

Return of Organization Exempt From Income Tax

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

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

A For the 2007 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
MERCY HOSPITAL
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
144 STATE STREET
 City or town, state or country, and ZIP + 4
PORTLAND, ME 04101-3795

D Employer identification number
01-0211534

E Telephone number
207-879-3478

F Accounting method: Cash Accrual
 Other (specify) ▶

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

G Website: ▶ **WWW.MERCYHOSPITAL.COM**

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.

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ **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).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **170,769,549.**

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

FOR PUBLIC INSPECTION

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	2,502,677.		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ 1,981,429. noncash \$ 521,248.)	1e		2,502,677.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		164,374,029.	
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4		1,106.	
	5	Dividends and interest from securities	5		730,840.	
	6a	Gross rents	6a	679,813.		
	6b	Less: rental expenses	6b			
6c	Net rental income or (loss). Subtract line 6b from line 6a	6c		679,813.		
7	Other investment income (describe ▶)	7				
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	259,028.		
		(B) Other	8b	198,199.		
		Less: cost or other basis and sales expenses	8c	60,829.		
		Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		1,357,528.	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a	Gross revenue (not including \$ 31,240. of contributions reported on line 1b)	9a	20,499.			
b	Less: direct expenses other than fundraising expenses	9b	17,714.			
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		2,785.		
10a	Gross sales of inventory, less returns and allowances	10a				
10b	Less: cost of goods sold	10b				
10c	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		904,858.		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		170,553,636.		
Expenses	13	Program services (from line 44, column (B))	13	138,356,206.		
	14	Management and general (from line 44, column (C))	14	24,852,557.		
	15	Fundraising (from line 44, column (D))	15	819,561.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses. Add lines 16 and 44, column (A)	17		164,028,324.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		6,525,312.		
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	103,541,620.		
	20	Other changes in net assets or fund balances (attach explanation)	20		168,414.	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		110,235,346.	

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	210,651.	210,651.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	67,772,396.	61,110,263.	6,383,763.	278,370.
27 Pension plan contributions not included on lines 25a, b, and c	1,521,296.	1,372,488.	148,808.	
28 Employee benefits not included on lines 25a - 27	12,248,022.	11,053,782.	1,194,240.	
29 Payroll taxes	4,681,555.	4,222,450.	439,809.	19,296.
30 Professional fundraising fees				
31 Accounting fees	258,018.		258,018.	
32 Legal fees	238,509.		238,509.	
33 Supplies	29,811,456.	29,419,229.	347,479.	44,748.
34 Telephone	625,612.		624,310.	1,302.
35 Postage and shipping	427,108.	19,449.	330,934.	76,725.
36 Occupancy	1,177,433.	540,703.	636,730.	
37 Equipment rental and maintenance	180,406.	165,129.	13,439.	1,838.
38 Printing and publications	176,688.	20,950.	48,208.	107,530.
39 Travel				
40 Conferences, conventions, and meetings	395,213.	232,874.	157,805.	4,534.
41 Interest	563,723.	477,973.	85,750.	
42 Depreciation, depletion, etc. (attach schedule)	6,818,206.	5,781,058.	1,031,766.	5,382.
43 Other expenses not covered above (itemize):				
a PROFESSIONAL FEES	3,291,365.	1,656,707.	1,634,658.	
b PURCHASED SERVICES	13,174,887.	7,249,941.	5,792,750.	132,196.
c UTILITIES/INSURANCE	4,879,514.	4,136,909.	742,180.	425.
d OTHER	7,260,411.	2,369,795.	4,743,401.	147,215.
e BAD DEBT PROVISION	8,201,589.	8,201,589.		
f AUXILIARY	114,266.	114,266.		
g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	164,028,324.	138,356,206.	24,852,557.	819,561.

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? ► SEE STATEMENT 6	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 5 	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	138,356,206.
b 	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c 	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d 	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	138,356,206.

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		45	
	46	Savings and temporary cash investments	74,048,903.	46	54,004,680.
	47 a	Accounts receivable	47a 24,641,689.		
	b	Less: allowance for doubtful accounts	47b 6,047,000.	17,161,155.	47c 18,594,689.
	48 a	Pledges receivable	48a 5,783,921.		
	b	Less: allowance for doubtful accounts	48b 122,066.	7,131,157.	48c 5,661,855.
	49	Grants receivable		49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a	Other notes and loans receivable	51a		
	b	Less: allowance for doubtful accounts	51b		51c
	52	Inventories for sale or use		2,356,895.	52 2,909,836.
	53	Prepaid expenses and deferred charges		981,998.	53 1,046,895.
	54 a	Investments - publicly-traded securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		25,263,185.	54a 28,675,204.
	b	Investments - other securities			54b
55 a	Investments - land, buildings, and equipment: basis STMT 7	55a			
b	Less: accumulated depreciation	55b		55c	
56	Investments - other			56	
57 a	Land, buildings, and equipment: basis	57a 147,954,345.			
b	Less: accumulated depreciation STMT 9	57b 62,379,010.	53,353,857.	57c 85,575,335.	
58	Other assets, including program-related investments (describe ▶ SEE STATEMENT 10)		25,527,513.	58 22,481,965.	
59	Total assets (must equal line 74). Add lines 45 through 58		205,824,663.	59 218,950,459.	
Liabilities	60	Accounts payable and accrued expenses	16,966,581.	60	19,933,592.
	61	Grants payable		61	
	62	Deferred revenue	813,750.	62	821,606.
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities STMT 11		76,095,472.	64a 75,212,539.
	b	Mortgages and other notes payable STMT 12		1,257,147.	64b 1,046,499.
	65	Other liabilities (describe ▶ SEE STATEMENT 13)		7,150,093.	65 11,700,877.
66	Total liabilities. Add lines 60 through 65		102,283,043.	66 108,715,113.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	88,110,347.	67	93,286,435.
	68	Temporarily restricted	14,411,779.	68	15,862,541.
	69	Permanently restricted	1,019,494.	69	1,086,370.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		103,541,620.	73 110,235,346.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73		205,824,663.	74 218,950,459.

