12A | Yes |
| 13  | Is the organization a school 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 United States?                                                                                                                                                                                                                                           | 14a | No  |
| 14b | <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 U S? 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 U S? If "Yes," complete Schedule F, Part III                                                                                                                                       | 16  | No  |
| 17  | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I                                                                                                                                           | 17  | No  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities 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  |

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                          | 21  |     | No |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                           | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                | 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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . . | 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 | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                      | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .       | 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                    | 26  | Yes |    |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .            | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                              |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                           | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>                                                                                                                                                                            | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                      | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                      | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .                                                                                                                                         | 34  | Yes |    |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                                   | 35  | Yes |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                           | 36  | Yes |    |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                             | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                               | 38  | Yes |    |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

|                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                  |                                                                                 | Yes | No  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----|-----|
| 1a                                                                                                                                                                                                                                                                                | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .                                                                                       | 1a                                                                              | 89  |     |
|                                                                                                                                                                                                                                                                                   | b                                                                                                                                                                                                                                                | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b  |     |
| 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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .                                                    | 2a                                                                              | 298 |     |
|                                                                                                                                                                                                                                                                                   | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) |                                                                                 |     |     |
| 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: <input type="text" value="CJ"/><br>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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .                                                                                                                       |                                                                                                                                                                                                                                                  |                                                                                 | 5c  |     |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .                                                                                          |                                                                                                                                                                                                                                                  |                                                                                 | 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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .                                                                                                                       |                                                                                                                                                                                                                                                  |                                                                                 | 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 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . |                                                                                                                                                                                                                                                  |                                                                                 | 8   |     |
| 9 Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                  |                                                                                 |     |     |
| a Did the organization make any taxable distributions under section 4966? . . . . .                                                                                                                                                                                               |                                                                                                                                                                                                                                                  |                                                                                 | 9a  |     |
| b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .                                                                                                                                                                                |                                                                                                                                                                                                                                                  |                                                                                 | 9b  |     |
| 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

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

|    |                                                                                                                                                                                                                           |    |     |    |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
|    |                                                                                                                                                                                                                           |    | Yes | No |
| 1a | Enter the number of voting members of the governing body . . .                                                                                                                                                            | 1a | 10  |    |
| b  | Enter the number of voting members that are independent . . .                                                                                                                                                             | 1b | 6   |    |
| 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 |    |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .    | 9  |     | No |

Section B. Policies

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

|     |                                                                                                                                                                                                                                                                                                          |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
|     |                                                                                                                                                                                                                                                                                                          |     | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                            | 10a |     | 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? . . . . .                                                                             | 10b |     |    |
| 11  | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                                       | 11  | Yes |    |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .                                                                                                                                                                                                    |     |     |    |
| 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 |    |
|     | If "Yes" to line a or b, describe the process in Schedule O (See instructions )                                                                                                                                                                                                                          |     |     |    |
| 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.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 ▶<br>PHIL MORISSETTE<br>29 LOWELL STREET<br>LEWISTON, ME 04240<br>(207) 795-2972                                                                                                                                            |

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

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

Form **990** (2009)



|           |                        |           |           |         |
|-----------|------------------------|-----------|-----------|---------|
| <b>1b</b> | <b>Total</b> . . . . . | 4,611,660 | 1,131,187 | 327,003 |
|-----------|------------------------|-----------|-----------|---------|

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶21

|          |                                                                                                                                                                                                                                               |            |           |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
|          |                                                                                                                                                                                                                                               | <b>Yes</b> | <b>No</b> |
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                        |            | No        |
| <b>4</b> | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | Yes        |           |
| <b>5</b> | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                                     |            | 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)<br>Name and business address                                       | (B)<br>Description of services | (C)<br>Compensation |
|------------------------------------------------------------------------|--------------------------------|---------------------|
| HUNTZINGER MANAGEMENT<br>670 N RIVER ST STE 401<br>PLAINS, PA 18705    | IT MANAGEMENT                  | 1,784,655           |
| CARETECH SOLUTIONS INC<br>901 WILSHIRE DRIVE STE 250<br>TROY, MI 48084 | IT SERVICES                    | 6,353,854           |
| CPS INC<br>PO BOX 1000 DEPT 176 MEMPHIS TN<br>AUBURN, MA 04210         | PHARMACY MANAGEMENT            | 4,241,215           |
| FOCUS INFORMATICS<br>PO BOX 7247-7343<br>PHILADELPHIA, PA 191707343    | TRANSCRIPTION SERV             | 1,004,511           |
| MERCER<br>PO BOX 13793<br>NEWARK, NJ 071880793                         | FINANCIAL SERVICES             | 393,912             |

