

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)

OMB No. 1545-0047

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 SEP 30, 2007 and ending SEP 27, 2008

B Check if applicable: C Name of organization THE AROOSTOOK MEDICAL CENTER D Employer identification number 01-0372148 E Telephone number (207) 768-4250

G Website: WWW.TAMC.ORG J Organization type 501(c)(3) K Check here if the organization is not a 509(a)(3) supporting organization... H and I are not applicable to section 527 organizations.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 195,953,701. M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include contributions, program service revenue, membership dues, gross rents, special events, and total revenue/expenses.

**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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
<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	1,861,767.	677,287.	1,184,480.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>c</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	44,723,582.	39,871,825.	4,851,757.	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	1,517,261.	1,457,281.	59,980.	
<b>28</b> Employee benefits not included on lines 25a - 27	4,796,363.	4,372,364.	423,999.	
<b>29</b> Payroll taxes	3,049,792.	2,673,881.	375,911.	
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees				
<b>32</b> Legal fees				
<b>33</b> Supplies				
<b>34</b> Telephone				
<b>35</b> Postage and shipping				
<b>36</b> Occupancy	3,074,310.	2,591,643.	482,667.	
<b>37</b> Equipment rental and maintenance				
<b>38</b> Printing and publications				
<b>39</b> Travel				
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest	949,416.	800,358.	149,058.	
<b>42</b> Depreciation, depletion, etc. (attach schedule)	3,918,781.	3,303,532.	615,249.	
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 5</b>	126318881.	120323358.	5,916,629.	78,894.
<b>44 Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	190,210,153.	176,071,529.	14,059,730.	78,894.

**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>COMMUNITY HOSPITAL</b>	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.)	
<b>a</b> PROVISION OF ACUTE & SUBACUTE HOSPITAL CARE RELATED TO OUTPATIENT CLINICS AND HEALTH CARE SERVICES. SERVED 28,424 PATIENT DAYS OF ROUTINE SERVICES AND 75,024 OUTPATIENTS. PROVIDED SERVICES REGARDLESS OF ABILITY TO PAY AS WELL AS EDUCATION AND PROMOTION OF HEALTH. PROVIDED UNCOMPENSATED CARE (AT COST) OF \$1,488,237.	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	157,992,762.
<b>b</b> CHARITY CARE PROVIDED (AT COST). 461 PERSONS SERVED	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	1,004,536.
<b>c</b> MEDICAID SHORTFALLS (AT COST). 6,641 PERSONS SERVED	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	3,207,810.
<b>d</b> MEDICARE SHORTFALLS (AT COST). 10,815 PERSONS SERVED	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	13,866,421.
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services)	176,071,529.

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	12,605.	45	
	46 Savings and temporary cash investments	5,604,724.	46	6,890,543.
	47 a Accounts receivable	47a 16,780,639.		
	b Less: allowance for doubtful accounts	47b 7,879,216.	8,170,602.	47c 8,901,423.
	48 a Pledges receivable	48a 50,490.		
	b Less: allowance for doubtful accounts	48b	116,970.	48c 50,490.
	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		1,531,761.	52 1,699,666.
	53 Prepaid expenses and deferred charges		1,111,552.	53 1,027,482.
	54 a Investments - publicly-traded securities STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		3,885,215.	54a 3,453,439.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b
55 a Investments - land, buildings, and equipment: basis STMT 6	55a			
b Less: accumulated depreciation	55b		55c	
56 Investments - other SEE STATEMENT 8		362,908.	56 684,970.	
57 a Land, buildings, and equipment: basis	57a 71,351,180.			
b Less: accumulated depreciation STMT 9	57b 42,502,879.	28,872,030.	57c 28,848,301.	
58 Other assets, including program-related investments (describe SEE STATEMENT 10)		23,107,758.	58 21,313,097.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		72,776,125.	59 72,869,411.	
Liabilities	60 Accounts payable and accrued expenses		60 10,809,335.	11,179,642.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities STMT 11		16,154,218.	64a 15,122,052.
	b Mortgages and other notes payable STMT 12		4,900,000.	64b 4,900,000.
	65 Other liabilities (describe SEE STATEMENT 13)		8,197,809.	65 9,064,319.
66 <b>Total liabilities.</b> Add lines 60 through 65		40,061,362.	66 40,266,013.	
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		30,642,368.	67 30,899,487.
	68 Temporarily restricted		1,395,680.	68 1,027,196.
	69 Permanently restricted		676,715.	69 676,715.
	<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			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 <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)		32,714,763.	73 32,603,398.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		72,776,125.	74 72,869,411.





Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88a X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g X
90 a List the states with which a copy of this return is filed NONE
b Number of employees employed in the pay period that includes March 12, 2007 90b 1148
91 a The books are in care of C. BRUCE SANDSTROM, SENIOR V-PRES Telephone no. (207) 768-4250
Located at 140 ACADEMY ST., PRESQUE ISLE, ME ZIP + 4 04769
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)? 91b X
If "Yes," enter the name of the foreign country 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  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.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PATIENT SERVICE REVENUE					66,780,906.
b SALES & CONTRACT REV.					98,793.
c					
d					
e					
f Medicare/Medicaid payments					120,224,307.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	390,041.	
96 Dividends and interest from securities			14	195,483.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					10,677.
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	-24,911.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a SEE STATEMENT 20				12,059.	1,539,846.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		572,672.	188,654,529.
105 Total (add line 104, columns (B), (D), and (E))					189,227,201.

**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).
93	INCOME DERIVED FROM ACUTE AND SUBACUTE HOSPITAL PATIENT CARE.
103	REVENUE DERIVED FROM PROVIDING OTHER ESSENTIAL MEDICAL SERVICES.

**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. Yes No

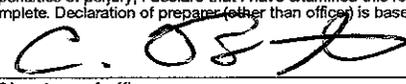
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

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. Yes No

	(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? Yes No

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

Please Sign Here:  Date: 8-5-09  
 Signature of officer: BRUCE SANDSTROM, SENIOR VICE PRESIDENT/CFO  
 Type or print name and title

Paid Preparer's Use Only: Preparer's signature: E. D New Cheney Date: 7/2/09 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: BAKER NEWMAN & NOYES P.O. BOX 507 PORTLAND, ME 04112  
 EIN: Phone no.: (207) 879-2100

# Application for Extension of Time To File an Exempt Organization Return

▶ 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  **X**
  - 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](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	THE AROOSTOOK MEDICAL CENTER	01-0372148
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 151	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PRESQUE ISLE, ME 04769	

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 ▶ **C. BRUCE SANDSTROM, SENIOR V-PRES**  
Telephone No. ▶ **(207) 768-4250** FAX No. ▶ **(207) 768-4252**
- 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 **MAY 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning **SEP 30, 2007**, and ending **SEP 27, 2008**.

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

<b>3a</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>3a</b>	\$	
<b>b</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.	<b>3b</b>	\$	
<b>c Balance Due.</b> 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.	<b>3c</b>	\$	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.

• 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 <b>THE AROOSTOOK MEDICAL CENTER</b>	Employer identification number <b>01-0372148</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 151</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PRESQUE ISLE, ME 04769</b>	

**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 **C. BRUCE SANDSTROM, SENIOR V-PRES**  
Telephone No. **(207) 768-4250** FAX No. **(207) 768-4252**

• 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 **AUGUST 15, 2009**  
5 For calendar year \_\_\_\_\_ , or other tax year beginning **SEP 30, 2007** , and ending **SEP 27, 2008**  
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  
**ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO PREPARE 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>	\$ <b>N/A</b>

**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 **E. Drew Cheney** Title **CPA** Date **7/24/09**

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

Department of the Treasury  
Internal Revenue Service

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

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

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

OMB No. 1545-0047

**2007**

Name of the organization **THE AROOSTOOK MEDICAL CENTER** Employer identification number **01 0372148**

**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
JEAN-PAUL MICHAUD, M.D. P.O. BOX 151, PRESQUE ISLE, ME 04769	SURGEON 40.00	492,352.	70,378.	0.
R. WILLIAM RICE, M.D. P.O. BOX 151, PRESQUE ISLE, ME 04769	SURGEON 40.00	481,478.	70,203.	0.
RICHARD DEBOWSKY P.O. BOX 151, PRESQUE ISLE, ME 04769	ANESTHESIOLOG 40.00	427,982.	48,815.	0.
NAJAM AWAN, M.D.. P.O. BOX 151, PRESQUE ISLE, ME 04769	CARDIOLOGIST 40.00	419,088.	3,634.	0.
QUANG NGUYEN, M.D. P.O. BOX 151, PRESQUE ISLE, ME 04769	OB/GYN 40.00	398,491.	58,489.	0.
Total number of other employees paid over \$50,000	▶ 269			