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?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
			N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
			N/A
b	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.		
			N/A
c	Dues, assessments, and similar amounts from members		
	85c		N/A
d	Section 162(e) lobbying and political expenditures		
	85d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
			N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
			N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a		N/A
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a		N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed <u>NONE</u>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	1505
91 a	The books are in care of <u>DOUGLAS W. LIBBY</u> Telephone no. <u>207-879-3478</u> Located at <u>144 STATE STREET, PORTLAND, ME</u> ZIP + 4 <u>04101-3795</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 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 SEE STATEMENT 17					97,593,236.
b					
c					
d					
e					
f Medicare/Medicaid payments					66,780,793.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,106.	
96 Dividends and interest from securities			14	730,840.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			30	679,813.	
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	1,357,528.	
101 Net income or (loss) from special events					2,785.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a PARKING FEES			03	11,215.	
b CAFETERIA			03	893,643.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		3,674,145.	164,376,814.
105 Total (add line 104, columns (B), (D), and (E))					168,050,959.

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 18

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**

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.					
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	-----				
b	-----				
c	-----				
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.					
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	-----				
b	-----				
c	-----				
Totals					

		Yes	No
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?			

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

Please Sign Here
 Signature of officer: *Michael R. Hachey*
 Date: 11/6/08
 Type or print name and title: **MICHAEL R. HACHEY, CFO**

Paid Preparer's Use Only
 Preparer's signature: *Barbara McGuan*
 Date: 11/3/08
 Check if self-employed:
 Preparer's SSN or PTIN (See Gen. Inst. X):
 Firm's name (or yours if self-employed), address, and ZIP + 4: **BERRY DUNN MCNEIL & PARKER, LLC**
P.O. BOX 1100
PORTLAND, ME 04104-1100
 EIN:
 Phone no.: **(207) 775-2387**

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

MERCY HOSPITAL

Employer identification number

01 0211534

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>GREGORY POMEROY</u> 144 STATE STREET, PORTLAND, ME 04101	PHYSICIAN 40.00	500,000.	16,696.	0.
<u>MARC HODROFF</u> 144 STATE STREET, PORTLAND, ME 04101	PHYSICIAN 40.00	400,764.	18,986.	0.
<u>GREGORY ADEY</u> 144 STATE STREET, PORTLAND, ME 04101	PHYSICIAN 40.00	400,000.	9,671.	780.
<u>ROGER INHORN</u> 144 STATE STREET, PORTLAND, ME 04101	PHYSICIAN 40.00	375,642.	26,636.	0.
<u>PETER AMEGLIO</u> 144 STATE STREET, PORTLAND, ME 04101	PHYSICIAN 40.00	347,308.	15,694.	0.
Total number of other employees paid over \$50,000	▶ 481			

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>FRANCIS, CAUFFMAN, FOLEY, HOFFMAN</u> 2120 ARCH STREET, PHILADELPHIA, PA 19103	ARCHITECTS	767,421.
<u>BURGESS ADVERTISING & ASSOC INC</u> 1290 CONGRESS STREET, PORTLAND, ME 04102	ADVERTISING DESIGN & PROD.	660,187.
<u>NAVIGANT CONSULTING</u> 101 EAST KENNEDY BLVD. STE 2200, TAMPA, FL 33602	MANAGEMENT SERVICES	556,162.
<u>QUEST DIAGNOSTICS</u> 415 MASSACHUSETTS AVENUE, CAMBRIDGE, MA 02139	LAB TESTING	424,946.
<u>KLMK GROUP, LLC</u> 100 WEST FRANKLIN STREET, STE 200, RICHMOND, VI 2	PROJECT MANAGEMENT	351,775.
Total number of others receiving over \$50,000 for professional services	▶ 42	

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>GILBANE BUILDING COMPANY</u> 7 JACKSON WALKWAY, PROVIDENCE, RI 02940	CONSTRUCTION FORE RIVER	8,295,038.
<u>SYNERNET</u> 222 ST. JOHN STREET, STE. 329, PORTLAND, ME 04102	EQUIPMENT AND EQUIPMENT SERVICE	581,546.
<u>CROTHAL LAUNDRY SERVICES</u> 955 CHESTERBROOK BLVD., STE. 300, WAYNE, PA 19087	LINEN SERVICE	323,446.
<u>SEABREEZE PROPERTY SERVICES</u> P.O. BOX 617, PORTLAND, ME 04104	GROUNDS MANAGEMENT/MOVING	313,778.
<u>CARR BUILDING SERVICES</u> 46 FOREST AVE, PORTLAND, ME 04104	JANITORIAL SERVICES	216,078.
Total number of other contractors receiving over \$50,000 for other services	▶ 33	

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>14,811.</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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?	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	
Total					▶

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

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

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

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

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

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

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	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?		
b	Has the organization's right to such aid ever been revoked or suspended?		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
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		

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.

