

Form **990**

**Return of Organization Exempt From Income Tax**

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

**2007**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2007 calendar year, or tax year beginning**

**and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>DOWN EAST COMMUNITY HOSPITAL</b>		<b>D Employer identification number</b> <b>01-0263198</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>RR 1 BOX 11</b>		<b>E Telephone number</b> <b>207-255-3356</b>
		City or town, state or country, and ZIP + 4 <b>MACHIAS, ME 04654</b>		<b>F Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

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

Hand I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

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

I Group Exemption Number **N/A**

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

G Website: **N/A**

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

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **34,063,332.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	120,258.	
	c	Indirect public support (not included on line 1a)	1c	68,956.	
	d	Government contributions (grants) (not included on line 1a)	1d	249,740.	
	e	Total (add lines 1a through 1d) (cash \$ 438,954. noncash \$ )	1e	438,954.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	33,064,053.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5	279,628.	
	6a	Gross rents	6a		
	6b	Less: rental expenses	6b		
6c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe )	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	11,000.	
		Less: cost or other basis and sales expenses	8b	24,200.	
		Gain or (loss) (attach schedule)	8c	-13,200.	
		Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	STMT 1 -13,200.	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
9c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
		Less: cost of goods sold	10b		
		Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11	Other revenue (from Part VII, line 103)	11	269,697.		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	34,039,132.		
Expenses	13	Program services (from line 44, column (B))	13	22,964,567.	
	14	Management and general (from line 44, column (C))	14	7,739,800.	
	15	Fundraising (from line 44, column (D))	15	146,380.	
	16	Payments to affiliates (attach schedule) SEE STATEMENT 2	16	516,463.	
	17	Total expenses. Add lines 16 and 44, column (A)	17	31,367,210.	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	2,671,922.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	12,229,477.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	-39,474.	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	14,861,925.	

**Part II Statement of Functional Expenses**

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>			<b>STATEMENT 5</b>	
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>10,000</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	10,000.	10,000.		
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	1,684,259.	0.	1,684,259.	0.
<b>25b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	142,043.	0.	142,043.	0.
<b>25c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	11,655,697.	11,308,175.	347,522.	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	385,028.	340,666.	44,362.	
<b>28</b> Employee benefits not included on lines 25a - 27	1,721,517.	1,721,517.		
<b>29</b> Payroll taxes	853,897.	732,391.	121,506.	
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	67,526.		67,526.	
<b>32</b> Legal fees	311,107.		311,107.	
<b>33</b> Supplies	3,580,316.	3,410,535.	169,781.	
<b>34</b> Telephone	84,078.	84,078.		
<b>35</b> Postage and shipping	19,493.		19,493.	
<b>36</b> Occupancy	19,086.	19,086.		
<b>37</b> Equipment rental and maintenance	283,362.	283,362.		
<b>38</b> Printing and publications				
<b>39</b> Travel	54,427.	34,896.	19,531.	
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest	384,807.	8,339.	376,468.	
<b>42</b> Depreciation, depletion, etc. (attach schedule)	1,076,726.	1,076,726.		
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 4</b>	8,517,378.	3,934,796.	4,436,202.	146,380.
<b>44 Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	30,850,747.	22,964,567.	7,739,800.	146,380.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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

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

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 6</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a SURGICAL SERVICES TO INPATIENTS AND OUTPATIENTS, TOTALING 2,496 SURGERIES</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>2,300,561.</b>
<b>b CARE FOR MEDICAL/SURGICAL UNIT PATIENTS. UNIT PROVIDED CARE TO 1,362 ADMISSIONS FOR 4,204 PATIENT DAYS.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>2,114,028.</b>
<b>c LABORATORY SERVICES TO INPATIENTS AND OUTPATIENTS, TOTALING 79,068 LAB TESTS.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>1,655,850.</b>
<b>d IMAGING SERVICES TO INPATIENTS AND OUTPATIENTS. 19,393 RADIOLOGICAL EXAMS WERE PROVIDED TO INPATIENTS AND OUTPATIENTS.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>2,170,362.</b>
<b>e Other program services (attach schedule) SEE STATEMENT 7</b>	
(Grants and allocations \$ 10,000. ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>14,723,766.</b>
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>22,964,567.</b>

