

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 10/01/07, and ending 9/30/08

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
MAINE MEDICAL CENTER
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
22 BRAMHALL STREET
 City or town, state or country, and ZIP + 4
PORTLAND ME 04102

D Employer identification number
01-0238552
E Telephone number
207-662-2576
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).

- 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 Yes No
H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: WWW.MMC.ORG

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

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **686,507,332**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

		1a	1b	1c	1d	1e
1 Contributions, gifts, grants, and similar amounts received:						
a Contributions to donor advised funds						
b Direct public support (not included on line 1a) 8,719,407						
c Indirect public support (not included on line 1a) 2,331,978						
d Government contributions (grants) (not included on line 1a) 13,052,311						
e Total (add lines 1a through 1d) (cash \$ 23,684,659 noncash \$ 419,037) 24,103,696						
2 Program service revenue including government fees and contracts (from Part VII, line 93) 644,125,426						
3 Membership dues and assessments						
4 Interest on savings and temporary cash investments 267,000						
5 Dividends and interest from securities 15,380,484						
6a Gross rents						
b Less: rental expenses						
c Net rental income or (loss). Subtract line 6b from line 6a						
7 Other investment income (describe)						
8a Gross amount from sales of assets other than inventory						
		(A) Securities	(B) Other			
		1316713000	919,618			
b Less: cost or other basis and sales expenses						
		1319320172	881,388			
c Gain or (loss) (attach schedule)						
		-2,607,172	38,230			
d Net gain or (loss). Combine line 8c, columns (A) and (B) SEE STMT 25 SEE STMT 1 -2,568,942						
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
a Gross revenue (not including \$ of contributions reported on line 1b)						
b Less: direct expenses other than fundraising expenses						
c Net income or (loss) from special events. Subtract line 9b from line 9a						
10a Gross sales of inventory, less returns and allowances						
b Less: cost of goods sold						
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a						
11 Other revenue (from Part VII, line 103) 4,318,280						
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 685,625,944						
13 Program services (from line 44, column (B)) 552,652,225						
14 Management and general (from line 44, column (C)) 81,961,273						
15 Fundraising (from line 44, column (D)) 1,289,837						
16 Payments to affiliates (attach schedule)						
17 Total expenses. Add lines 16 and 44, column (A) 635,903,335						
18 Excess or (deficit) for the year. Subtract line 17 from line 12 49,722,609						
19 Net assets or fund balances at beginning of year (from line 73, column (A)) 649,998,627						
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2 -83,668,219						
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 616,053,017						

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. (See the instructions.)

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 \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) STMT 3 (cash \$ 311,501 non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	311,501	311,501		
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 SEE STATEMENT 4	6,728,764		6,728,764	
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B SEE STATEMENT 5	659,724	599,724	60,000	
25c	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	262266435	227255265	34,207,479	803,691
27	Pension plan contributions not included on lines 25a, b, and c	14,337,155	12,466,853	1,870,302	
28	Employee benefits not included on lines 25a - 27	33,137,727	28,816,567	4,321,160	
29	Payroll taxes	18,633,801	16,151,381	2,429,848	52,572
30	Professional fundraising fees	61,503			61,503
31	Accounting fees	1,294,310		1,294,310	
32	Legal fees	1,211,038		1,211,038	
33	Supplies	101614125	88,345,274	13,250,637	18,214
34	Telephone	1,209,613	1,048,186	157,733	3,694
35	Postage and shipping	1,134,835	970,171	147,982	16,682
36	Occupancy	15,969,547	13,780,995	2,082,429	106,123
37	Equipment rental and maintenance	10,057,675	8,706,639	1,311,521	39,515
38	Printing and publications	424,366	319,230	55,337	49,799
39	Travel	1,950,283	1,668,035	254,506	27,742
40	Conferences, conventions, and meetings	644,569	560,517	84,052	
41	Interest	3,910,524	3,400,592	509,932	
42	Depreciation, depletion, etc. (attach schedule)	36,392,348	31,646,786	4,745,562	
43a	Other expenses not covered above (itemize): SEE STATEMENT 6	123953492	116604509	7,238,681	110,302
43b					
43c					
43d					
43e					
43f					
43g					
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	635903335	552652225	81,961,273	1,289,837

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 \$ _____ ; (ii) the amount allocated to Program services \$ _____ ;

(iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ _____

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?

ACUTE CARE HOSPITAL

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.)