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

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

4-Year Averaging Period Under Section 501(h)

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

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		14,811.
i Total lobbying expenditures (Add lines c through h.)			14,811.

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

SEE STATEMENT 21

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

MERCY HOSPITAL

Employer identification number

01-0211534

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

MERCY HOSPITAL

01-0211534

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 40,794.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MERCY HOSPITAL

01-0211534

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 118,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 69,515.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 23,208.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 14,845.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MERCY HOSPITAL

01-0211534

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MERCY HOSPITAL

01-0211534

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MERCY HOSPITAL

01-0211534

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MERCY HOSPITAL

01-0211534

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MERCY HOSPITAL

01-0211534

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 491,913.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MERCY HOSPITAL

01-0211534

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		\$ 40,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 25,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 10,282.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 5,068.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 6,550.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 19,984.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MERCY HOSPITAL

01-0211534

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49		\$ 42,426.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 45,585.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MERCY HOSPITAL

01-0211534

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MERCY HOSPITAL

01-0211534

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		\$ 4,415.	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.)

Name of organization

Employer identification number

MERCY HOSPITAL

01-0211534

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
42	14,500 SHARES OF TITANIUM METALS CORP STOCK	\$ 336,933.	10/04/07
43	175 SHARES OF HARLEY DAVIDSON, INC. STOCK	\$ 10,816.	06/25/07
44	200 SHARES OF ILLINOIS TOOL WORKS, INC STOCK AND 122 SHARES OF ENCANNA CORP STOCK	\$ 16,093.	03/13/07
45	16 SHARES FPL GROUP INC , 13 SHARES EXELON CORP, 106 SHARES OCCIDENTAL PETROLEUM, 20 SHARES PPL CORP	\$ 10,282.	11/09/07
46	100 SHARES OF JPMORGAN CHASE & CO STOCK	\$ 5,068.	02/08/07
47	200 SHARES OF US BANCORP STOCK	\$ 6,550.	12/14/07

Name of organization

Employer identification number

MERCY HOSPITAL

01-0211534

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
48	250 SHARES OF UNITED TECHNOLOGIES CORP STOCK	\$ 19,984.	10/24/07
49	300 SHARES OF DEERE AND CO. STOCK	\$ 42,426.	09/18/07
50	600 SHARES OF LEGG MASON, INC. STOCK	\$ 45,585.	12/12/07
		\$	
		\$	
		\$	

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
NET STOCK SALE GAINS	1,296,699.	0.	0.	1,296,699.
TO FORM 990, PART I, LINE 8	1,296,699.	0.	0.	1,296,699.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
VARIOUS FIXED ASSETS			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	259,028.	198,199.	0.	0.	60,829.
TO FM 990, PART I, LN 8	259,028.	198,199.	0.	0.	60,829.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
SNOW BALL	51,739.	31,240.	20,499.	17,714.	2,785.
TO FM 990, PART I, LINE 9	51,739.	31,240.	20,499.	17,714.	2,785.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
NET UNREALIZED LOSS ON INVESTMENTS	-33,525.
NET UNREALIZED LOSS - PERMANENT	-3,585.
NET UNREALIZED GAINS - TEMPORARY	277.
TRANSFERS FROM AFFILIATES	26,989.
PRESENT VALUE DISCOUNT FOR PLEDGES RECEIVED	178,258.
TOTAL TO FORM 990, PART I, LINE 20	168,414.

DESCRIPTION OF PROGRAM SERVICE ONE

INTRODUCTION

MERCY HEALTH SYSTEM OF MAINE, THROUGH MERCY HOSPITAL AND ITS AFFILIATES, HAS A LONG-STANDING COMMITMENT OF SERVICE TO THE POOR AND DISADVANTAGED AS PART OF ITS MISSION. THIS IS MANIFESTED IN OUR COMMUNITY SERVICE AND IN THE SERVICES WE OFFER.

THE FOLLOWING REPORT HIGHLIGHTS SOCIALLY RESPONSIBLE ACTIVITIES AND EVENTS THAT HAVE HAD A POSITIVE IMPACT ON THE LIVES OF THE RESIDENTS OF THE GREATER PORTLAND COMMUNITY.

"MERCY HOSPITAL'S COMMITMENT TO HUMAN DIGNITY REQUIRES THAT WE WORK COLLABORATIVELY WITH OTHERS IN THE COMMUNITY TO EFFECT THE HIGHEST POSSIBLE LEVEL OF COMPASSIONATE CARE FOR ALL THOSE IN NEED OF OUR SERVICES, AND TO STRIVE FOR EXCELLENCE IN PATIENT CARE, EMPLOYEE RELATIONS AND COMMUNITY SERVICE."

THESE WORDS, TAKEN FROM THE STATEMENT OF PHILOSOPHY OF MERCY HOSPITAL, REFLECT THE SPIRIT OF SERVICE THAT THE FOUNDING SISTERS OF MERCY CREATED IN 1943, WHEN MERCY HOSPITAL WAS ESTABLISHED. THAT SPIRIT COMPELS US TO CONTINUE MERCY'S COMMITMENT TO ITS MISSION, TO PROVIDE ACCESS TO HEALTH CARE FOR ALL PEOPLE, ESPECIALLY THOSE MOST VULNERABLE.