Form 990 (2007)

**Part IV Balance Sheets** (See the instructions.)

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

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing .....	2,153,405.	1,003,633.
	46 Savings and temporary cash investments .....	453,466.	3,143,736.
	47 a Accounts receivable .....	4,468,075.	
	b Less: allowance for doubtful accounts .....	2,287,837.	
	48 a Pledges receivable .....		
	b Less: allowance for doubtful accounts .....		
	49 Grants receivable .....		
	50 a Receivables from current and former officers, directors, trustees, and key employees .....		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....		
	51 a Other notes and loans receivable .....	574,595.	
	b Less: allowance for doubtful accounts <b>STMT 8</b> .....	252,663.	
	52 Inventories for sale or use .....	547,131.	
	53 Prepaid expenses and deferred charges .....	218,487.	
	54 a Investments - publicly-traded securities <b>STMT 10</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV .....	1,437,135.	
	b Investments - other securities <b>STMT 16</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV .....	0.	
55 a Investments - land, buildings, and equipment: basis .....			
b Less: accumulated depreciation .....			
56 Investments - other .....			
57 a Land, buildings, and equipment: basis .....	22,216,466.		
b Less: accumulated depreciation <b>STMT 11</b> .....	11,362,321.		
58 Other assets, including program-related investments (describe <b>SEE STATEMENT 12</b> ) .....	4,183,273.		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	22,420,228.	25,082,875.	
Liabilities	60 Accounts payable and accrued expenses .....	2,386,218.	2,946,617.
	61 Grants payable .....		
	62 Deferred revenue .....		
	63 Loans from officers, directors, trustees, and key employees .....		
	64 a Tax-exempt bond liabilities <b>STMT 13</b> .....	6,571,028.	7,138,612.
	b Mortgages and other notes payable <b>STMT 14</b> .....	226,505.	135,721.
	65 Other liabilities (describe <b>SEE STATEMENT 15</b> ) .....	1,007,000.	0.
66 <b>Total liabilities.</b> Add lines 60 through 65 .....	10,190,751.	10,220,950.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....	11,878,362.	14,418,895.
	68 Temporarily restricted .....	8,780.	100,695.
	69 Permanently restricted .....	342,335.	342,335.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds .....		
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		
	72 Retained earnings, endowment, accumulated income, or other funds .....		
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	12,229,477.	14,861,925.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	22,420,228.	25,082,875.	





Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		X
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c	Dues, assessments, and similar amounts from members		
85d	Section 162(e) lobbying and political expenditures		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86a	N/A		
86b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87a	N/A		
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed		
90b	Number of employees employed in the pay period that includes March 12, 2007		241
91 a	The books are in care of <b>LYNNETTE PARR</b> Telephone no. <b>207-255-3356</b> Located at <b>RR1 BOX 11, MACHIAS, ME</b> ZIP + 4 <b>04654</b>		
91b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		X
	N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information** (continued) Yes  No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92  N/A

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <b>MEDICAL SERVICES</b>					10,910,137.
b					
c					
d					
e					
f Medicare/Medicaid payments					22,153,916.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	279,628.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-13,200.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <b>VENDING REVENUE</b>			03	37,107.	
b <b>CAFETERIA REVENUE</b>			03	50,903.	
c <b>REHAB CONTRACTS</b>					91,379.
d <b>MISCELLANEOUS REVENUE</b>					90,308.
e					
104 Subtotal (add columns (B), (D), and (E))		0.		354,438.	33,245,740.
105 Total (add line 104, columns (B), (D), and (E))					33,600,178.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 19

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

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

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

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

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

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

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

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

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

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

<b>Yes</b>	<b>No</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.