**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
COMPHEALTH, INC. PO BOX 972625, DALLAS, TX 75397-2625	LOCUM PHYSICIANS	878,724.
AMERICAN HEALTHCARE SERVICE 10126 E CHERRY BEND RD, TRAVERSE CITY, MI 49684	TEMPORARY STAFF	716,383.
VISTA STAFFING SOLUTIONS, INC. PO BOX 26544, SALT LAKE CITY, UT 84126-0544	LOCUM PHYSICIANS	424,419.
WEATHERBY LOCUM INC. PO BOX 972633, DALLAS, TX 75397-2633	LOCUM PHYSICIANS	265,010.
TRAVEL NURSE SOLUTIONS, LLC PO BOX 404118, ATLANTA, GA 30384-4118	TEMPORARY STAFF	172,460.
Total number of others receiving over \$50,000 for professional services	▶ 17	

**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
NONE		
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 ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? .....		X
b	Lending of money or other extension of credit? .....		X
c	Furnishing of goods, services, or facilities? ..... SEE STATEMENT 23	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.) ..... SEE STATEMENT 24	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> .....					▶

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

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

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

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

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

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

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
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.)

N/A

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

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

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

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

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

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

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

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

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

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	
i Total lobbying expenditures (Add lines c through h.) .....			0.

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



FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
RENTAL, VARIOUS PROPERTIES	1	10,677.
TOTAL TO FORM 990, PART I, LINE 6A		10,677.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS SECURITIES	6,004,146.	6,017,828.	0.	-13,682.
TO FORM 990, PART I, LINE 8	6,004,146.	6,017,828.	0.	-13,682.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	NET GAIN OR (LOSS)
EQUIPMENT			PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC
VARIOUS	74,253.	85,482.	0.	0.
TO FM 990, PART I, LN 8	74,253.	85,482.	0.	0.

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

DESCRIPTION	AMOUNT
NET UNREALIZED LOSS FROM INVESTMENTS	-250,172.
TRANSFERS TO AFFILIATE	498,569.
TOTAL TO FORM 990, PART I, LINE 20	248,397.

FORM 990 OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
SUPPLIES AND OTHER EXPENSES	19,468,789.	19,468,789.		
HOUSEKEEPING	150,635.	150,635.		
LAUNDRY & LINEN	86,510.	86,510.		
ADMINISTRATIVE SERVICES	770,254.		770,254.	
FISCAL SERVICES	446,928.		446,928.	
MATERIALS MANAGEMENT	378,039.		378,039.	
RECRUITMENT	360,100.		360,100.	
HUMAN RESOURCES	428,249.		428,249.	
INFORMATION SYSTEMS	1,046,635.		1,046,635.	
HORIZONS HEALTH SERVICES	1,815,119.	1,815,119.		
CONTRACTUAL ADJUSTMENTS	90,490,866.	90,490,866.		
CHARITY CARE	2,005,061.	2,005,061.		

PROVISION FOR BAD DEBTS	2,970,533.	2,970,533.		
PATIENT ACCOUNTING	1,001,046.		1,001,046.	
OTHER OPERATING EXPENSES	999,459.		920,565.	78,894.
AMORTIZATION	21,121.		21,121.	
WORKERS COMPENSATION	628,627.	551,144.	77,483.	
STATE TAX ASSESSMENT	1,851,447.	1,851,447.		
GIFT SHOP	27,125.		27,125.	
PUBLIC RELATIONS	265,275.		265,275.	
INSURANCE	1,107,063.	933,254.	173,809.	
<b>TOTAL TO FM 990, LN 43</b>	<b>126,318,881.</b>	<b>120,323,358.</b>	<b>5,916,629.</b>	<b>78,894.</b>

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 6

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE STOCKS	FMV	890,780.			890,780.
CORPORATE BONDS	FMV		99,735.		99,735.
MUTUAL FUNDS	FMV			2,336,187.	2,336,187.
<b>TO FORM 990, LINE 54A, COL B</b>		<b>890,780.</b>	<b>99,735.</b>	<b>2,336,187.</b>	<b>3,326,702.</b>