OUR MISSION:

MERCY HOSPITAL CARRIES OUT THE HEALING WORK OF CHRIST BY PROVIDING CLINICALLY EXCELLENT, COMPASSIONATE HEALTHCARE FOR ALL, WITH SPECIAL CONCERN FOR THE POOR AND DISADVANTAGED.

OUR VALUES: REVERENCE FOR EACH PERSON, EXCELLENCE, COMMUNITY, JUSTICE, COMMITMENT TO THE POOR, STEWARDSHIP, COURAGE, INTEGRITY

MERCY REPRESENTS THE VISIBLE COMMITMENT OF THE SISTERS OF MERCY OF PORTLAND, MAINE TO CONTINUE THE HEALING MINISTRY OF CHRIST. AT THE CORE OF THIS COMMITMENT IS A PROFOUND RECOGNITION OF THE DIGNITY OF THE INDIVIDUAL, BOTH AS CAREGIVER AND RECIPIENT OF CARE. WE WORK COLLABORATIVELY WITH COMMUNITY LEADERS IN ORDER TO IDENTIFY UNMET NEEDS. IN ADDITION TO DIRECT PATIENT CARE, MERCY HOSPITAL ALSO PROVIDES GREATER PORTLAND RESIDENTS WITH BOTH COMMUNITY AND PROFESSIONAL PROGRAMS.

THE SOCIAL ACCOUNTABILITY REPORT IS FIRST AND FOREMOST A TOOL FOR MERCY HOSPITAL TO IDENTIFY, ESTIMATE AND MEASURE THE VALUE OF THE BENEFITS WE OFFER THE COMMUNITY IN LIGHT OF OUR COMMITMENT TO OUR MISSION AND VALUES.

MERCY HEALTH SYSTEM OF MAINE
2007 VS 2006

COMMUNITY HEALTH EDUCATION: LECTURE SERIES, SELF HELP:
MCAULEY RESIDENCE, VNA SUPPORT GROUPS AND EDUCATION,
OTHER SUPPORT GROUPS:

2007: 3,120 PERSONS AND \$55,289
2006: 9,636 PERSONS AND \$152,929

COMMUNITY BASED CLINICAL SERVICES:
OB AND PORTLAND FREE CLINIC, SCREENINGS

2007: 5,039 PERSONS AND \$276,307
2006: 1,612 PERSONS AND \$247,587

HEALTH CARE SUPPORT SERVICES:
TAXI SERVICE, EMERGENCY RESPONSE SERVICE

2007: 75 PERSONS AND \$5,067
2006: 80 PERSONS AND \$755

OTHER COMMUNITY:
MEMORIAL SERVICES, BLOOD DRIVES, GLOBAL HEALTH
MINISTRIES, END OF LIFE ISSUES, CHOW OUTREACH PROGRAM

2007: 1,342 PERSONS AND \$122,338
2006: 1,082 PERSONS AND \$4,444

PROFESSIONAL TRAINING:
STUDENT NURSE TRAINING IN SURGICAL SETTING

2007: 192 PERSONS AND \$4,702
2006: 0 PERSONS AND \$0

TECHNICIANS:
TECHNICIANS CLINICAL SETTING: SCHOOL OF X RAY

2007: 18 PERSONS AND \$169,097
2006: 25 PERSONS AND \$152,061

MENTORING:

HIGH SCHOOL MENTORING: CAREER EXPLORATION INTERNSHIPS

2007: 262 PERSONS AND \$23,542
2006: 623 PERSONS AND \$6,411

OTHER SERVICES:

MEDICATION ASSISTANT PROGRAMS, VOLUNTEER SERVICE VALUE

2007: 50 PERSONS AND \$152,374
2006: 205 PERSONS AND \$138,781

IN-KIND DONATIONS

SUPPLIES FOOD DONATIONS/LAUNDRY SERVICES:

2007: 102 PERSONS AND \$811
2006: 110 PERSONS AND \$2,744

LEADERSHIP DEVELOPMENT

LEADERSHIP DEV/ TRAINING FOR COMMUNITY MEMBERS:

2007: 97 PERSONS AND \$20,490
2006: 800 PERSONS AND \$18,023

DEDICATED STAFF

CBISA REPORTING

2007: 0 PERSONS AND \$1,239
2006: 0 PERSONS AND \$1,160

TOTAL BENEFITS:

2007: 10,297 PERSONS AND \$831,256
2006: 14,173 PERSONS AND \$724,895

CHARITY CARE BENEFIT:

2007: 42,243 PERSONS AND \$3,173,805
2006: 49,718 PERSONS AND \$3,576,626

UNPAID COST OF MEDICAID:

2007: 36,284 PERSONS AND \$5,709,502
2006: 33,006 PERSONS AND \$3,001,604

GRAND TOTAL BENEFIT:

2007: 88,824 PERSONS AND \$9,714,563
2006: 96,897 PERSONS AND \$7,303,125

FOOT NOTE: UNPAID COST OF MEDICARE:

2007: 56,347 PERSONS AND \$7,054,277
2006: 53,327 PERSONS AND \$7,045,000

QUANTIFIED ACTIVITIES

COMMUNITY EDUCATION AND OUTREACH

BLOOD DRIVE:

MERCY HOSPITAL HOSTS COMMUNITY BLOOD DRIVES FOUR TIMES A YEAR. APPROXIMATELY 170 PINTS WERE COLLECTED IN 2007. THREE STAFF MEMBERS EACH VOLUNTEERED THREE HOURS TO HELP RUN EACH BLOOD DRIVE.