**Please Sign Here**

	Date
<b>LYNNETTE PARR, CHIEF FINANCIAL OFFICER</b> <small>Type or print name and title</small>	

<b>Paid Preparer's Use Only</b> Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4 <b>BERRY DUNN MCNEIL &amp; PARKER, LLC</b> <b>P.O. BOX 1100</b> <b>PORTLAND, ME 04104-1100</b>	EIN	Phone no. <b>(207) 775-2387</b>	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

OMB No. 1545-0047

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

**2007**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization <b>DOWN EAST COMMUNITY HOSPITAL</b>	Employer identification number <b>01 0263198</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JENNIFER BARNA RR1 BOX 11, MACHIAS, ME 04654	PHYSICIAN 40.00	380,779.	2,190.	3,644.
DHANVANT RATHOD RR1 BOX 11, MACHIAS, ME 04654	PHYSICIAN 40.00	339,577.	8,917.	3,411.
AARON TRAGOS RR1 BOX 11, MACHIAS, ME 04654	PHYSICIAN 40.00	281,325.	9,797.	3,287.
KARA DWIGHT RR1 BOX 11, MACHIAS, ME 04654	PHYSICIAN 40.00	271,637.	11,179.	2,305.
CHITRA LAL RR1 BOX 11, MACHIAS, ME 04654	PHYSICIAN 40.00	224,180.	1,114.	3,993.
Total number of other employees paid over \$50,000	84			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
DAVID RIOUX, D.O. PO BOX 398, MACHIAS, ME 04654	RENT/STAFF SERVICE	389,748.
LIQUIDAGENTS, LLC 2901 DALLAS PARKWAY, PLANO, TX 75093	STAFFING SERVICE	381,781.
DAHL-CHASE DIAGNOSTIC SERVICE 417 STATE STREET STE 540, BANGOR, ME 04401	DIAGNOSTIC SERVICE	292,233.
DOWN EAST MEDICAL ASSOCIATES (AZIZ MASSAAD) PO BOX 317, MACHIAS, ME 04654	ANESTHESIA SERVICES	248,514.
QUORUM HEALTH RESOURCES 105 CONTINENTAL PL, BRENTWOOD, TN 37024	MANAGEMENT SERVICES	211,513.
Total number of others receiving over \$50,000 for professional services	13	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
QUALITY CONSTRUCTION PO BOX 18, COLUMBIA FALLS, ME 04623	GENERAL CONTRACTOR	239,426.
COASTAL CRANE & CONSTRUCTION 17 KITTS CROSSING, LAMOINE, ME 04605	METAL CONSTRUCTION	103,950.
-----		
-----		
-----		
Total number of other contractors receiving over \$50,000 for other services	0	

**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ <u>5,695.</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B.) VI-B, LINE I	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? SEE STATEMENT 20	X	
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities? SEE STATEMENT 21	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966? N/A		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶	0.	

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

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

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

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

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

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	0.	0.	0.	0.	0.
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					

<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24	<b>26a</b>	<b>N/A</b>
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts	<b>26b</b>	<b>N/A</b>
c Total support for section 509(a)(1) test: Enter line 24, column (e)	<b>26c</b>	<b>N/A</b>
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	<b>26d</b>	<b>N/A</b>
e Public support (line 26c minus line 26d total)	<b>26e</b>	<b>N/A</b>
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>	<b>26f</b>	<b>N/A %</b>

<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____		
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	<b>27c</b>	<b>N/A</b>
d Add: Line 27a total _____ and line 27b total _____	<b>27d</b>	<b>N/A</b>
e Public support (line 27c total minus line 27d total)	<b>27e</b>	<b>N/A</b>
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	<b>27f</b>	<b>N/A</b>
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>	<b>27g</b>	<b>N/A %</b>
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>	<b>27h</b>	<b>N/A %</b>

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

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

N/A

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

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

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

**N/A**

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		<b>N/A</b>	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
Not over \$500,000 .....	20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 .....	\$1,000,000 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

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

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) .....		X	
<b>c</b> Media advertisements .....		X	
<b>d</b> Mailings to members, legislators, or the public .....		X	
<b>e</b> Publications, or published or broadcast statements .....		X	
<b>f</b> Grants to other organizations for lobbying purposes .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....	X		5,695.
<b>i</b> Total lobbying expenditures (Add lines c through h.) .....			5,695.