Program Service Expenses

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a SEE STATEMENT 7

(Grants and allocations \$ 311,501) If this amount includes foreign grants, check here

552652225

b

(Grants and allocations \$) If this amount includes foreign grants, check here

c

(Grants and allocations \$) If this amount includes foreign grants, check here

d

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

552652225

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	88,455,103	46	57,281,804
	47a Accounts receivable	47a 194,520,164		
	b Less: allowance for doubtful accounts	47b 144,078,710	32,120,512	47c 50,441,454
	48a Pledges receivable	48a 3,385,521		
	b Less: allowance for doubtful accounts	48b 135,941	5,762,425	48c 3,249,580
	49 Grants receivable		2,453,106	49 3,222,819
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		5,720,567	52 5,449,533
	53 Prepaid expenses and deferred charges		6,653,181	53 7,229,385
	54a Investments—publicly-traded securities SEE STATEMENT 8	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	449,999,875	54a 359,908,889
	b Investments—other securities (attach schedule) SEE STMT 9	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	15,618,042	54b 21,462,059
55a Investments—land, buildings, and equipment: basis	55a			
b Less: accumulated depreciation (attach schedule)	55b		55c	
56 Investments—other (attach schedule)	SEE STMT 10	5,041,635	56 6,792,904	
57a Land, buildings, and equipment: basis	57a 687,259,974			
b Less: accumulated depreciation (attach schedule) SEE STATEMENT 11	57b 286,649,746	350,967,228	57c 400,610,228	
58 Other assets, including program-related investments (describe SEE STATEMENT 12)		41,768,545	58 39,970,922	
59 Total assets (must equal line 74). Add lines 45 through 58		1004560219	59 955,619,577	
Liabilities	60 Accounts payable and accrued expenses	52,368,314	60	53,744,755
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule) SEE WORKSHEET		148,234,367	64a 144,405,855
	b Mortgages and other notes payable (attach schedule) SEE WORKSHEET		340,881	64b 309,800
	65 Other liabilities (describe SEE STATEMENT 13)		153,618,030	65 141,106,150
66 Total liabilities. Add lines 60 through 65		354,561,592	66 339,566,560	
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	536,917,482	67	525,489,731
	68 Temporarily restricted	92,365,203	68	69,528,564
	69 Permanently restricted	20,715,942	69	21,034,722
	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)		649,998,627	73 616,053,017	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		1004560219	74 955,619,577	

Part VI Other Information (continued)		Yes	No
82a	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		
83a	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 quid pro quo contributions?		
	N/A		
84a	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		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
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		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
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) orgs. Enter: a Initiation fees and capital contributions included on line 12		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		
88a	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	
89a	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) orgs. 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 ▶ 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?		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
90a	List the states with which a copy of this return is filed ▶ ME		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	5,611
91a	The books are in care of ▶ DIRECTOR OF FINANCIAL SERVICES Telephone no. ▶ 207-662-2576 22 BRAMHALL STREET Located at ▶ PORTLAND, ME ZIP + 4 ▶ 04102		
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 ▶ SEE STMT 27 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	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 ▶

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

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) Exclusion code	(D) Amount	
93 Program service revenue:					
a NET PATIENT SERVICE REVENUE					644125426
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	267,000	
96 Dividends and interest from securities			14	15,380,484	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-2,568,942	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b SEE STATEMENT 19		1,830,856			2,487,424
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		1,830,856		13,078,542	646612850
105 Total (add line 104, columns (B), (D), and (E))					661,522,248

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).
93A	PROVISION OF HOSPITAL'S INPATIENT, OUTPATIENT AND ANCILLARY SERVICES AS WELL AS OTHER HEALTH RELATED SERVICES TO THE GENERAL PUBLIC REGARDLESS OF RACE, COLOR, CREED OR ABILITY TO PAY.
103B	

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
SEE STATEMENT 20	%			
	%			
	%			
	%			

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).

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
X	

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
SEE STATEMENT 21			
a			
b			
c			
Totals			50,892,851

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
X	

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
SEE STATEMENT 22			
a			
b			
c			
Totals			49,861,318

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
	X

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: *John E. Heye* Date: **7/31/09**

JOHN E. HEYE **TREASURER**

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **MAINEHEALTH**
901 WASHINGTON AVE SUITE 104
PORTLAND, ME 04103

EIN: _____ Phone no.: **207-771-4722**

Preparer's SSN or PTIN (See Gen. Instr. X): _____

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

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

OMB No. 1545-0047

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

MAINE MEDICAL CENTER

Employer identification number
01-0238552

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 empl. benefit plans & deferred comp.	(e) Expense account and other allowances
JEFFREY E FLORMAN 39 WALLACE AVENUE SOUTH PORTLAND ME 04106	NEUROLOGICAL SURGEON 50	870,040	142,474	0
RAJIV D DESAI 39 WALLACE AVENUE SOUTH PORTLAND ME 04106	NEUROLOGICAL SURGEON 50	849,404	130,842	0
JAMES T WILSON 39 WALLACE AVENUE SOUTH PORTLAND ME 04106	NEUROLOGICAL SURGEON 50	840,950	137,227	0
KONRAD N BARTH 39 WALLACE AVENUE SOUTH PORTLAND ME 04106	NEUROLOGICAL SURGEON 50	824,778	153,183	0
LEE L THIBODEAU 39 WALLACE AVENUE SOUTH PORTLAND ME 04106	NEUROLOGICAL SURGEON 50	831,673	135,750	0
Total number of other employees paid over \$50,000 ▶		2288		