UNITED WAY OF GREATER PORTLAND:

MERCY HAD 15 EMPLOYEES VOLUNTEERS PARTICIPATE IN ONE FULL "DAY OF CARING" IN MAY, 2007. ACTIVITIES RANGED FROM YARD WORK, GARDENING, PAINTING, ELECTRICAL WORK, COMPUTER TRAINING, AND FOOD/CLOTHING SORTING. EACH EMPLOYEE WORKED AN 8-HOUR DAY VOLUNTEERING THEIR TIME TO HELP OTHERS AND EACH EMPLOYEE HAD A WONDERFUL EXPERIENCE DOING SO. THE UNITED WAY CAMPAIGN RAISED 28,659.18 IN 2007.

BREAST HEALTH RESOURCE AND LYMPHEDEMA CENTERS:

THE BREAST HEALTH RESOURCE CENTER OFFERS A COMPREHENSIVE EDUCATION AND SUPPORT SERVICE FOR INDIVIDUALS WITH BREAST HEALTH CONCERNS. OUR FOCUS IS ON THE CONCEPT OF CONTINUITY AND PROVIDING SERVICES THAT RESPOND TO THE BROAD RANGE OF CLIENT NEEDS. THE LYMPHEDEMA TREATMENT CENTER OFFERS A COMPREHENSIVE SERVICE FOR INDIVIDUALS DEALING WITH A DIAGNOSIS OF LYMPHEDEMA. OUR GOAL IS TO REDUCE SWELLING AND TO CHANNEL LYMPH FLUID INTO CIRCULATION IN THE AFFECTED AREA WHILE TEACHING PATIENTS HOW TO MANAGE THIS CONDITION.

SINCE OPENING, SERVICES THAT HAVE BEEN OFFERED THROUGH THE CENTER HAVE INCLUDED:

- EDUCATION ON BREAST HEALTH ISSUES: BREAST SELF-EXAM, SCREENING GUIDELINES, DIAGNOSTIC TESTING, AND PRE AND POST-OP PREPARATION, POST BREAST SURGERY SYNDROME, LYMPHEDEMA. THIS EDUCATION IS PROVIDED BY THE NURSE COORDINATOR AND/OR LYMPHEDEMA TREATMENT SPECIALIST.
- BY PATIENT REQUEST, THE NURSE COORDINATOR FACILITATES A PREPARE FOR SURGERY, HEAL FASTER GUIDED WORKSHOP IN MIND-BODY TECHNIQUES, AND PROVIDES THERAPEUTIC TOUCH.
- OUTREACH EDUCATION IS PROVIDED BY THE BREAST HEALTH NURSES ISSUES AS WELL AS EDUCATION ABOUT CERVICAL CANCER AS A PART OF THE WOMEN FIRST COALITION.
- EDUCATION IS ALSO PROVIDED TO AREA HIGH SCHOOL HEALTH

CLASSES ON BREAST AND TESTICULAR HEALTH.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		138,356,206.

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

EXPLANATION

MERCY HOSPITAL IS A PRIVATE, NOT-FOR-PROFIT COMMUNITY HOSPITAL SPONSORED BY THE PORTLAND REGIONAL COMMUNITY OF THE SISTERS OF MERCY OF THE AMERICAS AND LOCATED IN PORTLAND, MAINE. IT PROVIDES INPATIENT AND OUTPATIENT MEDICAL, SURGICAL, AND OBSTETRICAL/GYNECOLOGICAL CARE AS WELL AS TREATMENT FOR ALCOHOLISM AND DRUG ADDICTION. THE HOSPITAL'S MISSION IS TO HELP PEOPLE IN THE GREATER PORTLAND AREA ACHIEVE AND MAINTAIN THEIR HEALTH. THIS IS ACHIEVED BY PROVIDING OR SUPPORTING HIGH QUALITY HEALTH CARE SERVICES WHICH ARE PROFESSIONAL, HIGHLY PERSONAL, AND COST EFFECTIVE. IN THIS WAY, THE HOSPITAL CONTINUES THE HEALING WORK OF CHRIST AMONG ALL PEOPLE WITH SPECIAL CONCERN FOR THE POOR AND DISADVANTAGED.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITY SECURITIES	FMV	17587199.			17587199.
HEDGE FUNDS	FMV			7,328,107.	7,328,107.
TO FORM 990, LINE 54A, COL B		17587199.		7,328,107.	24915306.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	8
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DESCRIPTION	COST/FMV	U.S.	STATE AND	TOTAL GOV'T
		GOVERNMENT	LOCAL GOV'T	SECURITIES
GOV'T AND FIXED INCOME SECURITIES	FMV	3,759,898.		3,759,898.
TOTAL TO FORM 990, LINE 54A, COL B		3,759,898.		3,759,898.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	9
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND & LAND IMPROVEMENTS BUILDINGS & LEASEHOLD IMPROVEMENTS	8,074,440.	640,870.	7,433,570.
EQUIPMENT	45,518,066.	30,148,125.	15,369,941.
CONSTRUCTION IN PROGRESS	50,477,704.	31,590,015.	18,887,689.
	43,884,135.	0.	43,884,135.
TOTAL TO FORM 990, PART IV, LN 57	147,954,345.	62,379,010.	85,575,335.