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

**SEE STATEMENT 22**



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2007**

Name of organization

DOWN EAST COMMUNITY HOSPITAL

Employer identification number

01-0263198

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

**General Rule-**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ► \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions  
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

**DOWN EAST COMMUNITY HOSPITAL**

**01-0263198**

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 68,956.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
LOSS ON DISPOSAL OF FIXED ASSETS			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	11,000.	224,477.	0.	200,277.	-13,200.
TO FM 990, PART I, LN 8	11,000.	224,477.	0.	200,277.	-13,200.



FORM 990

OTHER EXPENSES

STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PURCHASED SERVICES	2,453,081.	1,461,092.	991,989.	
DIETARY	32,372.	32,372.		
MAINTENANCE	590,398.	492,973.	97,425.	
PLANT OPERATIONS	479,366.	479,366.		
LAB EXPENSES	93,459.	93,459.		
OFFICE EXPENSES	86,366.	86,366.		
X-RAY EXPENSES	50,090.	50,090.		
PHARMACY EXPENSE	57,548.	57,548.		
DUES & SUBSCRIPTIONS	96,613.	18,774.	77,839.	
ANESTHESIA EXPENSES	2,881.	2,881.		
FAMILY FIRST	1,713.	1,713.		
PROFESSIONAL				
EDUCATION	3,922.	3,922.		
NURSING	139,379.	139,379.		
PROFESSIONAL				
SERVICES	948,773.	944,756.	4,017.	
SURGERY	19,125.	19,125.		
MISCELLANEOUS	38,327.	38,202.	125.	
INSURANCE	950,803.		950,803.	
AMORTIZATION OF				
ISSUANCE COSTS	7,455.		7,455.	
BAD DEBT EXPENSE	973,710.		973,710.	
ER	12,981.	12,778.	203.	
ADMINISTRATION	893,041.		893,041.	
FISCAL	130,120.		130,120.	
HUMAN RESOURCES	226,986.		226,986.	
PROFESSIONAL				
EDUCATION	82,489.		82,489.	
MARKETING	146,380.			146,380.
TOTAL TO FM 990, LN 43	8,517,378.	3,934,796.	4,436,202.	146,380.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	5
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
TOWN OF MACHIAS PO BOX 418 MACHIAS, ME 04654	10,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	<u>10,000.</u>

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	6
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EXPLANATION

TO PROVIDE ACCESS TO QUALITY HEALTH CARE AND PROMOTE COMMUNITY WELLNESS THROUGH THE DELIVERY OF PRIMARY, EMERGENCY AND ANCILLARY INPATIENT AND OUTPATIENT HEALTHCARE.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	7
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DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
OTHER PROGRAM SERVICES SUPPLIED TO PATIENTS	10,000.	14,723,766.
TOTAL TO FORM 990, PART III, LINE E	<u>10,000.</u>	<u>14,723,766.</u>

FORM 990	OTHER NOTES AND LOANS RECEIVABLE	STATEMENT	8
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DESCRIPTION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
DR. CYNTHIA GRAY	109,723.	109,723.
DR. AARON TRAGOS	0.	8,500.
DR. KARA DWIGHT-LAMB	0.	8,500.
DR. CHRISTIAN INEGBENIJIE	0.	25,000.
SUNRISE NURSING CARE FACILITY	142,940.	422,872.
TOTALS INCLUDED ON FORM 990, PART IV, LINE 51	<u>252,663.</u>	<u>574,595.</u>

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FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	9
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MARKETABLE EQUITY SECURITIES	FMV			1,141,760.	1,141,760.
CORPORATE BONDS	FMV		84,039.		84,039.
TO FORM 990, LINE 54A, COL B			84,039.	1,141,760.	1,225,799.