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
SPECTRUM MEDICAL GROUP 300 PROFESSIONAL DRIVE SCARBOROUGH ME 04074	MEDICAL SERVICE	1,732,400
MAINE SURGICAL CARE GROUP 887 CONGRESS STREET PORTLAND ME 04102	MEDICAL SERVICE	1,410,500
CHEST MEDICINE ASSOCIATES 335 BRIGHTON AVE PORTLAND ME 04102	MEDICAL SERVICE	1,199,100
THE RITCHIE ORGANIZATION 80 BRIDGE STREET NEWTON MA 02458-1134	ARCHITECTS	1,149,000
CARDIOVASCULAR CONSULTANTS OF MAINE 96 CAMPUS DRIVE SCARBOROUGH ME 04074	MEDICAL SERVICE	1,143,700
Total number of others receiving over \$50,000 for professional services ▶		46

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
WILLIAM A BERRY & SONS, INC. 100 CONIFER HILL DR DANVERS MA 01923	CONSTRUCTION	35,087,300
PIZZAGALLI CONSTRUCTION CO, INC. PO BOX 2009 SOUTH BURLINGTON VT 05407	CONSTRUCTION	5,081,700
NORDX 102 CAMPUS DRIVE, UNIT 118 SCARBOROUGH ME 04074	LAB SERVICES	3,176,400
ECLIPSYS CORP 200 ASHFORD CTR NORTH ATLANTA GA 30338	SYSTEMS SUPPORT	2,512,300
LANGFORD & LOW PO BOX 662 PORTLAND ME 04104	CONSTRUCTION	1,800,400
Total number of other contractors receiving over \$50,000 for other services ▶		161

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

Schedule A (Form 990 or 990-EZ) 2007

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>68,781</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	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
3a 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 23	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
4a 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?		
c Did the organization make a distribution to a donor, donor advisor, or related person?		
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f Enter the total number of separate funds or accounts owned at the end of the tax 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 held 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.

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					
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
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
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
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) _____					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) _____					N/A
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
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.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	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.)			
34a	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
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	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				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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		22,927
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		22,927
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		22,927
i Total lobbying expenditures (Add lines c through h.)			68,781

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

SEE STATEMENT 24

Mortgages and Other Notes Payable

Forms
990 / 990-PF

2007

For calendar year 2007, or tax year beginning **10/01/07**, and ending **9/30/08**

Name MAINE MEDICAL CENTER	Employer Identification Number 01-0238552
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FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) BANK OF AMERICA PROMISSORY NOTE	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 499,000	10/31/00	9/30/14	MONTHLY, 15 YEARS	3.240
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) NONE	SCARBOROUGH MEDICAL OFFICE BUILDING
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	340,881	309,800
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	340,881	309,800

Form 990	Tax-Exempt Bond Liabilities		2007
For calendar year 2007, or tax year beginning		10/01/07	and ending 9/30/08
Name MAINE MEDICAL CENTER			Employer Identification Number 01-0238552

FORM 990, PART IV, LINE 64A - ADDITIONAL INFORMATION

Name of lender	Purpose of issue
(1) MHHEFA REVENUE BONDS, SERIES 2001D	REFINANCING 1991 BOND ISSUE
(2) MHHEFA REVENUE BONDS, SERIES 1999A	CONSTRUCTION
(3) NOTES PAYABLE TO MHHEFA	VARIOUS PURPOSES
(4) MHHEFA REVENUE BONDS, SERIES 2006C	REFINANCING 1993C BOND ISSUE
(5) MHHEFA REVENUE BONDS, SERIES 2006D	REFINANCING 1996B BOND ISSUE
(6) MHHEFA REVENUE BONDS, SERIES 2006E	CONSTRUCTION AND EQUIPMENT PURCHASES
(7) MHHEFA REVENUE BONDS, SERIES 2008A	REFINANCING OF SERIES 2006D & 2006E
(8) MHHEFA REVENUE BONDS, SERIES 2008B	REFINANCING OF SERIES 2006C
(9)	
(10)	

Issue date	Original amount of issue	Form 8038 filed: Y/N Date filed	Date retired	Completion date of project	Unexpended bond proceeds
(1) 11/01/01	9,511,355	N	7/01/15		
(2) 4/15/99	21,966,191	N	7/01/30		
(3) 6/26/01	2,000,000	N	5/31/08		
(4) 5/01/06	31,575,000	N	6/01/14		
(5) 5/01/06	19,975,000	N	6/01/26		
(6) 7/01/06	86,250,000	N	7/01/36		
(7) 7/01/08	107,180,000	N	7/01/36		
(8) 7/01/08	25,985,000	N	7/01/14		
(9)					
(10)					

Third party use percent	Maturity date	Repayment terms	Interest rate
(1)	7/01/15	QUARTERLY PAYMENTS OF P&I	4.250
(2)	7/01/30	QUARTERLY PAYMENTS OF P&I	4.800
(3)	5/31/08	QUARTERLY PAYMENTS OF P&I	4.840
(4)	6/01/14	INSTALLMENTS OF PRINCIPAL	3.800
(5)	6/01/26	INSTALLMENTS OF PRINCIPAL	4.000
(6)	7/01/36	INSTALLMENTS OF PRINCIPAL	4.000
(7)	7/01/36	INSTALLMENTS OF PRINCIPAL	7.750
(8)	7/01/14	INSTALLMENTS OF PRINCIPAL	7.750
(9)			
(10)			