FORM 990	OTHER ASSETS	STATEMENT	10
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DUE FROM THIRD-PARTY PAYORS	22,826,056.	19,182,824.
OTHER ACCOUNTS RECEIVABLE	1,526,972.	1,613,287.
OTHER ASSETS	375,304.	922,276.
UNAMORTIZED FINANCING COSTS	799,181.	763,578.
TOTAL TO FORM 990, PART IV, LINE 58	25,527,513.	22,481,965.

FORM 990 TAX-EXEMPT BOND LIABILITIES OUTSTANDING STATEMENT 11

PURPOSE OF ISSUE

MHHEFA - REVENUE REFUNDING BOND SERIES 1998A TERM BONDS

USE BY THIRD PARTY	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	0.	8,608,127.

PURPOSE OF ISSUE

MHHEFA - REVENUE REFUNDING BOND SERIES 1998A SERIAL BONDS

USE BY THIRD PARTY	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	0.	2,914,914.

PURPOSE OF ISSUE

BOND SERIES 2006H - CONSTRUCTION/CAPITAL ACQUISITION OF FORE RIVER CAMPUS

USE BY THIRD PARTY	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	33,309,915.	63,689,498.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64A 75,212,539.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 12

LENDER'S NAME TERMS OF REPAYMENT
 DANIEL W. STEVENS AND PAYABLE IN MONTHLY
 JOHN R. JORDAN AMOUNTS OF \$1,980.67

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
02/01/96	01/31/11	442,043.	5.57%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN
 NONE LEASE PREMISES, PARKING LOT

RELATIONSHIP OF LENDER
 NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
NONE	0.	45,442.

LENDER'S NAME TERMS OF REPAYMENT
 DANIEL W. STEVENS AND MONTHLY INSTALLMENTS OF
 JOHN R. JORDAN \$1,989.67

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
02/01/96	01/31/12	98,425.	8.49%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN
 NONE LEASE PREMISES, PARKING LOT

RELATIONSHIP OF LENDER
 NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
NONE	0.	98,425.

<u>LENDER'S NAME</u>		<u>TERMS OF REPAYMENT</u>	
NEST-EGGS, LTD		MONTHLY INSTALLMENTS OF \$18,873	

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
04/01/97	03/31/12	3,606,000.	8.95%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
NONE	LEASE PREMISES, MEDICAL OFFICE AND HEALTH CARE RELATED SERVICES

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
NONE	0.	900,135.

<u>LENDER'S NAME</u>		<u>TERMS OF REPAYMENT</u>	
BANC OF AMERICA LEASING		MONTHLY INSTALLMENTS OF \$184.00	

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
03/01/04	02/28/09	11,040.	5.00%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
NONE	LEASE EQUIPMENT, COPIER

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
NONE	0.	2,497.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	<u>1,046,499.</u>
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FORM 990 OTHER LIABILITIES STATEMENT 13

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DUE TO THIRD-PARTY PAYORS	1,089,779.	3,380,888.
ACCOUNTS RECEIVABLE CREDIT BALANCE	1,626,943.	1,083,577.
PROFESSIONAL LIABILITY IBNR RESERVE	1,502,551.	1,654,000.
WORKER'S COMPENSATION RESERVE	2,373,000.	2,809,000.
ASSET RETIREMENT OBLIGATION	383,160.	391,562.
DEFERRED COMPENSATION	174,660.	82,803.
ACCRUED PENSION LIABILITY	0.	772,047.
MARKET VALUE SWAP LIABILITY	0.	1,527,000.
TOTAL TO FORM 990, PART IV, LINE 65	7,150,093.	11,700,877.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NELSON A. TONER, ESQ. 144 STATE STREET PORTLAND, ME 04101-3795	CHAIRMAN 2.50	0.	0.	0.
THOMAS W. YODER, JR. 144 STATE STREET PORTLAND, ME 04101-3795	VICE CHAIRMAN 2.50	0.	0.	0.
SISTER PATRICIA FLYNN, RSM, PHD 144 STATE STREET PORTLAND, ME 04101-3795	SECRETARY 2.50	0.	0.	0.
SISTER MICHELE TERESA ARONICA, RSM MEMBER 144 STATE STREET PORTLAND, ME 04101-3795	MEMBER 2.50	0.	0.	0.
ARTHUR W. BATSON, JR. 144 STATE STREET PORTLAND, ME 04101-3795	MEMBER 2.50	0.	0.	0.
LYNN T. BRECKINRIDGE 144 STATE STREET PORTLAND, ME 04101-3795	MEMBER 2.50	0.	0.	0.