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶18

Part VIII

Statement of Revenue

|                                                           |                                                                    |                                                                                                                                               |                                                | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |  |
|-----------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|--|
| Contributions, gifts, grants<br>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<br>similar amounts not included above                                                             | 1f                                             | 11,700               |                                                    |                                         |                                                                                 |  |
|                                                           | g                                                                  | Noncash contributions included in<br>lines 1a-1f \$ _____                                                                                     |                                                |                      |                                                    |                                         |                                                                                 |  |
|                                                           | h                                                                  | Total. Add lines 1a-1f . . . . .                                                                                                              |                                                |                      | 11,700                                             |                                         |                                                                                 |  |
| Program Service Revenue                                   |                                                                    |                                                                                                                                               | Business Code                                  |                      |                                                    |                                         |                                                                                 |  |
|                                                           | 2a                                                                 | MANAGEMENT SERVICES                                                                                                                           | 621,110                                        | 40,398,086           | 40,398,086                                         |                                         |                                                                                 |  |
|                                                           | b                                                                  |                                                                                                                                               |                                                |                      |                                                    |                                         |                                                                                 |  |
|                                                           | c                                                                  |                                                                                                                                               |                                                |                      |                                                    |                                         |                                                                                 |  |
|                                                           | d                                                                  |                                                                                                                                               |                                                |                      |                                                    |                                         |                                                                                 |  |
|                                                           | e                                                                  |                                                                                                                                               |                                                |                      |                                                    |                                         |                                                                                 |  |
|                                                           | f                                                                  | All other program service revenue                                                                                                             |                                                |                      |                                                    |                                         |                                                                                 |  |
|                                                           | g                                                                  | Total. Add lines 2a-2f . . . . .                                                                                                              |                                                |                      | 40,398,086                                         |                                         |                                                                                 |  |
| Other Revenue                                             | 3                                                                  | Investment income (including dividends, interest<br>and other similar amounts) . . . . .                                                      |                                                |                      | 1,386,031                                          | -3,355                                  | 1,389,386                                                                       |  |
|                                                           | 4                                                                  | Income from investment of tax-exempt bond proceeds . . .                                                                                      |                                                |                      | 0                                                  |                                         |                                                                                 |  |
|                                                           | 5                                                                  | Royalties . . . . .                                                                                                                           |                                                |                      | 0                                                  |                                         |                                                                                 |  |
|                                                           | 6a                                                                 | (i) Real                                                                                                                                      |                                                | (ii) Personal        |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    | Gross Rents                                                                                                                                   |                                                | 0                    | 0                                                  |                                         |                                                                                 |  |
|                                                           |                                                                    | b                                                                                                                                             | Less rental expenses                           |                      |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    | c                                                                                                                                             | Rental income or (loss)                        |                      | 0                                                  | 0                                       |                                                                                 |  |
|                                                           | d                                                                  | Net rental income or (loss) . . . . .                                                                                                         |                                                |                      | 0                                                  |                                         |                                                                                 |  |
|                                                           | 7a                                                                 | (i) Securities                                                                                                                                |                                                | (ii) Other           |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    | Gross amount from sales of<br>assets other than inventory                                                                                     |                                                | 2,068,021            | 0                                                  |                                         |                                                                                 |  |
|                                                           |                                                                    | b                                                                                                                                             | Less cost or other basis and<br>sales expenses |                      |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    | c                                                                                                                                             | Gain or (loss)                                 |                      | 2,068,021                                          | 0                                       |                                                                                 |  |
|                                                           | d                                                                  | Net gain or (loss) . . . . .                                                                                                                  |                                                |                      | 2,068,021                                          |                                         |                                                                                 |  |
|                                                           | 8a                                                                 | Gross income from fundraising<br>events (not including<br>\$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |                                                |                      |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    | a                                                                                                                                             |                                                |                      | 0                                                  |                                         |                                                                                 |  |
|                                                           |                                                                    | b                                                                                                                                             | Less direct expenses . . . . .                 |                      |                                                    |                                         |                                                                                 |  |
|                                                           | c                                                                  | Net income or (loss) from fundraising events . . .                                                                                            |                                                |                      | 0                                                  |                                         |                                                                                 |  |
|                                                           | 9a                                                                 | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                         |                                                |                      |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    | a                                                                                                                                             |                                                |                      | 0                                                  |                                         |                                                                                 |  |
|                                                           |                                                                    | b                                                                                                                                             | Less direct expenses . . . . .                 |                      |                                                    |                                         |                                                                                 |  |
| c                                                         | Net income or (loss) from gaming activities . . .                  |                                                                                                                                               |                                                | 0                    |                                                    |                                         |                                                                                 |  |
| 10a                                                       | Gross sales of inventory, less<br>returns and allowances . . . . . |                                                                                                                                               |                                                |                      |                                                    |                                         |                                                                                 |  |
|                                                           | a                                                                  |                                                                                                                                               |                                                |                      |                                                    |                                         |                                                                                 |  |
|                                                           | b                                                                  | Less cost of goods sold . . . . .                                                                                                             |                                                |                      |                                                    |                                         |                                                                                 |  |
| c                                                         | Net income or (loss) from sales of inventory . . .                 |                                                                                                                                               |                                                | 0                    |                                                    |                                         |                                                                                 |  |
| Miscellaneous Revenue                                     |                                                                    | Business Code                                                                                                                                 |                                                |                      |                                                    |                                         |                                                                                 |  |
| 11a                                                       | OTHER REVENUE                                                      |                                                                                                                                               |                                                | 1,015,413            | 1,015,413                                          |                                         |                                                                                 |  |
| b                                                         |                                                                    |                                                                                                                                               |                                                |                      |                                                    |                                         |                                                                                 |  |
| c                                                         |                                                                    |                                                                                                                                               |                                                |                      |                                                    |                                         |                                                                                 |  |
| d                                                         | All other revenue . . . . .                                        |                                                                                                                                               |                                                |                      |                                                    |                                         |                                                                                 |  |
| e                                                         | Total. Add lines 11a-11d . . . . .                                 |                                                                                                                                               |                                                | 1,015,413            |                                                    |                                         |                                                                                 |  |
| 12                                                        | Total revenue. See Instructions . . . . .                          |                                                                                                                                               |                                                | 44,879,251           | 41,413,499                                         | -3,355                                  | 1,389,386                                                                       |  |