Security provided by borrower	Amount outstanding at beginning of year	Amount outstanding at end of year
(1)	5,736,862	4,999,945
(2)	18,270,355	17,794,816
(3)	256,499	
(4)	26,642,500	
(5)	17,850,744	
(6)	79,477,407	
(7)		98,234,594
(8)		23,376,500
(9)		
(10)		
Totals	148,234,367	144,405,855

Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depr	Gain/ -Loss
VARIOUS - PP&E			10/01/07	9/30/08	\$ 919,618	\$ 881,388	\$	\$ 38,230
TOTAL					<u>\$ 919,618</u>	<u>\$ 881,388</u>	<u>0</u>	<u>\$ 38,230</u>

Federal Statements**Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
EQUITY TRANSFERS TO AFFILIATES	\$ -19206000
CHANGE IN NET UNREALIZED GAINS/LOSSES -HEDGE FUNDS	-499,277
ADJUSTMENT TO INITIALLY APPLY PROV. SFAS 157&159	6,489,000
CHANGE IN NET UNREALIZED GAINS/LOSSES -INVESTMENTS	-6,489,000
NET ASSETS RELEASED FROM RESTRICTION	-516,356
CHANGE IN VALUE OF POOLED LIFE INCOME FUNDS & CRT	13,000
RETIREMENT BENEFIT PLAN ADJUSTMENTS	-19540283
CHANGE IN NET UNREALIZED GAINS/LOSSES -INVESTMENTS	-43919303
TOTAL	<u>\$ -83668219</u>

MMC Maine Medical Center
 01-0238552
 FYE: 9/30/2008

Federal Statements

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Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations

Name Address	Date of Gift	Description of Property	Relationship to Org	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
THE JACKSON LABORATORY 610 MAIN STREET BAR HARBOR ME 04609-1500		NONE		\$ 125,225	RESEARCH GRANT	\$		
VANDERBILT UNIVERSITY DEPT AT 40303 ATLANTA GA 31192-0303		NONE		7,269	PATH STUDY			
MUSKIE/UNIVERSITY OF SOUTHERN MAINE PO BOX 9300 PORTLAND ME 04104-9300		NONE		21,806	RADIOLOGY GRANT			
THE RESEARCH FOUNDATION OF SUNY PO BOX 9 ALBANY NY 12201-0009		NONE		14,917	RESEARCH GRANT			
SUSAN MIESFELDT 100 CAMPUS DRIVE SCARBOROUGH ME 04074		NONE		55,346	RESEARCH GRANT			
JAMES WASSERMAN 1600B CONGRESS STREET		NONE		927	RESEARCH GRANT			

Federal Statements

Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
PORTLAND ME 04102									
JOHN DEVLIN, MD		NONE	\$	RESEARCH GRANT	4,486	\$			
48 BROAD COVE ROAD									
CAPE ELIZABETH ME 04107									
DARTMOUTH COLLEGE		NONE		CARDIAC SURG PROGRAM	81,525				
11 ROPE FERRY ROAD #6210									
HANOVER NH 03755									
TOTAL					\$ 311,501	\$ 0	\$ 0		0

Statement 4 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	\$		\$
JOHN HEYE - COMPENSATION		335,727	
JOHN HEYE - EE BENEFITS			
BENEFIT PLAN CONTRIBUTION		80,197	
JUDITH WEST - COMPENSATION			
JUDITH WEST - EE BENEFITS		253,316	

Federal Statements

Statement 4 - Form 990, Part II, Line 25a - Compensation of Current Officers (continued)

<u>Name</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
BENEFIT PLAN CONTRIBUTION	\$	\$ 76,655	\$
MARJORIE WIGGINS - COMPENSATION COMPENSATION		298,489	
MARJORIE WIGGINS-EE BENEFITS BENEFIT PLAN CONTRIBUTION		72,676	
MICHAEL RYAN - COMPENSATION COMPENSATION		205,152	
MICHAEL RYAN-EE BENEFITS BENEFIT PLAN CONTRIBUTION		62,589	
MIRIAM LEONARD - COMPENSATION COMPENSATION		231,485	
MIRIAM LEONARD-EE BENEFITS BENEFIT PLAN CONTRIBUTION		64,484	
PAUL GRAY - COMPENSATION COMPENSATION		174,383	
PAUL GRAY-EE BENEFITS BENEFIT PLAN CONTRIBUTION		47,848	
PETER BATES - COMPENSATION COMPENSATION		429,936	
PETER BATES - EE BENEFITS BENEFIT PLAN CONTRIBUTION		105,502	
RICHARD PETERSEN - COMPENSATION COMPENSATION		665,707	
RICHARD PETERSEN-EE BENEFITS BENEFIT PLAN CONTRIBUTION		209,061	

Federal Statements

Statement 4 - Form 990, Part II, Line 25a - Compensation of Current Officers (continued)

Name	Program Services	Management & General	Fundraising
STEPHEN ROSENFELD-COMP. COMPENSATION	\$	157,493	\$
STEPHEN ROSENFELD-EE BENEFITS BENEFIT PLAN CONTRIBUTION		18,377	
VINCENT CONTI-COMPENSATION COMPENSATION		3,078,145	
VINCENT CONTI-EE BENEFITS BENEFIT PLAN CONTRIBUTION		161,542	
TOTAL	\$ 0	\$6,728,764	\$ 0