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SISTER BARBARA BRENNAN, RSM 144 STATE STREET PORTLAND, ME 04101-3795	MEMBER 2.50	0.	0.	0.
WENDY BUSH 144 STATE STREET PORTLAND, ME 04101-3795	MEMBER 2.50	0.	0.	0.
SANTO CIMINO 144 STATE STREET PORTLAND, ME 04101-3795	MEMBER 2.50	0.	0.	0.
EMILY D. DICKINSON, ESQ. 144 STATE STREET PORTLAND, ME 04101-3795	MEMBER 2.50	0.	0.	0.
BETH DOBSON, ESQ. 144 STATE STREET PORTLAND, ME 04101-3795	MEMBER 2.50	0.	0.	0.
JEAN EICHENBAUM 144 STATE STREET PORTLAND, ME 04101-3795	MEMBER 2.50	0.	0.	0.
JOSEPH R. FOLEY 144 STATE STREET PORTLAND, ME 04101-3795	MEMBER 2.50	0.	0.	0.
OAKLEY JONES 144 STATE STREET PORTLAND, ME 04101-3795	MEMBER 2.50	0.	0.	0.
CHERYL LIBBY 144 STATE STREET PORTLAND, ME 04101-3795	MEMBER 2.50	0.	0.	0.
JOHN S. MARR, JR. 144 STATE STREET PORTLAND, ME 04101-3795	MEMBER 2.50	0.	0.	0.
EDWARD MCCARTHY, MD 144 STATE STREET PORTLAND, ME 04101-3795	PHYSICIAN/MEDICAL STAFF PRESIDENT 40.00	192,220.	18,431.	0.
STEPHEN K. MEAHL 144 STATE STREET PORTLAND, ME 04101-3795	MEMBER 2.50	0.	0.	0.
BRENDA MILEY 144 STATE STREET PORTLAND, ME 04101-3795	MEMBER 2.50	0.	0.	0.

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SISTER PATRICIA MOONEY, RSM 144 STATE STREET PORTLAND, ME 04101-3795	MEMBER 2.50	0.	0.	0.
SISTER MARY MOREY, RSM 144 STATE STREET PORTLAND, ME 04101-3795	MEMBER 2.50	0.	0.	0.
SISTER PATRICIA PORA, RSM 144 STATE STREET PORTLAND, ME 04101-3795	MEMBER 2.50	0.	0.	0.
MARIANNE RODGERS, ED.D. 144 STATE STREET PORTLAND, ME 04101-3795	MEMBER 2.50	0.	0.	0.
REVEREND JOHN R. SKEHAN 144 STATE STREET PORTLAND, ME 04101-3795	MEMBER 2.50	0.	0.	0.
EILEEN SKINNER 144 STATE STREET PORTLAND, ME 04101-3795	MEMBER, PRESIDENT OF MERCY HOSPITAL 55.00	0.	0.	0.
DAVID SMALL 144 STATE STREET PORTLAND, ME 04101-3795	MEMBER 2.50	0.	0.	0.
SISTER KATHLEEN M. SMITH, RSM 144 STATE STREET PORTLAND, ME 04101-3795	MEMBER 2.50	0.	0.	0.
DENNIS SULLIVAN, M.D. 144 STATE STREET PORTLAND, ME 04101-3795	MEMBER 2.50	0.	0.	0.
HAROLD SULLIVAN, M.D. 144 STATE STREET PORTLAND, ME 04101-3795	MEMBER 2.50	0.	0.	0.
MICHAEL HACHEY 144 STATE STREET PORTLAND, ME 04101-3795	CHIEF FINANCIAL OFFICER 55.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		192,220.	18,431.	0.

FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS
PART VI, LINE 80B

STATEMENT 15

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
CATHOLIC HEALTH EAST	X	
MERCY HEALTH SYSTEM OF MAINE	X	
VISITING NURSE ASSOCIATION AND HOSPICE	X	

FORM 990

PART V-A OFFICER COMPENSATION FROM
RELATED ORGANIZATIONS

STATEMENT 16

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
EILEEN SKINNER	460,747.	112,494.	21798.

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
CATHOLIC HEALTH EAST	23-2929748

RELATIONSHIP BETWEEN ORGANIZATIONS

CHE IS THE PARENT CORPORATION OF MERCY HEALTH SYSTEM OF MAINE

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
MICHAEL HACHEY	265,553.	64,303.	3,158.

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
MERCY HEALTH SYSTEM OF MAINE	01-0484074

RELATIONSHIP BETWEEN ORGANIZATIONS

MERCY HOSPITAL IS A SUBSIDIARY OF MERCY HEALTH SYSTEM OF MAINE

FORM 990

PROGRAM SERVICE REVENUE

STATEMENT 17

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
PATIENT SERVICE REVENUE					96,410,392.
AUXILIARY					95,773.
REBATES					483,411.
MISCELLANEOUS					15,080.
MEDICAL RECORDS					66,367.
SCHOOL OF X-RAY TUITION					43,644.
PURCHASE DISCOUNTS					129,156.