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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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 . . . . .                                                                                                                                      | 4,504,597             | 3,828,907                       | 675,690                                |                             |
| 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                                                                                                                                                                                                | 14,209,216            | 12,077,834                      | 2,131,382                              |                             |
| 8                                                                              | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .                                                                                                                 | 0                     |                                 |                                        |                             |
| 9                                                                              | Other employee benefits . . . . .                                                                                                                                                                                       | 1,404,474             | 1,193,803                       | 210,671                                |                             |
| 10                                                                             | Payroll taxes . . . . .                                                                                                                                                                                                 | 1,073,442             | 912,427                         | 161,015                                |                             |
| 11                                                                             | Fees for services (non-employees)                                                                                                                                                                                       |                       |                                 |                                        |                             |
| a                                                                              | Management . . . . .                                                                                                                                                                                                    | 0                     |                                 |                                        |                             |
| b                                                                              | Legal . . . . .                                                                                                                                                                                                         | 463,059               |                                 | 463,059                                |                             |
| c                                                                              | Accounting . . . . .                                                                                                                                                                                                    | 136,439               |                                 | 136,439                                |                             |
| d                                                                              | Lobbying . . . . .                                                                                                                                                                                                      | 0                     |                                 |                                        |                             |
| e                                                                              | Professional fundraising See Part IV, line 17 . . . . .                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| f                                                                              | Investment management fees . . . . .                                                                                                                                                                                    | 0                     |                                 |                                        |                             |
| g                                                                              | Other . . . . .                                                                                                                                                                                                         | 9,927,437             | 8,438,321                       | 1,489,116                              |                             |
| 12                                                                             | Advertising and promotion . . . . .                                                                                                                                                                                     | 18,807                | 15,986                          | 2,821                                  |                             |
| 13                                                                             | Office expenses . . . . .                                                                                                                                                                                               | 1,893,440             | 1,609,424                       | 284,016                                |                             |
| 14                                                                             | Information technology . . . . .                                                                                                                                                                                        | 0                     |                                 |                                        |                             |
| 15                                                                             | Royalties . . . . .                                                                                                                                                                                                     | 0                     |                                 |                                        |                             |
| 16                                                                             | Occupancy . . . . .                                                                                                                                                                                                     | 1,143,946             | 972,354                         | 171,592                                |                             |
| 17                                                                             | Travel . . . . .                                                                                                                                                                                                        | 217,288               | 184,695                         | 32,593                                 |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                | 0                     |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings . . . . .                                                                                                                                                                        | 0                     |                                 |                                        |                             |
| 20                                                                             | Interest . . . . .                                                                                                                                                                                                      | 129,351               | 109,948                         | 19,403                                 |                             |
| 21                                                                             | Payments to affiliates . . . . .                                                                                                                                                                                        | 0                     |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                     | 2,424,401             | 2,060,741                       | 363,660                                |                             |
| 23                                                                             | Insurance . . . . .                                                                                                                                                                                                     | 104,491               | 88,817                          | 15,674                                 |                             |
| 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                                                                              | EQUIPMENT RENTAL/MAINTENANCE                                                                                                                                                                                            | 2,655,253             | 2,256,965                       | 398,288                                |                             |
| b                                                                              | ALL OTHER EXPENSES                                                                                                                                                                                                      | 1,160,132             | 965,305                         | 174,020                                | 20,807                      |
| c                                                                              |                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| d                                                                              |                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| e                                                                              |                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| f                                                                              | All other expenses                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| 25                                                                             | Total functional expenses. Add lines 1 through 24f                                                                                                                                                                      | 41,465,773            | 34,715,527                      | 6,729,439                              | 20,807                      |
| 26                                                                             | Joint costs. Check here <input type="checkbox"/> 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)               |     | (B)         |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------|-------------------|-----|-------------|
|                             |                                                                                                                                           |                                                                                                                                                                               |     |            | Beginning of year |     | End of year |
| Assets                      | 1                                                                                                                                         | Cash—non-interest-bearing . . . . .                                                                                                                                           |     |            |                   | 1   |             |
|                             | 2                                                                                                                                         | Savings and temporary cash investments . . . . .                                                                                                                              |     |            | 14,349,763        | 2   | 25,484,384  |
|                             | 3                                                                                                                                         | Pledges and grants receivable, net . . . . .                                                                                                                                  |     |            | 134,786           | 3   | 113,841     |
|                             | 4                                                                                                                                         | Accounts receivable, net . . . . .                                                                                                                                            |     |            | 653,570           | 4   | 1,678,594   |
|                             | 5                                                                                                                                         | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .                  |     |            |                   | 5   |             |
|                             | 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 . . . . .                                                                                                                                     |     |            | 5,607,517         | 7   | 5,614,722   |
|                             | 8                                                                                                                                         | Inventories for sale or use . . . . .                                                                                                                                         |     |            |                   | 8   |             |
|                             | 9                                                                                                                                         | Prepaid expenses and deferred charges . . . . .                                                                                                                               |     |            | 511,729           | 9   | 999,025     |
|                             | 10a                                                                                                                                       | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                             | 10a | 50,139,559 |                   |     |             |
|                             | b                                                                                                                                         | Less accumulated depreciation . . . . .                                                                                                                                       | 10b | 23,671,724 | 28,938,852        | 10c | 26,467,835  |
|                             | 11                                                                                                                                        | Investments—publicly traded securities . . . . .                                                                                                                              |     |            | 46,908,455        | 11  | 47,381,854  |
|                             | 12                                                                                                                                        | Investments—other securities See Part IV, line 11 . . . . .                                                                                                                   |     |            | 14,524,399        | 12  | 15,317,986  |
|                             | 13                                                                                                                                        | Investments—program-related See Part IV, line 11 . . . . .                                                                                                                    |     |            |                   | 13  |             |
|                             | 14                                                                                                                                        | Intangible assets . . . . .                                                                                                                                                   |     |            |                   | 14  |             |
|                             | 15                                                                                                                                        | Other assets See Part IV, line 11 . . . . .                                                                                                                                   |     |            | 18,329,545        | 15  | 14,988,532  |
|                             | 16                                                                                                                                        | Total assets. Add lines 1 through 15 (must equal line 34) . . . . .                                                                                                           |     |            | 129,958,616       | 16  | 138,046,773 |
| Liabilities                 | 17                                                                                                                                        | Accounts payable and accrued expenses . . . . .                                                                                                                               |     |            | 6,175,662         | 17  | 6,886,711   |
|                             | 18                                                                                                                                        | Grants payable . . . . .                                                                                                                                                      |     |            |                   | 18  |             |
|                             | 19                                                                                                                                        | Deferred revenue . . . . .                                                                                                                                                    |     |            |                   | 19  |             |
|                             | 20                                                                                                                                        | Tax-exempt bond liabilities . . . . .                                                                                                                                         |     |            |                   | 20  |             |
|                             | 21                                                                                                                                        | Escrow or custodial account liability Complete Part IV of Schedule D . . . . .                                                                                                |     |            |                   | 21  |             |
|                             | 22                                                                                                                                        | Payables 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 . . . . .                                                                                                      |     |            | 11,885,552        | 23  | 11,885,552  |
|                             | 24                                                                                                                                        | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                        |     |            |                   | 24  |             |
|                             | 25                                                                                                                                        | Other liabilities Complete Part X of Schedule D . . . . .                                                                                                                     |     |            | 29,487,402        | 25  | 50,687,924  |
|                             | 26                                                                                                                                        | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                          |     |            | 47,548,616        | 26  | 69,460,187  |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                               |     |            |                   |     |             |
|                             | 27                                                                                                                                        | Unrestricted net assets . . . . .                                                                                                                                             |     |            | 70,052,000        | 27  | 49,505,037  |
|                             | 28                                                                                                                                        | Temporarily restricted net assets . . . . .                                                                                                                                   |     |            | 1,936,000         | 28  | 3,241,646   |
|                             | 29                                                                                                                                        | Permanently restricted net assets . . . . .                                                                                                                                   |     |            | 10,422,000        | 29  | 15,839,903  |
|                             | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 . . . . .                                                                                                                                   |     |            | 82,410,000        | 33  | 68,586,586  |
|                             | 34                                                                                                                                        | Total liabilities and net assets/fund balances . . . . .                                                                                                                      |     |            | 129,958,616       | 34  | 138,046,773 |

**Part XI Financial Statements and Reporting**

|                                                                                                                                                                                                                                                                                                                                                                   | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                        |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .                                                                                                                                                                                                                                                   |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .                                                                                                                                                                                                                                                             | Yes |    |
| <b>c</b> If "Yes," to 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . . | Yes |    |
| <b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis                     |     |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .                                                                                                                                                                                      |     | No |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .                                                                                                                               |     |    |

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

|                                                                  |                                              |
|------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>CENTRAL MAINE HEALTHCARE CORPORATION | Employer identification number<br>01-0386913 |
|------------------------------------------------------------------|----------------------------------------------|

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **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).**
- 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 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?  