Federal Statements

Statement 5 - Form 990, Part II, Line 25b - Compensation of Former Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	\$	\$	\$
DON MCDOWELL COMPENSATION	59,500		
EDWARD ANDREWS, JR., MD COMPENSATION		60,000	
GEORGE HIGGINS III - COMP COMPENSATION	480,660		
GEORGE HIGGINS III-EE BENEFIT BENEFIT PLAN CONTRIBUTION	59,564		
TOTAL	<u>\$ 599,724</u>	<u>\$ 60,000</u>	<u>\$ 0</u>

Federal Statements

Statement 6 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
EXPENSES	\$	\$	\$	\$
ADVERTISING	1,444,116	1,255,803	188,313	
BAD DEBT	23,816,605	23,816,605		
CATERING	1,124,407	942,155	146,623	35,629
COLLECTION FEES	1,231,907		1,231,907	
COMPUTER SERVICE CONTRACTS	5,692,221	4,949,955	742,266	
CONSULTANTS	4,893,731	4,203,511	675,755	14,465
DUES	4,208,756	3,648,517	556,843	3,396
FOOD	3,296,528	2,866,661	429,867	
INSURANCE	4,450,174	3,869,871	580,303	
INTERPRETER SERVICES	589,415	589,415		
MICROFILM	9,480	9,480		
MISCELLANEOUS	8,906,367	7,687,217	1,162,338	56,812
OUTSIDE MEDICAL SERVICES	22,097,900	22,097,900		
OTHER OUTSIDE SERVICES	3,614,993	3,143,598	471,395	
LICENSES	192,743	167,609	25,134	
PHYSICIAN FEES	18,305,286	18,305,286		
PROFESSIONAL FEES	79,245	68,912	10,333	
RECRUITMENT	1,292,928	1,124,330	168,598	
SPEAKERS	248,147	248,147		
TAXES	309,655	269,276	40,379	
HOSPITAL TAX	10,894,494	10,894,494		
PURCHASED STAFFING	5,948,950	5,173,207	775,743	
TRANSCRIPTION	574,482	574,482		
TRANSPORT SERVICES	187,993	187,993		
UNIFORMS	290,791	290,791		
VEHICLE EXPENSE	252,178	219,294	32,884	
TOTAL	\$ 123953492	\$ 116604509	\$ 7,238,681	\$ 110,302

Federal Statements**Statement 7 - Form 990, Part III, Line a - Statement of Program Service Accomplishments****Description**

AS A NONPROFIT INSTITUTION DEDICATED TO COMMUNITY SERVICE, MAINE MEDICAL CENTER PROVIDES MANY SERVICES FOR THE COMMUNITY IN ADDITION TO ITS RANGE OF HEALTHCARE SERVICES. THESE INCLUDE A SIGNIFICANT LEVEL OF FREE CARE DELIVERED IN MAINE, AN INTERNATIONAL CLINIC FOR PORTLAND'S GROWING IMMIGRANT AND REFUGEE POPULATION, THE AIDS CONSULTATION SERVICE, AND THE NORTHERN NEW ENGLAND POISON CENTER.

THE MEDICAL CENTER HAS PROGRAMS DESIGNED TO AFFECT BOTH THE DIRECT HEALTH OF THE COMMUNITY AND ALSO THE OVERALL QUALITY OF LIFE OF THE COMMUNITY. THESE PROGRAMS INCLUDE CAREPARTNERS, A HEALTHCARE PROGRAM FOR THOSE WHO CANNOT AFFORD TO BUY INSURANCE BUT ARE ABOVE THE GUIDELINES FOR GOVERNMENT PROGRAMS; THE AH! ASTHMA HEALTH FOR CHILDREN PROGRAM, WHICH IMPROVES THE CARE OF CHILDREN WITH ASTHMA; RAISING READERS, A MAINEHEALTH INITIATIVE, WHICH AIMS TO PROVIDE ALL MAINE CHILDREN BETWEEN 0 AND 5 YEARS WITH BOOKS; AND VOCATIONAL SERVICES PROGRAMS THAT LEVERAGE APPROXIMATELY \$195,067 IN FEDERAL FUNDS TO INTEGRATE PEOPLE WITH PHYSICAL AND PSYCHOLOGICAL DISABILITIES INTO THE COMMUNITY.

MAINE MEDICAL CENTER HAS AN ACTIVE TEACHING PROGRAM THAT TEACHES MEDICAL STUDENTS, RESIDENT PHYSICIANS, PRACTICING PHYSICIANS, NURSING STUDENTS, ALLIED HEALTH PROFESSIONS STUDENTS, AND THE PUBLIC. THESE PROGRAMS ARE A SIGNIFICANT SOURCE OF HEALTHCARE MANPOWER FOR MAINE AS WELL AS PROVIDING A HIGHER LEVEL OF PATIENT CARE. THE MEDICAL CENTER PROVIDES A FREE CERTIFIED NURSING ASSISTANT (CNA) PROGRAM THAT PRODUCES MUCH NEEDED CNAS FOR MAINE MEDICAL CENTER AND FOR MAINE. IN ADDITION, MAINE MEDICAL CENTER SPONSORS A NUMBER OF PROGRAMS FROM CHILDBIRTH EDUCATION TO HEART HEALTH TO IMPROVE OVERALL COMMUNITY HEALTH.