MERCY HOSPITAL

01-0211534

MOBILE IMAGING	11,196.
OTHER	124,384.
SISTER MAINTENANCE	389.
NIDA GRANT	12,389.
MEDICAL TRANSCRIPTS	152.
MEDICAL AFFAIRS	51,248.
RESOURCE CENTER	3,580.
MANAGEMENT FEE REVENUE	84,996.
ONCOLOGY CTN	61,079.
TO FORM 990, PART VII, LINE 93	97,593,236.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 18
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93 & THE ABOVE ACTIVITIES ENABLED THE HOSPITAL TO HELP THE PEOPLE OF THE
 101 GREATER PORTLAND AREA ACHIEVE AND MAINTAIN HEALTH BY:
 1. PROVIDING HIGH-QUALITY ACUTE HOSPITAL CARE, REHABILITATIVE SERVICES
 IN WAYS WHICH ARE PROFESSIONAL, HIGHLY PERSONAL AND COST EFFECTIVE;
 2. IDENTIFYING AND SATISFYING PRESENT AND FUTURE HEALTH CARE NEEDS IN
 THE COMMUNITY;
 3. PROMOTING ACTIVITIES WHICH HELP INDIVIDUALS FULFILL THEIR PERSONAL
 RESPONSIBILITY FOR MAINTAINING HEALTH;
 4. INCLUDING THE PATIENT'S FAMILY IN HIS OR HER TREATMENT AND HEALTH
 EDUCATION (ALSO SEE PART III, SOCIAL ACCOUNTABILITY REPORT).

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2C

STATEMENT 19

THE HOSPITAL OCCASIONALLY PURCHASES GOODS AND SERVICES FROM MEMBERS OF THE BOARD OF DIRECTORS. ALL OF THESE TRANSACTIONS ARE AT ARM'S LENGTH AND FAIR VALUE. ALSO SEE PART V-A, FORM 990.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 20
PART III, LINE 3A

SCHOLARSHIPS: \$200 SCHOOL OF X-RAY SCHOLARSHIP FROM RESTRICTED FUNDS;
FORGIVEABLE EDUCATIONAL LOANS TO RN'S & CRNA'S (12/31/07 BALANCE = \$45,117)

SCHEDULE A STATEMENT OF LOBBYING ACTIVITIES - PART VI-B STATEMENT 21

MAINE HOSPITAL ASSOCIATION 2007 DUES RELATED TO LOBBYING

4562

Form

Depreciation and Amortization 990 (Including Information on Listed Property)

OMB No. 1545-0172

2007

Attachment Sequence No. 67

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

MERCY HOSPITAL

FORM 990 PAGE 2

01-0211534

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.

Form 990 Part I: Election To Expense Certain Property Under Section 179. Includes lines 1-13 for property election details.

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.)

Form 990 Part II: Special Depreciation Allowance and Other Depreciation. Includes lines 14-16 for depreciation calculations.

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

Section A

Form 990 Part III Section A: MACRS Deductions for assets placed in service in tax years beginning before 2007.

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

Table for Section B: Assets Placed in Service During 2007 Tax Year Using the General Depreciation System. Columns include classification, month placed in service, basis, recovery period, convention, method, and depreciation deduction.

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

Table for Section C: Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System. Columns include class life, recovery period, convention, method, and depreciation deduction.

Part IV Summary (see instructions)

Form 990 Part IV Summary: Includes lines 21-23 for summary of depreciation amounts.

718251 11-03-07

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2007)

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 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. Includes rows 25-29.

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 with columns (a) through (f) for Vehicle. Rows 30-36 covering miles driven 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 with rows 37-41 regarding policy statements and requirements for vehicle use by employees.

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 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. Includes rows 42-44.



Department of the Treasury
Internal Revenue Service
OGDEN, UT 84201-0074

For assistance, call:
1-877-829-5500

Notice Number: CP211A
Date: July 14, 2008

Taxpayer Identification Number:
01-0211534
Tax Form: 990
Tax Period: December 31, 2007

082886.516327.0310.007 1 MB 0.369 530



MERCY HOSPITAL
ATTN PAYROLL DEPT
144 STATE ST
PORTLAND ME 04101-3776443

182886

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We have received your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.

We have approved your request and have extended the due date to file your return to August 15, 2008.

Please attach a copy of this letter to your return when you file it. It is evidence that we granted an extension of time to file your return. A copy is provided for your records.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

Reminder - You May Be Required to File Electronically

Exempt organizations may be required to file certain returns electronically. For tax years ending on or after December 31, 2006, the electronic filing requirement applies to exempt organizations with \$10 million or more in total assets if the organization files at least 250 returns in a calendar year, including income, excise, employment tax and information returns. Private foundations and charitable trusts will be required to file Forms 990-PF electronically regardless of their asset size, if they file at least 250 returns annually. For more information, go to www.irs.gov. Click "Charities and Non-Profits" and look for the "e-file for Charities and Non-Profits" tab.

For tax forms, instructions and information visit www.irs.gov. (Access to this site will not provide you with your specific taxpayer account information.)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization MERCY HOSPITAL	Employer identification number 01-0211534
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 144 STATE STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, ME 04101-3795	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **DOUGLAS W. LIBBY**
Telephone No. ▶ **207-879-3478** FAX No. ▶ **207-879-3364**
- 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 will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2007** or
▶ tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a 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.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. 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.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 3-2008)

- 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).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** 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 MERCY HOSPITAL	Employer identification number 01-0211534 For IRS use only
	Number, street, and room or suite no. If a P.O. box, see instructions. 144 STATE STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, ME 04101-3795	

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> 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 **DOUGLAS W. LIBBY**
Telephone No. **207-879-3478** FAX No. **207-879-3364**
- 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.

8a	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.	8a	\$
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.	8b	\$
c	Balance Due. 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.	8c	\$ 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 **Barbara M. Guan** Title **CPA** Date **7/17/08**
Form 8868 (Rev. 4-2008)