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i)<br>Name of supported organization | (ii)<br>EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)<br>Is the organization in col (i) listed in your governing document? |    | (v)<br>Did you notify the organization in col (i) of your support? |    | (vi)<br>Is the organization in col (i) organized in the U S ? |    | (vii)<br>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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in)                                                                                                                                                           | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                   | 697,502  | 586,848  | 541,089  | 0        | 11,700   | 1,837,139 |
| 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 lines 1 through 3                                                                                                                                                                        | 697,502  | 586,848  | 541,089  | 0        | 11,700   | 1,837,139 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 Public Support. Subtract line 5 from line 4                                                                                                                                                         |          |          |          |          |          | 1,837,139 |

Section B. Total Support

| Calendar year (or fiscal year beginning in)                                                                                                                             | (a) 2005  | (b) 2006  | (c) 2007  | (d) 2008  | (e) 2009  | (f) Total   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|-------------|
| 7 Amounts from line 4                                                                                                                                                   | 697,502   | 2,257,664 | 541,089   | 0         | 11,700    | 1,837,139   |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                        | 1,797,775 | 2,257,664 | 2,092,957 | 1,578,050 | 1,386,031 | 9,112,477   |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                    |           |           |           |           |           |             |
| 10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets                                                                       | 36,138    | 9,054     | 402,274   | 1,027,588 | 1,670,920 | 3,145,974   |
| 11 Total support (Add lines 7 through 10)                                                                                                                               |           |           |           |           |           | 14,095,590  |
| 12 Gross receipts from related activities, etc (See instructions )                                                                                                      |           |           |           |           | 12        | 146,664,238 |
| 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 |           |           |           |           |           |             |

Section C. Computation of Public Support Percentage

|                                                                                                                                                                                                                                                                                                                                                                                            |    |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))                                                                                                                                                                                                                                                                                                    | 14 | 13 033 % |
| 15 Public Support Percentage for 2008 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                         | 15 | 17 482 % |
| 16a 33 1/3% support test—2009. 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% support test—2008. 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—2009. 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—2008. 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 a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions                                                                                                                                                                                                                                                        |    |          |

Part IIISupport 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) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| 2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| 4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| 5The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| 6Total. Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| 7aAmounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| cAdd lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| 8Public Support (Subtract line 7c from line 6 )                                                                                                                           |          |          |          |          |          |           |

Section B. Total Support

| Calendar year (or fiscal year beginning in)                                                                                       | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 9Amounts from line 6                                                                                                              |          |          |          |          |          |           |
| 10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| cAdd lines 10a and 10b                                                                                                            |          |          |          |          |          |           |
| 11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| 12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                 |          |          |          |          |          |           |
| 13Total support (Add lines 9, 10c, 11 and 12.)                                                                                    |          |          |          |          |          |           |

14First 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**

☐

Section C. Computation of Public Support Percentage

|                                                                                        |    |  |
|----------------------------------------------------------------------------------------|----|--|
| 15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) | 15 |  |
| 16Public support percentage from 2008 Schedule A, Part III, line 15                    | 16 |  |

Section D. Computation of Investment Income Percentage

|                                                                                                    |    |  |
|----------------------------------------------------------------------------------------------------|----|--|
| 17Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f)) | 17 |  |
| 18Investment income percentage from <b>2008</b> Schedule A, Part III, line 17                      | 18 |  |

19a**33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

☐

b**33 1/3% support tests—2008.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

---

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

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If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization  
CENTRAL MAINE HEALTHCARE CORPORATION

Employer identification number

01-0386913

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$ \_\_\_\_\_
- 3

Volunteer hours \_\_\_\_\_

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a

Was a correction made? ☐ Yes ☐ No
- b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$ \_\_\_\_\_
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4

Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   | (a) Filing<br>Organization's<br>Totals                              | (b) Affiliated<br>Group<br>Totals  |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------|------------------------------------|--------------------|------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                                                     |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| b Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                                     |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| c Total lobbying expenditures (add lines 1a and 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                                     |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| d Other exempt purpose expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                                     |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| e Total exempt purpose expenditures (add lines 1c and 1d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                                     |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   |                                                                     |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> |                                                   | If the amount on line 1e, column (a) or (b) is:                     | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The lobbying nontaxable amount is:                |                                                                     |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 20% of the amount on line 1e                      |                                                                     |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$100,000 plus 15% of the excess over \$500,000   |                                                                     |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$175,000 plus 10% of the excess over \$1,000,000 |                                                                     |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$225,000 plus 5% of the excess over \$1,500,000  |                                                                     |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$1,000,000                                       |                                                                     |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| g Grassroots nontaxable amount (enter 25% of line 1f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                                                     |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| h Subtract line 1g from line 1a If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                                     |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| i Subtract line 1f from line 1c If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                                     |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |

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 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period         |          |          |          |          |           |
|--------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
| 2a Lobbying non-taxable amount                               |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots non-taxable amount                              |          |          |          |          |           |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                           |          |          |          |          |           |

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

|                             |                                                                                                                                                                                                                              | (a) |    | (b)    |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                             |                                                                                                                                                                                                                              | Yes | No | Amount |
| 1                           | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |        |
|                             | a Volunteers?                                                                                                                                                                                                                |     | No |        |
|                             | b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                               | Yes |    |        |
|                             | c Media advertisements?                                                                                                                                                                                                      |     | No |        |
|                             | d Mailings to members, legislators, or the public?                                                                                                                                                                           | Yes |    | 10,100 |
|                             | e Publications, or published or broadcast statements?                                                                                                                                                                        |     | No |        |
|                             | f Grants to other organizations for lobbying purposes?                                                                                                                                                                       |     | No |        |
|                             | g Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                | Yes |    | 16,750 |
|                             | h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                  |     | No |        |
|                             | i Other activities? If "Yes," describe in Part IV                                                                                                                                                                            |     | No |        |
| j Total lines 1c through 1i |                                                                                                                                                                                                                              |     |    | 26,850 |
| 2a                          | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     | No |        |
| b                           | If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                            |     |    |        |
| c                           | If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                   |     |    |        |
| d                           | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                 |     |    |        |

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

|   |                                                                                                  | Yes | No |
|---|--------------------------------------------------------------------------------------------------|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members?                     | 1   |    |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less?                | 2   |    |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3   |    |

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

|   |                                                                                                                                                                                                                                            |    |  |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 1 | Dues, assessments and similar amounts from members                                                                                                                                                                                         | 1  |  |
| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                |    |  |
| a | Current year                                                                                                                                                                                                                               | 2a |  |
| b | Carryover from last year                                                                                                                                                                                                                   | 2b |  |
| c | Total                                                                                                                                                                                                                                      | 2c |  |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                            | 3  |  |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4  |  |
| 5 | Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                   | 5  |  |

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

| Identifier        | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LOBBYING EXPENSES | PART II-B        | LOBBYING EXPENSES WERE INCURRED DURING THE YEAR FOR THE PURPOSES OF PROVIDING INPUT TO MAINE'S CONGRESSIONAL DELEGATION ON THE TOPIC OF HEALTHCARE REFORM. ADDITIONAL TIME WAS SPENT INTERACTING WITH STATE LEGISLATORS IN AN EFFORT TO HAVE THE MAINE LEGISLATURE PASS THE NECESSARY BILL(S) TO FUND PAYMENT TO ALL MAINE HOSPITALS FOR SEVERAL YEARS OF PAST MAINECARE (MEDICAID) PAYMENTS. |

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                           |                              |
| 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 for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

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 a 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                                             |
| b | Total acreage restricted by conservation easements                                 |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06            |

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, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

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

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 the arrangement in Part XIV and complete the following table

|    |           |
|----|-----------|
|    | Amount    |
| 1c | 1,024,720 |
| 1d | 105,437   |
| 1e | 59,349    |
| 1f | 1,070,808 |