THE TOTAL QUANTIFIABLE COST TO THE MEDICAL CENTER FOR THESE INVESTMENTS IN THE COMMUNITY WAS \$44,886,282 FOR THE YEAR ENDED SEPTEMBER 30, 2008. IN ADDITION, THE MEDICAL CENTER'S COST FOR PROVIDING CHARITY CARE AND FOR COVERING BAD DEBTS AND THE SHORTFALL FROM GOVERNMENT-SPONSORED HEALTH PLANS TOTALED APPROXIMATELY \$85,507,000, RESULTING IN A TOTAL QUANTIFIABLE COMMUNITY BENEFIT OF \$130,393,282 FOR THE YEAR ENDED SEPTEMBER 30, 2008.

THE MAINE MEDICAL CENTER RESEARCH INSTITUTE (MMCRI) IS THE LARGEST HOSPITAL-BASED RESEARCH FACILITY IN NORTHERN NEW ENGLAND. THE RESEARCH PROGRAMS OF MMCRI ARE FOCUSED AROUND THREE SPECIALTIES: CARDIOVASCULAR DISEASE, CANCER, AND BONE AND MINERAL DISEASE. CORE STRENGTHS ARE MOLECULAR BIOLOGY AND GENETICS, OUTCOMES AND HEALTH SERVICES, CYTOMETRY, AND CLINICAL RESEARCH. RESEARCH AT MMCRI HAS A STRONG CONNECTION TO CLINICAL PROBLEMS. OUR GOAL IS TO APPLY THE LATEST SCIENTIFIC ADVANCES TO THE PROBLEMS THAT FACE PHYSICIANS AND PATIENTS IN MAINE. THE STATE OF THE ART EQUIPMENT AND FACILITIES AT MMCRI ENABLE HIGHLY TECHNICAL RESEARCH AND PROVIDE SERVICES FOR OTHER ACADEMIC AND RESEARCH CENTERS THROUGHOUT MAINE. IN

Federal Statements

Statement 7 - Form 990, Part III, Line a - Statement of Program Service Accomplishments
(continued)

Description

COOPERATION WITH THE UNIVERSITY OF MAINE AND THE JACKSON LABORATORY, GRADUATE DEGREE PROGRAMS HAVE BEEN ESTABLISHED TO PROVIDE RIGOROUS BASIC RESEARCH TRAINING TO STUDENTS IN MAINE. MMCRI ALSO PROVIDES A SUMMER STUDENT INTERNSHIP TO A NUMBER OF PRE-COLLEGE AND COLLEGE STUDENTS WHO ARE INTERESTED IN AN OPPORTUNITY TO EXPLORE BIOMEDICAL RESEARCH AS A POSSIBLE CAREER. ALL OF THESE PROGRAMS ARE DONE AS AN EFFORT TO ENHANCE ADVANCED EDUCATION ACTIVITIES IN MAINE.

MMCRI HAS AN ANNUAL BUDGET OF \$20 MILLION, MUCH OF WHICH COMES FROM OUT-OF-STATE GRANTS. THIS POSITIVE FLOW OF FUNDING INTO MAINE IS SPENT IN LARGE PART ON SALARIES AND SERVICES WHICH IN TURN GO DIRECTLY INTO THE LOCAL ECONOMY. THE RESEARCH INSTITUTE SPINS OFF BIOMEDICAL TECHNOLOGY COMPANIES AND THE FACULTY SERVES AS A MAGNET TO ATTRACT OTHER BIOMEDICAL TECHNOLOGY INDUSTRIES, THEREBY ENHANCING THE LOCAL ECONOMIC SCENE. SEE ATTACHED COMMUNITY BENEFIT STATEMENT.

STATISTICS FOR THE YEAR ENDED SEPTEMBER 30, 2008:

PATIENT DAYS

ADULT & CHILDREN	156,242
NEWBORN NURSERY	4,962
TOTAL PATIENT DAYS	161,204

ADMISSIONS

ADULT & CHILDREN	28,884
NEWBORN NURSERY	2,046
TOTAL ADMISSIONS	30,930

DEPARTMENT	AMOUNT	STATISTICS
AMBULATORY SURGERY	14,130	CASES
AMBULATORY SURGERY	56,403	HOURS
ANESTHESIA	354,601	RELATIVE VALUE UNITS
ANESTHESIA-SCARBOROUGH	69,468	RELATIVE VALUE UNITS
ASU	7,254	CASES
BIRTH CENTER	2,474	LIVE BIRTHS
BLOOD BANK	103,535	TEST
CARDIOGRAPHY	71,723	PROCEDURES
CARDIAC SURGERY	928	PROCEDURES
DELIVERY ROOM	2,418	DELIVERIES
DIAGNOSTIC EXAM ROOM	6,158	PATIENTS
ENCEPHALOGRAPHIC (EEG)	1,559	PROCEDURES
ENDOSCOPY - BRIGHTON	1,416	CASES
CARDIOLOGY - FRANKLIN	844	VISITS
HEART CATHETERIZATION	13,301	PROCEDURES
LABORATORY	1,054,965	TESTS
MENTAL HEALTH	93,324	VISITS
NEPHROLOGY-INTERVENTIONAL	808	CASES
NEPHROLOGY	3,736	PROCEDURES
NEPHROLOGY - KIDNEY ACQ	53	TRANSPLANTS
PANCREATIC TRANSPLANTS	2	TRANSPLANTS
MAINE TRANSPLANT PROGRAM	1,934	VISITS

Federal Statements**Statement 7 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**
(continued)Description

OPERATING ROOM - SCAR	7,222	CASES
OPERATING ROOM	19,112	CASES
OPERATING ROOM	88,548	HALF HOUR UNITS
OPERATING ROOM - LITH	35	PROCEDURES
OP IV THERAPY ROOM	30,053	HOURS
PULMONARY MEDICINE	199,877	TREATMENTS
SLEEP LAB	1,970	TREATMENTS
CENTER FOR TOBACCO INDEP	2,128	VISITS
PHARMACY	1,951,548	ORDERS VERIFIED
RADIOLOGY - DIAGNOSTIC	111,479	PROCEDURES
RADIOLOGY - NUCLEAR MED	4,724	PROCEDURES
RADIOLOGY - ULTRASOUND	20,037	PROCEDURES
RADIOLOGY - CT SCANNER	44,478	PROCEDURES
RADIOLOGY - NURSING	10,047	PROCEDURES
RADIOLOGY - MRI	3,761	PROCEDURES
RADIOLOGY - ANGIOPLASTY	3,747	PROCEDURES
RADIOLOGY - MAGNETIC IMAG	7,431	PROCEDURES
RADIATION THERAPY	28,142	PROCEDURES
PALLIATIVE CARE	2,052	VISITS
RECOVERY ROOM	48,879	HOURS
RECOVERY ROOM - SCARB.	6,016	CASES
TURNING POINT	5,837	VISITS
MEDICAL REHABIL.	424	PROCEDURES
MEDICAL REHABIL - SPEECH	9,893	QUARTER HOUR UNITS
REHAB - OCCUPATIONAL	46,995	QUARTER HOUR UNITS
REHAB - PHYSICAL THERAPY	94,930	QUARTER HOUR UNITS
REHAB - VOCATIONAL	1,811	HALF HOUR UNITS
OUTPATIENT DEPARTMENTS:		
EMERGENCY ROOM	55,188	VISITS
SOCIAL WORK	738	VISITS
BRIGHTON FIRST CARE	24,716	VISITS
PAIN CLINIC	1,400	CASES
CLINICS	50,581	VISITS
FAMILY PRACTICE	84,863	VISITS
BREAST CARE CENTER	3,382	VISITS
CONGESTIVE HEART FAILURE	138	VISITS
DIGESTIVE DISEASES	529	CONSULTS
OBSERVATION/SHORT STAY	69,956	HOURS
OBSERVATION/SHORT STAY	4,540	PATIENTS
BIRTH CENTER	2,941	PATIENTS
CHILDBIRTH EDUCATION	1,106	CLASS PARTICIPANTS
CHILDBIRTH EDUCATION	7,402	QUARTER HOUR UNITS

Federal Statements

Statement 8 - Form 990, Part IV, Line 54a - Publicly Traded Securities

Description	Beginning of Year	End of Year	Basis of Valuation
US AND STATE GOVERNMENT BONDS AND NOTES	\$ 339471890	\$ 283842466	MARKET
CORPORATE STOCK MARKETABLE SECURITIES	110527985	76,066,423	MARKET
TOTAL	<u>\$ 449999875</u>	<u>\$ 359908889</u>	

Statement 9 - Form 990, Part IV, Line 54b - Other Securities

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE STOCK	\$ 9,428,590	\$ 17,242,403	MARKET
HEDGE FUNDS	6,189,452	4,219,656	MARKET
LIMITED PARTNERSHIPS			
TOTAL	<u>\$15,618,042</u>	<u>\$21,462,059</u>	

Statement 10 - Form 990, Part IV, Line 56 - Other Investments

Description	Beginning of Year	End of Year	Basis of Valuation
INVESTMENT IN MMC PHO	\$ 230,368	\$ 260,222	COST
INVESTMENT IN MAINE HEART CENTER	332,506	359,445	COST
INVEST IN VOLUNTARY HOSP OF AMERICA	206,424	206,424	COST
INVEST IN MAINEGENERAL CARD CATH LAB	115,442	72,951	COST
INVESTMENT IN GSM	141,000	141,000	COST
INVESTMENT IN MMI		349,049	COST
OTHER INVESTMENTS	2,435,877	4,122,139	COST
OTHER INVESTMENTS	1,580,018	1,281,674	MARKET
TOTAL	<u>\$ 5,041,635</u>	<u>\$ 6,792,904</u>	