FORM 990 GOVERNMENT SECURITIES STATEMENT 7

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US GOV'T OBLIGATIONS	FMV	126,737.		126,737.
<b>TOTAL TO FORM 990, LINE 54A, COL B</b>		<b>126,737.</b>		<b>126,737.</b>

FORM 990	OTHER INVESTMENTS	STATEMENT	8
DESCRIPTION	VALUATION METHOD	AMOUNT	
COMMON/COLLECTIVE TRUSTS	MARKET VALUE	684,970.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		684,970.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	9
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	211,299.	0.	211,299.
LAND IMPROVEMENTS	2,276,657.	1,143,626.	1,133,031.
BUILDINGS & IMPROVEMENTS	39,656,061.	20,397,992.	19,258,069.
EQUIPMENT	29,099,763.	20,961,261.	8,138,502.
CONSTRUCTION IN PROGRESS	107,400.	0.	107,400.
TOTAL TO FORM 990, PART IV, LN 57	71,351,180.	42,502,879.	28,848,301.

FORM 990	OTHER ASSETS	STATEMENT	10
DESCRIPTION	BEGINNING OF YEAR	END OF YEAR	
DUE FROM AFFILIATES	81,912.	103,038.	
ESTIMATED THIRD-PARTY SETTLEMENTS	21,350,884.	19,423,835.	
DEFERRED FINANCING COSTS, NET	238,651.	217,530.	
OTHER ASSETS	589,249.	715,018.	
OTHER RECEIVABLES	847,062.	853,676.	
TOTAL TO FORM 990, PART IV, LINE 58	23,107,758.	21,313,097.	

FORM 990

TAX-EXEMPT BOND LIABILITIES OUTSTANDING

STATEMENT 11

PURPOSE OF ISSUE

REFINANCE EXISTING DEBT AND FINANCE A MEDICAL BUILDING

USE BY THIRD PARTY	BOND RETIREMENT DATE	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	09/30/19	8,064,005.	8,064,005.

PURPOSE OF ISSUE

HOSPITAL RENOVATIONS AND NEW CONSTRUCTION

USE BY THIRD PARTY	BOND RETIREMENT DATE	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	09/30/22	7,058,047.	7,058,047.

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

15,122,052.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 12

LENDER'S NAME TERMS OF REPAYMENT

EASTERN MAINE HEALTHCARE SYSTEMS DUE AT MATURITY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
	10/01/09	4,900,000.	4.19%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN  
LINE OF CREDIT

RELATIONSHIP OF LENDER

AFFILIATE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
MAXIMUM BORROWING = \$7,500,000	0.	4,900,000.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		4,900,000.

FORM 990

OTHER LIABILITIES

STATEMENT 13

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ESTIMATED THIRD-PARTY SETTLEMENTS	4,871,314.	5,125,626.
DEFERRED COMPENSATION DUE TO AFFILIATES	2,531,127.	2,676,506.
	795,368.	1,262,187.
TOTAL TO FORM 990, PART IV, LINE 65	8,197,809.	9,064,319.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 14
DESCRIPTION		AMOUNT
CONTRACTUAL ADJUSTMENTS		90,490,866.
CHARITY CARE		2,005,061.
TOTAL TO FORM 990, PART IV-A		92,495,927.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT 15
DESCRIPTION		AMOUNT
CONTRACTUAL ADJUSTMENTS		90,490,866.
CHARITY CARE		2,005,061.
TOTAL TO FORM 990, PART IV-B		92,495,927.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 16

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAVID A. PETERSON P.O. BOX 151 PRESQUE ISLE, ME 04769	PRESIDENT/CEO 40.00	316,796.	127155.	13,488.
C. BRUCE SANDSTROM P.O. BOX 151 PRESQUE ISLE, ME 04769	SENIOR VICE PRESIDENT 40.00	145,247.	59,048.	54.
THOMAS M. UMPHREY P.O. BOX 151 PRESQUE ISLE, ME 04769	SENIOR VICE PRESIDENT 40.00	83,048.	54,597.	2,545.
CARL FLORA, ESQ. P.O. BOX 151 PRESQUE ISLE, ME 04769	DIRECTOR 2.00	0.	0.	0.
M. MICHELLE HOOD P.O. BOX 151 PRESQUE ISLE, ME 04769	DIRECTOR 2.00	0.	0.	0.