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FORM 990	GOVERNMENT SECURITIES	STATEMENT	10
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
U.S. GOVERNMENT SECURITIES	FMV	353,339.		353,339.
TOTAL TO FORM 990, LINE 54A, COL B		353,339.		353,339.

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FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	11
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	90,346.	0.	90,346.
BUILDINGS	12,147,659.	4,080,701.	8,066,958.
FIXED EQUIPMENT	1,024,713.	658,114.	366,599.
MAJOR MOVABLE EQUIPMENT	8,084,318.	6,331,846.	1,752,472.
CONSTRUCTION IN PROGRESS	190,591.	0.	190,591.
LAND IMPROVEMENTS	678,839.	291,660.	387,179.
TOTAL TO FORM 990, PART IV, LN 57		22,216,466.	11,362,321.

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FORM 990

OTHER ASSETS

STATEMENT 12

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DUE FROM THIRD PARTY PAYORS	658,135.	775,120.
DEFERRED FINANCING COSTS	95,594.	121,781.
ESTIMATED MAINECARE SETTLEMENTS	3,429,544.	4,268,544.
TOTAL TO FORM 990, PART IV, LINE 58	4,183,273.	5,165,445.

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FORM 990                      TAX-EXEMPT BOND LIABILITIES OUTSTANDING                      STATEMENT 13

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## PURPOSE OF ISSUE

REFINANCE, NEW CONSTRUCTION &amp; EQUIPMENT

USE BY THIRD PARTY	BOND RETIREMENT DATE	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	07/20/20	0.	6,196,424.

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## PURPOSE OF ISSUE

MHHEFA, PLUS ORIGINAL ISSUE PREMIUM

USE BY THIRD PARTY	BOND RETIREMENT DATE	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	07/01/22	0.	942,188.

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TOTAL INCLUDED ON FORM 990, PART IV, LINE 64A

7,138,612.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 14

LENDER'S NAME TERMS OF REPAYMENT

UNION TRUST COMPANY MONTHLY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
	05/21/09	443,000.	4.50%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN  
 EQUIPMENT PURCHASE MAMMOGRAPHY EQUIPMENT

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	135,721.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		135,721.

FORM 990 OTHER LIABILITIES STATEMENT 15

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ESTIMATED THIRD PARTY SETTLEMENTS	1,007,000.	0.
TOTAL TO FORM 990, PART IV, LINE 65	1,007,000.	0.

FORM 990 OTHER SECURITIES STATEMENT 16

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
BENEFICIAL INTEREST IN ASSETS TO FORM 990, LINE 54B, COL B	FMV	91,884.
		91,884.

FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT 17  
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN DRISCOLL RR1 BOX 11 MACHIAS, ME 04654	CHAIR 2.00	0.	0.	2,238.
ERIC BURKE, MD RR1 BOX 11 MACHIAS, ME 04654	SECRETARY 2.00	0.	0.	2,500.
CARL ASELTON, MD RR1 BOX 11 MACHIAS, ME 04654	DIRECTOR 2.00	169,994.	32,426.	2,019.
WAYNE DODWELL RR1 BOX 11 MACHIAS, ME 04654	CEO 40.00	253,000.	60,419.	7,260.
LYNNETTE PARR RR1 BOX 11 MACHIAS, ME 04654	CFO/PHYSICIAN PRACTICE ADM 40.00	120,026.	20,653.	0.
DEBBIE GETCHELL RR1 BOX 11 MACHIAS, ME 04654	TREASURER 2.00	0.	0.	1,400.
RUTH LEUBECKER RR1 BOX 11 MACHIAS, ME 04654	DIRECTOR 2.00	6,000.	0.	4,791.
AZIZ MASSAAD, MD RR1 BOX 11 MACHIAS, ME 04654	DIRECTOR 2.00	248,514.	0.	0.
ROBIN POPP RR1 BOX 11 MACHIAS, ME 04654	MARKETING DIRECTOR 40.00	90,902.	15,658.	0.
WALTER PLAUT RR1 BOX 11 MACHIAS, ME 04654	VICE CHAIR 2.00	0.	0.	0.
ANNA PHILLIPS RR1 BOX 11 MACHIAS, ME 04654	DIRECTOR 2.00	0.	0.	100.