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 . . . . .                      | 12,357,688    | 14,565,885        |                     |                    |
| b  | Contributions . . . . .                                  | 7,051,938     | 922,762           |                     |                    |
| c  | Investment earnings or losses . . . . .                  | 821,415       | -2,561,513        |                     |                    |
| d  | Grants or scholarships . . . . .                         |               |                   |                     |                    |
| e  | Other expenditures for facilities and programs . . . . . | 1,149,491     | 569,446           |                     |                    |
| f  | Administrative expenses . . . . .                        |               |                   |                     |                    |
| g  | End of year balance . . . . .                            | 19,081,550    | 12,357,688        |                     |                    |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 83.010 %

c

Term endowment ▶ 16.990 %

3a

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

(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) Accumulated depreciation | (d) Book value |
| 1a Land . . . . .                                                                                    |                                      | 625,362                        |                              | 625,362        |
| b Buildings . . . . .                                                                                |                                      | 28,322,093                     | 15,150,502                   | 13,171,591     |
| c Leasehold improvements . . . . .                                                                   |                                      | 267,535                        | 198,259                      | 69,276         |
| d Equipment . . . . .                                                                                |                                      | 20,140,562                     | 8,322,964                    | 11,817,598     |
| e Other . . . . .                                                                                    |                                      | 784,008                        |                              | 784,008        |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . |                                      |                                |                              | 26,467,835     |

Schedule D (Form 990) 2009



| 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                                                                                              | Other losses . . . . .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 IV, 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. Also complete this part to provide any additional information.

| Identifier            | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OTHER ENDOWMENT FUNDS | PART IV, LINE 1B | CENTRAL MAINE HEALTHCARE HANDLES THE BASIC FINANCIAL FUNCTIONS ON BEHALF OF THE DR. GARD W. TWADDLE NURSES' ENDOWMENT FUND. CMHC MAINTAINS THE BANK ACCOUNT AND RECONCILIATIONS, ISSUES PAYMENTS AT THE DIRECTION OF THE BOARD OF DIRECTORS OF THE ENDOWMENT FUND, AND PROVIDES FINANCIAL REPORTING TO ITS BOARD. CMHC IS ENTITLED TO CHARGE A FEE FOR THIS SERVICE, BUT CHOOSES TO PROVIDE IT FREE OF CHARGE.                                                                              |
| OTHER LIABILITIES     | PART X, LINE 2   | CENTRAL MAINE HEALTHCARE IS CLASSIFIED AS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. HOWEVER, THIS ENTITY IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. CMHC AND ITS CONSOLIDATED ENTITIES FILE TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. WITH A FEW EXCEPTIONS, THESE ENTITIES ARE NO LONGER SUBJECT TO U.S. FEDERAL EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2004. |



Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

|                                                                  |                                                  |
|------------------------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>CENTRAL MAINE HEALTHCARE CORPORATION | Employer identification number<br><br>01-0386913 |
|------------------------------------------------------------------|--------------------------------------------------|

Part I

Questions Regarding Compensation

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |    |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
| 1a | Check the appropriate 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                                                                                                                                                                                                                                                                                                                                                                                                           |     |    |
|    | <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> |     |    |
| b  | If any of the boxes in line 1a are 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                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| 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?                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |    |
|    | <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>                                                                                                                                      |     |    |
| 4  | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| a  | Receive a severance payment or change-of-control payment?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     | No |
| b  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes |    |
| c  | Participate in, or receive payment from, an equity-based compensation arrangement?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     | No |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
|    | Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | No |
| b  | Any related organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     | 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | No |
| b  | Any related organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     | No |
| 8  | Were any amounts reported in Form 990, Part VII, paid or accrued 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                                                                                                                                                                                                                                                                                                                                                                                                                      |     | No |
| 9  | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |

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

[illegible]

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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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, 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 EMPLOYER CONTRIBUTIONS TO RETIREMENT PLANS AND OTHER DEFERRED COMPENSATION PLANS. 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.                                                                                                                                                                                                                                                                                                                      |
| TERMS AND CONDITIONS                             | PART I, LINE 4       | A PARTICIPANT'S ENTITLEMENT TO BENEFITS WILL VEST ON THE PARTICIPANT'S VESTING DATE, PROVIDED THE PARTICIPANT HAS REMAINED IN CONTINUOUS EMPLOYMENT IN THE SAME POSITION WHILE PARTICIPATING IN THIS PLAN. A PARTICIPANT WILL HAVE ONLY ONE VESTING DATE FOR ALL ELECTIVE DEFERRALS AND OTHER PLAN CONTRIBUTIONS MADE ON THE PARTICIPANT'S BEHALF DURING ALL PLAN YEARS. A PARTICIPANT'S ENTITLEMENT TO BENEFITS WILL ALSO VEST (A) IF THE PARTICIPANT DIES WHILE STILL EMPLOYED BY THE EMPLOYER, (B) IF THE PARTICIPANT'S EMPLOYMENT TERMINATES DUE TO TOTAL DISABILITY, OR (C) IF THE EMPLOYER TERMINATES THE PARTICIPANT'S EMPLOYMENT FOR ANY REASON, OTHER THAN FOR "CAUSE." ANY PORTION OF THE PARTICIPANT'S ENTITLEMENT TO BENEFITS THAT IS NOT VESTED WHEN THE PARTICIPANT'S EMPLOYMENT WITH THE EMPLOYER TERMINATES, INCLUDING ELECTIVE DEFERRALS, WILL BE FORFEITED. THE EMPLOYER WILL DISTRIBUTE A PARTICIPANT'S BENEFITS UNDER THE PLAN AS SOON AS PRACTICABLE AFTER THE PARTICIPANT'S ENTITLEMENT BECOMES VESTED. |
| PARTICIPATION IN A NON-QUALIFIED RETIREMENT PLAN | PART I, LINE 4B      | LAIRD COVEY \$22,070 JOHN WELSH \$57,500 JOHN CARLSON \$21,000 DOUGLAS DIVELLO \$700. NO OTHER PARTICIPANTS RECEIVED PAYMENTS OR MADE DEFERRED CONTRIBUTIONS DURING THE YEAR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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)  | 528,255                                            | 97,000                              | 39,339                   | 0                         | 17,132                  | 681,726                         | 0                                                          |
|                      | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| CHARLES T ORNE       | (i)  | 310,454                                            | 95,400                              | 21,188                   | 0                         | 21,289                  | 448,331                         | 0                                                          |
|                      | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| PHILIP J O'CONNOR MD | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                      | (ii) | 752,374                                            | 124,939                             | 8,850                    | 0                         | 16,307                  | 902,470                         | 0                                                          |
| JOHN CARLSON         | (i)  | 191,421                                            | 16,000                              | 49,598                   | 21,000                    | 13,709                  | 291,728                         | 0                                                          |
|                      | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| LAIRD COVEY          | (i)  | 321,275                                            | 70,090                              | 59,283                   | 22,070                    | 14,505                  | 487,223                         | 0                                                          |
|                      | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| DOUGLAS DIVELLO      | (i)  | 168,614                                            | 26,000                              | 17,700                   | 700                       | 16,103                  | 229,117                         | 0                                                          |
|                      | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| JAMES HAGEN          | (i)  | 164,767                                            | 32,500                              | 19,658                   | 0                         | 16,366                  | 233,291                         | 0                                                          |
|                      | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| SUSAN HORTON         | (i)  | 165,798                                            | 25,898                              | 18,608                   | 0                         | 485                     | 210,789                         | 0                                                          |
|                      | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| JOYCE MCPHETRES      | (i)  | 163,454                                            | 25,836                              | 17,549                   | 0                         | 5,558                   | 212,397                         | 0                                                          |
|                      | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| SHARRON SIELEMAN     | (i)  | 173,356                                            | 26,500                              | 17,857                   | 0                         | 10,329                  | 228,042                         | 0                                                          |
|                      | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| JOHN WELSH           | (i)  | 205,001                                            | 0                                   | 50,636                   | 57,500                    | 14,435                  | 327,572                         | 0                                                          |
|                      | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| CHARLES GILL         | (i)  | 170,696                                            | 27,846                              | 19,914                   | 0                         | 620                     | 219,076                         | 0                                                          |
|                      | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| LARRY HOPPERSTEAD MD | (i)  | 324,509                                            | 49,200                              | 38,998                   | 0                         | 13,841                  | 426,548                         | 0                                                          |
|                      | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| JAMES KANE           | (i)  | 160,370                                            | 25,423                              | 22,088                   | 0                         | 16,228                  | 224,109                         | 0                                                          |
|                      | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| SHARON L KUHRT       | (i)  | 120,468                                            | 21,516                              | 14,133                   | 0                         | 16,159                  | 172,276                         | 0                                                          |
|                      | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| DAVID LAUVER MD      | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                      | (ii) | 191,046                                            | 50,801                              | 3,177                    | 0                         | 13,621                  | 258,645                         | 0                                                          |
| GLENN FOCHT          | (i)  | 166,956                                            | 30,000                              | 20,925                   | 0                         | 8,311                   | 226,192                         | 0                                                          |
|                      | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| JEFFREY PARSONS      | (i)  | 115,078                                            | 19,480                              | 21,123                   | 0                         | 17,153                  | 172,834                         | 0                                                          |
|                      | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered**  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V lines 38a or 40b.  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public  
Inspection