BETTY KENT-CONANT P.O. BOX 151 PRESQUE ISLE, ME 04769	DIRECTOR 2.00	0.	0.	0.
JOE LALLANDE P.O. BOX 151 PRESQUE ISLE, ME 04769	TREASURER 2.00	0.	0.	0.
LARRY LAPLANTE P.O. BOX 151 PRESQUE ISLE, ME 04769	VICE CHAIR 2.00	0.	0.	0.
BARRY MCCRUM P.O. BOX 151 PRESQUE ISLE, ME 04769	CHAIRMAN 2.00	0.	0.	0.
PETER ST. JOHN P.O. BOX 151 PRESQUE ISLE, ME 04769	SECRETARY 2.00	0.	0.	0.
TIM DOAK P.O. BOX 151 PRESQUE ISLE, ME 04769	DIRECTOR 2.00	0.	0.	0.
BRETT VARNUM P.O. BOX 151 PRESQUE ISLE, ME 04769	DIRECTOR 2.00	0.	0.	0.
DANIEL FOWLER, MD P.O. BOX 151 PRESQUE ISLE, ME 04769	PRESIDENT, MEDICAL STAFF 40.00	178,940.	56,032.	0.
MIKE KELLEY P.O. BOX 151 PRESQUE ISLE, ME 04769	DIRECTOR 2.00	0.	0.	0.
LYNN LOMBARD P.O. BOX 151 PRESQUE ISLE, ME 04769	DIRECTOR 2.00	0.	0.	0.
STEPHEN A. POITRAS P.O. BOX 151 PRESQUE ISLE, ME 04769	SENIOR VICE PRESIDENT 40.00	135,840.	29,241.	90.
JAY REYNOLDS P.O. BOX 151 PRESQUE ISLE, ME 04769	SENIOR VICE PRES/COO/CMO 40.00	152,571.	64,760.	0.
LUIS JIMENEZ P.O. BOX 151 PRESQUE ISLE, ME 04769	VICE PRES, MEDICAL STAFF 40.00	388,882.	53,433.	0.

ALAN LANDEEN P.O. BOX 151 PRESQUE ISLE, ME 04769	DIRECTOR 2.00	0.	0.	0.
GENE LYNCH, II P.O. BOX 151 PRESQUE ISLE, ME 04769	DIRECTOR 2.00	0.	0.	0.
LEHRLE KIEFFER P.O. BOX 151 PRESQUE ISLE, ME 04769	DIRECTOR 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>1,401,324.</u>	<u>444266.</u>	<u>16,177.</u>

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 17  
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
EASTERN MAINE HEALTHCARE SYSTEMS	X	
EASTERN MAINE MEDICAL CENTER	X	
EASTERN MAINE HEALTHCARE REAL ESTATE	X	
ROSSCARE	X	
ROSSCARE NURSING HOME. INC	X	
ACADIA HOSPITAL CORP	X	
EASTERN MAINE MEDICAL CENTER AUXILIARY	X	
ACADIA HEALTHCARE, INC.	X	
NORUMBEGA MEDICAL SPECIALISTS, LTD	X	
INLAND HOSPITAL	X	
LAKEWOOD	X	
INLAND FOUNDATION	X	
C.A. DEAN MEMORIAL HOSPITAL AND NURSING HOME	X	
SEBASTICOOK VALLEY HOSPITAL ASSOCIATES	X	
TAMC TITLE CORP	X	
HORIZONS HEALTH SERVICES	X	
EASTERN MAINE HOMECARE	X	
MAINE INSTITUTE FOR HUMAN GENETICS AND HEALTH	X	
BLUE HILL MEMORIAL HOSPITAL	X	
AFFILIATED HEALTHCARE SYSTEMS		X
AFFILIATED HEALTHCARE MANAGEMENT		X
AFFILIATED LABORATORY, INC		X
AFFILIATED MATERIAL SERVICES		X
AFFILIATED PHARMACY SERVICES		X
COMMERCIAL LAUNDRY SYSTEMS. LLC		X
DOWNEAST COLLECTIONS D/B/A/ AFFILIATED		X
COLLECTIONS, INC		
MERIDIAN MOBILE HEALTH, LLC		X
MAINE NETWORK FOR HEALTH		X
DIRIGO PINES RETIREMENT COMMUNITY, LLC		X
DIRIGO PINES INN, LLC		X
DIRIGO FUNDING, LLC		X
DIRIGO PINES DEVELOPMENT COMPANY, LLC		X