DIANE RAYMOND RR1 BOX 11 MACHIAS, ME 04654	CNO 2.00	18,229.	3,137.	0.
DAVID RIOUX, DO RR1 BOX 11 MACHIAS, ME 04654	DIRECTOR 2.00	426,948.	0.	2,102.
ERNESTINE REISMAN RR1 BOX 11 MACHIAS, ME 04654	HR DIRECTOR 40.00	89,261.	15,376.	0.
PEGGY PINEO RR1 BOX 11 MACHIAS, ME 04654	LONG TERM CARE ADMIN 40.00	78,546.	10,397.	0.
PAUL WESTON RR1 BOX 11 MACHIAS, ME 04654	DIRECTOR 2.00	0.	0.	2,363.

TOTALS INCLUDED ON FORM 990, PART V-A	1,501,420.	158066.	24,773.
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FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 18  
PART VI, LINE 80B

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NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
SUNRISE NURSING CARE	X	
DOWN EAST HEALTH SYSTEM	X	
DOWN EAST HEALTH TRUST	X	

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FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 19  
ACCOMPLISHMENT OF EXEMPT PURPOSES

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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93	ALL REVENUES GENERATED FROM THE DELIVERY OF PRIMARY, EMERGENCY AND ANCILLARY INPATIENT AND OUTPATIENT HEALTHCARE SERVICES.
103C	REVENUE FROM REHAB SERVICES PROVIDED TO SCHOOLS
103D	MISC REVENUE GENERATED FROM NUTRITIONAL, MEDICAL RECORDS, WELLNESS, RENT AND TRANSCRIPTION SERVICES.

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SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2A

STATEMENT 20

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OFFICE SPACE WAS LEASED FROM A DIRECTOR OF THE CORPORATION.

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SCHEDULE A	EXPLANATION OF TRANSACTIONS PART III, LINE 2C	STATEMENT 21
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MEDICAL FACILITIES INCLUDING ADMINISTRATIVE STAFF AND PROFESSIONAL MEDICAL SERVICES OF MEDICAL STAFF PRESIDENT, UTILIZATION REVIEW, ANESTHESIA SERVICES, AS WELL AS CHIEF OF SURGICAL SERVICES AND ON CALL SERVICES WERE PROVIDED BY DIRECTORS OF THE CORPORATION.



**Depreciation and Amortization** 990  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**DOWN EAST COMMUNITY HOSPITAL**

**FORM 990 PAGE 2**

**01-0263198**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,076,726.

**Part III MACRS Depreciation (Do not include listed property.)**(See instructions.)

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

**Part IV Summary** (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	1,076,726.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and personal use questions.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy and use questions.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2007 tax year: Table with 6 columns for amortization details.

43 Amortization of costs that began before your 2007 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> You must file original and one copy.	
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	DOWN EAST COMMUNITY HOSPITAL		01-0263198
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	RR 1 BOX 11		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	MACHIAS, ME 04654		

**Check type of return to be filed** (File a separate application for each return):

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ▶ LYNNETTE PARR  
Telephone No. ▶ 207-255-3356      FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until NOVEMBER 15, 2008.
- 5 For calendar year 2007, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period
- 7 State in detail why you need the extension

**INFORMATION FROM THIRD PARTIES HAS NOT YET BEEN RECEIVED. THEREFORE, ADDITIONAL TIME IS NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Bubara J McGowan Title ▶ CPA Date ▶ 8/11/08