|                                                                         |                                                         |
|-------------------------------------------------------------------------|---------------------------------------------------------|
| <b>Name of the organization</b><br>CENTRAL MAINE HEALTHCARE CORPORATION | <b>Employer identification number</b><br><br>01-0386913 |
|-------------------------------------------------------------------------|---------------------------------------------------------|

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

| 1 | (a) Name of disqualified person | (b) 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.**  
Complete if the organization 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? |      | (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 |
| See Additional Data Table                 |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| Total . . . . . ▶                         | \$ 7,231,110                          |      |                               |                 |                 |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefitting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

**Part IV Business Transactions Involving Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

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

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 |
| JOHN CARLSON<br>LIFE INSURANCE            |                                       | X    |                                  | 309,988            |                 | No | Yes                                 |    | Yes                    |    |
| PETER E CHALKE<br>LIFE INSURANCE          |                                       | X    |                                  | 3,868,420          |                 | No | Yes                                 |    | Yes                    |    |
| WILLIAM W CHALMERS<br>LIFE INSURANCE      |                                       | X    |                                  | 162,164            |                 | No | Yes                                 |    | Yes                    |    |
| LAIRD COVEY<br>LIFE INSURANCE             |                                       | X    |                                  | 467,640            |                 | No | Yes                                 |    | Yes                    |    |
| JAMES KANE III<br>LIFE INSURANCE          |                                       | X    |                                  | 148,387            |                 | No | Yes                                 |    | Yes                    |    |
| PHILIP J O'CONNOR<br>LIFE INSURANCE       |                                       | X    |                                  | 43,275             |                 | No | Yes                                 |    | Yes                    |    |
| CHARLES T ORNE<br>LIFE INSURANCE          |                                       | X    |                                  | 1,927,105          |                 | No | Yes                                 |    | Yes                    |    |
| JOHN WELSH<br>LIFE INSURANCE              |                                       | X    |                                  | 304,131            |                 | No | Yes                                 |    | Yes                    |    |

Additional Data

Software ID:

Software Version:

EIN: 01-0386913

Name: CENTRAL MAINE HEALTHCARE CORPORATION

|                                                                                                        |  |                                                                                                                                                                                                |  |                     |                                              |
|--------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|----------------------------------------------|
| efile GRAPHIC print - DO NOT PROCESS                                                                   |  | As Filed Data -                                                                                                                                                                                |  | DLN: 93493132017611 |                                              |
| SCHEDULE O<br>(Form 990)<br><br><small>Department of the Treasury<br/>Internal Revenue Service</small> |  | Supplemental Information to Form 990<br><br>Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.<br>▶ Attach to Form 990. |  |                     | OMB No 1545-0047                             |
|                                                                                                        |  |                                                                                                                                                                                                |  |                     | 2009                                         |
|                                                                                                        |  | Name of the organization<br>CENTRAL MAINE HEALTHCARE CORPORATION                                                                                                                               |  |                     | Employer identification number<br>01-0386913 |

| Identifier              | Return Reference                  | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990 REVIEW PROCESS | CORE PART VI, SECTION B, LINE 11A | ALL AFFILIATED FORM 990'S AND APPLICABLE SCHEDULES ARE PREPARED BY A PUBLIC ACCOUNTING FIRM IN COOPERATION WITH THE FINANCE DEPARTMENT THE COMPLETED RETURNS ARE REVIEWED WITH THE DIRECTOR OF FINANCE, THEN WITH 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 RETURN IS PRESENTED TO ITS RESPECTIVE BOARD, WITH THE FINANCE COMMITTEE MEMBER TAKING AND ANSWERING QUESTIONS A FINANCE DEPARTMENT REPRESENTATIVE, KNOWLEDGEABLE OF THE RETURN, IS AVAILABLE TO ASSIST DURING PRESENTATIONS, IF REQUESTED BY THE FINANCE COMMITTEE MEMBER IN THE EVENT THAT THE NEXT BOARD MEETING IS NOT SCHEDULED UNTIL AFTER THE FILING DATE, THE FINAL RETURN IS MAILED TO ALL BOARD MEMBERS AND THE PRESENTATION OCCURS AT THE NEXT SCHEDULED BOARD MEETING |

| 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 BY LAWS, 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, PHYSICIAN PRACTICE EXECUTIVE, 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 ITS 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 | SCHEDULE L, PART II | SEE ATTACHMENT 9 SEE ATTACHMENT 9 |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
CENTRAL MAINE HEALTHCARE CORPORATION