HEALTHCARE CHARITIES, FORMERLY EASTERN MAINE CHARITIES

X

FORM 990

EXPLANATION OF RELATIONSHIP  
PART V-A, LINE 75B

STATEMENT 18

INDIVIDUAL'S NAME

TITLE OR ROLE

LARRY LAPLANTE

VICE CHAIR

INDIVIDUAL'S NAME

TITLE OR ROLE

CARL FLORA

DIRECTOR

EXPLANATION OF RELATIONSHIP

BROTHERS-IN-LAW

FORM 990 PART V-A OFFICER COMPENSATION FROM STATEMENT 19  
RELATED ORGANIZATIONS

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
MICHELLE HOOD	659,180.	21,986.	0.
NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER		
EASTERN MAINE HEALTHCARE SYSTEMS	01-0527066		
RELATIONSHIP BETWEEN ORGANIZATIONS			
AFFILIATES			
COMPENSATION DESCRIPTION			
SALARY			

FORM 990 OTHER REVENUE STATEMENT 20

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
FOOD SERVICES					496,662.
AMBULANCE SERVICES					274,616.
EMPLOYEE DRUGS			03	12,059.	
MEDICAL RECORDS REVIEW					39,580.
PRESQUE ISLE MEDICAL					
OFFICE BUILDING					50,800.
MANUFACTURER REBATES					413,291.
ADMINISTRATIVE SERVICES					214,704.
RADIOLOGY MRI FEES					76,236.
MISCELLANEOUS					66,162.
CONSULTATION REVENUE					15,690.
OCCUPATIONAL HEALTH					200,400.
LIFELINE					165,552.
GIFT SHOP					52,000.
DEFERRED COMPENSATION					-525,847.
TO FORM 990, PART VII, LINE 103				12,059.	1,539,846.

---

---

GENERAL EXPLANATION  
FORM AND LINE REFERENCES

---

STATEMENT 21

FORM/LINE IDENTIFIER

---

FORM 990, LINE 42 - DEPRECIATION

---

---

GENERAL EXPLANATION

STATEMENT 22

LAND IMPROVEMENTS	112,833
BUILDING & IMPROVEMENTS	1,267,804
EQUIPMENT	2,538,144
TOTAL	3,918,781

SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2C

STATEMENT 23

THE HOSPITAL PURCHASES GOODS AND SERVICES FROM THE FOLLOWING COMPANIES WHICH ARE OWNED OR OPERATED BY MEMBERS OF THE BOARD OF DIRECTORS. ALL TRANSACTIONS ARE AT ARMS LENGTH AND FOR FAIR MARKET VALUE.

- MAINE POTATO GROWERS (FUEL & SUPPLIES), DEAD RIVER CO. (FUEL OIL), TD BANKNORTH (BANKING SERVICES), LYNEX, INC. (SUPPLIES) AND BRSA (ENGINEERING SERVICES)

---

SCHEDULE A      EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS      STATEMENT 24  
PART III, LINE 3A

---

THE HOSPITAL MAKES FORGIVABLE LOANS TO STUDENTS WHO AGREE TO COME TO WORK AT THE HOSPITAL UPON COMPLETION OF SCHOOL. THIS IS USED AS A RECRUITMENT TOOL FOR HEALTH CARE WORKERS WHO ARE IN HIGH DEMAND.





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

Department of the Treasury  
Internal Revenue Service

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

Name(s) shown on return <b>THE AROOSTOOK MEDICAL CENTER</b>	Business or activity to which this form relates <b>FORM 990 PAGE 2</b>	Identifying number <b>01-0372148</b>
--	---	---

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

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 depreciation allowance for qualified property (other than listed property) placed in service during the tax year .....	<b>14</b>	
15 Property subject to section 168(f)(1) election .....	<b>15</b>	
16 Other depreciation (including ACRS) .....	<b>16</b>	3,918,781.

**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 .....	<b>17</b>	
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 .....	<b>21</b>	
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. ....	<b>22</b>	3,918,781.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	

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) Vehicle. Rows 30-36 covering total miles driven and personal use availability.

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 and Yes/No columns. Includes a note: 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.