Employer identification number  
01-0386913

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|
| See Additional Data Table                             |                         |                                                  |                            |                                                     |                                  |
|                                                       |                         |                                                  |                            |                                                     |                                  |
|                                                       |                         |                                                  |                            |                                                     |                                  |
|                                                       |                         |                                                  |                            |                                                     |                                  |
|                                                       |                         |                                                  |                            |                                                     |                                  |
|                                                       |                         |                                                  |                            |                                                     |                                  |
|                                                       |                         |                                                  |                            |                                                     |                                  |



Part III

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

| (a)<br>Name, address, and EIN of<br>related organization                                  | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax<br>under sections 512-<br>514) | (f)<br>Share of total income | (g)<br>Share of end-of-year<br>assets | (h)<br>Disproprtionate<br>allocations? |    | (i)<br>Code V—UBI<br>amount in box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    |
|-------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------|----------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|----|
|                                                                                           |                         |                                                              |                                     |                                                                                                       |                              |                                       | Yes                                    | No |                                                                         | Yes                                       | No |
| FRANKLIN SCOREKEEPER LLC<br><br>29 LOWELL STREET BOX A<br>LEWISTON, ME04240<br>20-0720146 | SOFTWARE - HE           | DE                                                           | NA                                  | RELATED                                                                                               | -33,633                      | 262,664                               |                                        | No | 0                                                                       | Yes                                       |    |
|                                                                                           |                         |                                                              |                                     |                                                                                                       |                              |                                       |                                        |    |                                                                         |                                           |    |
|                                                                                           |                         |                                                              |                                     |                                                                                                       |                              |                                       |                                        |    |                                                                         |                                           |    |
|                                                                                           |                         |                                                              |                                     |                                                                                                       |                              |                                       |                                        |    |                                                                         |                                           |    |
|                                                                                           |                         |                                                              |                                     |                                                                                                       |                              |                                       |                                        |    |                                                                         |                                           |    |
|                                                                                           |                         |                                                              |                                     |                                                                                                       |                              |                                       |                                        |    |                                                                         |                                           |    |
|                                                                                           |                         |                                                              |                                     |                                                                                                       |                              |                                       |                                        |    |                                                                         |                                           |    |

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a)<br>Name, address, and EIN of related organization                                                 | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership |
|-------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|------------------------------|------------------------------------------|--------------------------------|
| CENTRAL MAINE HEALTH VENTURES INC<br>300 MAIN STREET<br>LEWISTON, ME04240<br>01-0430016               | HEALTHCARE              | ME                                                        | CMHC                                | C Corp                                                 |                              |                                          | 100 000 %                      |
| CWM INSURANCE LTD<br>GENESIS BUILDING PO BOX 1363<br>GRAND CAYMAN, CAYMAN ISLANDS<br>CJ<br>98-0220891 | INSURANCE               | CJ                                                        | CMHC                                | FOREIGN CORP                                           |                              |                                          | 100 000 %                      |
|                                                                                                       |                         |                                                           |                                     |                                                        |                              |                                          |                                |
|                                                                                                       |                         |                                                           |                                     |                                                        |                              |                                          |                                |
|                                                                                                       |                         |                                                           |                                     |                                                        |                              |                                          |                                |
|                                                                                                       |                         |                                                           |                                     |                                                        |                              |                                          |                                |
|                                                                                                       |                         |                                                           |                                     |                                                        |                              |                                          |                                |

Part V

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

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

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b No

1c No

1d No

1e No

1f No

1g No

1h No

1i Yes

1j No

1k Yes

1l No

1m No

1n Yes

1o Yes

1p Yes

1q No

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)<br>Name of other organization | (b)<br>Transaction<br>type(a-r) | (c)<br>Amount involved |
|-----------------------------------|---------------------------------|------------------------|
| (1) See Additional Data Table     |                                 |                        |
| (2)                               |                                 |                        |
| (3)                               |                                 |                        |
| (4)                               |                                 |                        |
| (5)                               |                                 |                        |
| (6)                               |                                 |                        |

Schedule R (Form 990) 2009

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.

[illegible]

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)<br>Name, address, and EIN of related organization                                               | (b)<br>Primary Activity | (c)<br>Legal Domicile<br>(State<br>or Foreign Country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if 501(c)(3)) | (f)<br>Direct Controlling<br>Entity |
|-----------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------|-------------------------------|---------------------------------------------------|-------------------------------------|
| CENTRAL MAINE MEDICAL CENTER<br><br>PO BOX 4500<br>LEWISTON, ME04243<br>01-0211494                  | HEALTHCARE              | ME                                                     | 501(C)(3)                     | 3                                                 | CMHC                                |
| CENTRAL MAINE HEART & VASCULAR INSTITUTE<br><br>300 MAIN STREET<br>LEWISTON, ME04240<br>54-2078282  | HEALTHCARE              | ME                                                     | 501(C)(3)                     | 9                                                 | CMHC                                |
| CMMC COLLEGE OF NURSING AND HEALTH PROF<br><br>PO BOX 4500<br>LEWISTON, ME04243<br>01-0356077       | EDUCATION               | ME                                                     | 501(C)(3)                     | 2                                                 | CMMC                                |
| CENTRAL MAINE REAL ESTATE MANAGEMENT CO<br><br>PO BOX 4500<br>LEWISTON, ME04243<br>01-0387674       | REAL ESTATE             | ME                                                     | 501(C)(2)                     |                                                   | CMHC                                |
| CENTRAL MAINE COMMUNITY HEALTH CORP<br><br>PO BOX 4500<br>LEWISTON, ME04243<br>01-0386912           | PUBLIC EDU              | ME                                                     | 501(C)(3)                     | 7                                                 | CMHC                                |
| RUMFORD COMMUNITY FAMILY HEALTH CENTER<br><br>430 FRANKLIN STREET<br>RUMFORD, ME04276<br>01-0481000 | HEALTHCARE              | ME                                                     | 501(C)(3)                     | 3                                                 | CMHC                                |
| RUMFORD COMMUNITY HOME CORPORATION<br><br>11 JOHN F KENNEDY LANE<br>RUMFORD, ME04276<br>22-2844951  | NURSING HOME            | ME                                                     | 501(C)(3)                     | 9                                                 | CMHC                                |
| RUMFORD HOSPITAL<br><br>PO BOX 619<br>RUMFORD, ME04276<br>01-0215227                                | HEALTHCARE              | ME                                                     | 501(C)(3)                     | 3                                                 | CMHC                                |
| BRIDGTON HOSPITAL<br><br>10 HOSPITAL DRIVE<br>BRIDGTON, ME04009<br>01-0130427                       | HEALTHCARE              | ME                                                     | 501(C)(3)                     | 3                                                 | CMHC                                |
| BRIDGTON HOSPITAL PHYSICIANS GROUP<br><br>SOUTH HIGH STREET<br>BRIDGTON, ME04009<br>01-0493083      | HEALTHCARE              | ME                                                     | 501(C)(3)                     | 9                                                 | CMHC                                |
| ELIAS E TUCKER TRUST FUND<br><br>C/O CMMC 300 MAIN STREET<br>LEWISTON, ME04240<br>01-6042343        | NURSING ED              | ME                                                     | 501(C)(3)                     | 11A                                               | CMMC                                |

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

| (a)<br>Name of other organization |                                         | (b)<br>Transaction<br>type(a-r) | (c)<br>Amount Involved<br>(\$) |
|-----------------------------------|-----------------------------------------|---------------------------------|--------------------------------|
| (1)                               | BRIDGTON HOSPITAL                       | A                               | 64,343                         |
| (2)                               | CENTRAL MAINE MEDICAL CENTER            | A                               | 1,188,140                      |
| (3)                               | RUMFORD HOSPITAL                        | A                               | 45,420                         |
| (4)                               | BRIDGTON HOSPITAL                       | K                               | 3,773,853                      |
| (5)                               | CENTRAL MAINE COMMUNITY HEALTH          | K                               | 52,737                         |
| (6)                               | CENTRAL MAINE MEDICAL CENTER            | K                               | 31,700,215                     |
| (7)                               | RUMFORD HOSPITAL                        | K                               | 3,396,942                      |
| (8)                               | CENTRAL MAINE MEDICAL CENTER            | N                               | 114,452                        |
| (9)                               | BRIDGTON HOSPITAL                       | P                               | 3,611,921                      |
| (10)                              | CENTRAL MAINE COMMUNITY HEALTH          | P                               | 80,195                         |
| (11)                              | CENTRAL MAINE HEALTH VENTURES           | P                               | 408,891                        |
| (12)                              | CENTRAL MAINE MEDICAL CENTER            | P                               | 48,428,069                     |
| (13)                              | CMMC COLLEGE OF NURSING AND HEALTH PROF | P                               | 72,329                         |
| (14)                              | RUMFORD HOSPITAL                        | P                               | 4,173,753                      |
| (15)                              | CENTRAL MAINE HEALTH VENTURES           | K                               | 89,520                         |

Additional Data

Software ID:

Software Version:

EIN: 01-0386913

Name: CENTRAL MAINE HEALTHCARE CORPORATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A)<br>Name and Title                         | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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<br>PRESIDENT                   | 55 0                          | X                                      |                       | X       |              |                              |        | 664,594                                                              | 0                                                                         | 15,328                                                                                        |
| PAUL R DIONNE<br>CHAIRMAN                     | 1 0                           | X                                      |                       | X       |              |                              |        | 23,219                                                               | 0                                                                         | 0                                                                                             |
| PAULINE V BEALE OD<br>DIRECTOR                | 1 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| MARCEL B BILODEAU<br>DIRECTOR                 | 1 0                           | X                                      |                       |         |              |                              |        | 16,233                                                               | 0                                                                         | 0                                                                                             |
| DOUGLAS M BOYD<br>DIRECTOR                    | 1 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| WILLIAM W CHALMERS<br>DIRECTOR                | 1 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| RICHARD A LOVEJOY<br>DIRECTOR                 | 1 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| ROBERT E QUINTON<br>DIRECTOR                  | 1 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| PHILIP J O'CONNOR MD<br>DIRECTOR              | 1 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 886,163                                                                   | 12,101                                                                                        |
| RICHARD L ROY<br>DIRECTOR                     | 1 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| STEVEN A CLOSSON<br>VICE CHAIR                | 1 0                           | X                                      |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| DAVID LAUVER MD<br>PHYSICIAN                  | 1 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 245,024                                                                   | 10,741                                                                                        |
| CHARLES T ORNE<br>TREASURER                   | 55 0                          |                                        |                       | X       |              |                              |        | 427,042                                                              | 0                                                                         | 19,824                                                                                        |
| CAROL J MORIN<br>SECRETARY                    | 55 0                          |                                        |                       | X       |              |                              |        | 84,450                                                               | 0                                                                         | 10,591                                                                                        |
| JOHN CARLSON<br>PRESIDENT - BRIDGTON HOSPITAL | 55 0                          |                                        |                       |         | X            |                              |        | 257,019                                                              | 0                                                                         | 33,601                                                                                        |
| LAIRD COVEY<br>PRESIDENT - CMMC               | 55 0                          |                                        |                       |         | X            |                              |        | 450,648                                                              | 0                                                                         | 35,106                                                                                        |
| DOUGLAS DIVELLO<br>VICE PRESIDENT             | 55 0                          |                                        |                       |         | X            |                              |        | 212,314                                                              | 0                                                                         | 16,524                                                                                        |
| JAMES HAGEN<br>VICE PRESIDENT                 | 55 0                          |                                        |                       |         | X            |                              |        | 216,925                                                              | 0                                                                         | 16,101                                                                                        |
| SUSAN HORTON<br>VICE PRESIDENT                | 55 0                          |                                        |                       |         | X            |                              |        | 210,304                                                              | 0                                                                         | 217                                                                                           |
| JOYCE MCPHETRES<br>VICE PRESIDENT             | 55 0                          |                                        |                       |         | X            |                              |        | 206,839                                                              | 0                                                                         | 5,293                                                                                         |
| SHARRON SIELEMAN<br>VICE PRESIDENT            | 55 0                          |                                        |                       |         | X            |                              |        | 217,713                                                              | 0                                                                         | 9,318                                                                                         |
| JOHN WELSH<br>PRESIDENT - RUMFORD HOSPITAL    | 55 0                          |                                        |                       |         | X            |                              |        | 255,637                                                              | 0                                                                         | 71,601                                                                                        |
| GLENN FOCHT<br>PHYSICIAN PRACTICE EXECUTIVE   | 55 0                          |                                        |                       |         | X            |                              |        | 217,881                                                              | 0                                                                         | 8,095                                                                                         |
| CHARLES GILL<br>VICE PRESIDENT                | 55 0                          |                                        |                       |         |              | X                            |        | 218,456                                                              | 0                                                                         | 350                                                                                           |
| LARRY HOPPERSTEAD MD<br>CHIEF MEDICAL OFFICER | 55 0                          |                                        |                       |         |              | X                            |        | 412,707                                                              | 0                                                                         | 13,318                                                                                        |

| (A)<br>Name and Title                            | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------|-------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                  |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| JAMES KANE<br>ADMINISTRATOR                      | 55 0                          |                                        |                       |         |              | X                            |        | 207,881                                                              | 0                                                                         | 15,966                                                                                        |
| SHARON L KUHRT<br>PRESIDENT - COLLEGE OF NURSING | 55 0                          |                                        |                       |         |              | X                            |        | 156,117                                                              | 0                                                                         | 15,962                                                                                        |
| JEFFREY PARSONS<br>VICE PRESIDENT                | 55 0                          |                                        |                       |         |              | X                            |        | 155,681                                                              | 0                                                                         | 16,966                                                                                        |