Federal Statements

Statement 11 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
BUILDINGS	\$ 254280444	\$ 120482077	\$ 343455926	\$ 130314836
EQUIPMENT	247493294	159158022	284911833	156334910
CONSTRUCTION IN PROGRESS	108419127		38,051,947	
LAND AND LAND IMPROVEMENTS	<u>20,414,462</u>		<u>20,840,268</u>	
TOTAL	<u>\$ 630607327</u>	<u>\$ 279640099</u>	<u>\$ 687259974</u>	<u>\$ 286649746</u>

Statement 12 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
DEFERRED FINANCING COSTS	\$ 1,535,555	\$ 1,029,777
AR UNDER REIMBURSEMENT REGULATIONS	26,772,613	36,438,525
CASH SURR. VALUE OF LIFE INSURANCE	271,441	268,141
OTHER ASSETS	82,281	86,891
DUE FROM AFFILIATE	<u>13,106,655</u>	<u>2,147,588</u>
TOTAL	<u>\$41,768,545</u>	<u>\$39,970,922</u>

Statement 13 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
SELF INSURANCE RESERVES	\$17,746,851	\$18,372,429
A/P UNDER REIMBURSEMENT REGULATIONS	72,772,170	36,481,929
ACCR POSTRETIREBENEFIT OTHER PENSION	31,256,801	50,615,829
LEASES PAYABLE	1,751,466	2,335,509
OTHER LIABILITIES	1,920,248	5,331,524
CUMMEFFECT CHANGE ACCT ASSET RET OBL	15,318,071	15,901,148
DUE TO AFFILIATES	<u>12,852,423</u>	<u>12,067,782</u>
TOTAL	<u>\$ 153618030</u>	<u>\$ 141106150</u>

Federal Statements

Statement 14 - Form 990, Part IV-A - Other Revenue Included on Return

Description	Amount
REVENUE FOR NONOPERATING FUNDS	\$24,513,564
TOTAL	<u>\$24,513,564</u>

Statement 15 - Form 990, Part IV-B - Other Expenses included on Return

Description	Amount
EXPENSES FOR NONOPERATING FUNDS	\$24,513,564
TOTAL	<u>\$24,513,564</u>

Federal Statements

Statement 16 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
VINCENT S. CONTI 22 BRAMHALL STREET PORTLAND ME 04102	FORMER PRES.	0	3,078,145	161,542	0
RICHARD W. PETERSEN 22 BRAMHALL STREET PORTLAND ME 04102	INTERIM PRES	0	665,707	209,061	0
PETER BATES, MD 22 BRAMHALL STREET PORTLAND ME 04102	CMO	0	429,936	105,502	0
JOHN E. HEYE 22 BRAMHALL STREET PORTLAND ME 04102	VP FINANCE	0	335,727	80,197	0
MIRIAM A LEONARD 22 BRAMHALL STREET PORTLAND ME 04102	VP OPERATION	0	231,485	64,484	0
MARJORIE S WIGGINS 22 BRAMHALL STREET PORTLAND ME 04102	VP NURSING	0	298,489	72,676	0
PAUL D GRAY 22 BRAMHALL STREET PORTLAND ME 04102	VP PLANNING	0	174,383	47,848	0
MICHAEL J. RYAN 22 BRAMHALL STREET PORTLAND ME 04102	VP OPERATION	0	205,152	62,589	0
STEPHEN ROSENFELD 22 BRAMHALL STREET PORTLAND ME 04102	CIO	0	157,493	18,377	0

Federal Statements

Statement 16 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JUDITH WEST 22 BRAMHALL STREET PORTLAND ME 04102	VP HR	0	253,316	76,655	0
MEG BAXTER 22 BRAMHALL STREET PORTLAND ME 04102	CHAIRMAN	0	0	0	0
DAVID E. WARREN 22 BRAMHALL STREET PORTLAND ME 04102	VICE CHAIR	0	0	0	0
KURT E. KLEBE 22 BRAMHALL STREET PORTLAND ME 04102	SECRETARY	0	0	0	0
DONALD E. QUIGLEY 22 BRAMHALL STREET PORTLAND ME 04102	ASST SECRTY	0	0	0	0
MARY C BRANDES, M.D. 22 BRAMHALL STREET PORTLAND ME 04102	TRUSTEE	0	0	0	0
CHRISTOPHER W. EMMONS 22 BRAMHALL STREET PORTLAND ME 04102	TRUSTEE	0	0	0	0
RONALD C. HODGE 22 BRAMHALL STREET PORTLAND ME 04102	TRUSTEE	0	0	0	0
QUINN REED, MD 22 BRAMHALL STREET PORTLAND ME 04102	TRUSTEE	0	0	0	0

Federal Statements

Statement 16 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
BHARAT MASRANI 22 BRAMHALL STREET PORTLAND ME 04102	TRUSTEE	0	0	0	0
HEIDI N. HANSEN 22 BRAMHALL STREET PORTLAND ME 04102	TRUSTEE	0	0	0	0
JERE G. MICHELSON 22 BRAMHALL STREET PORTLAND ME 04102	TRUSTEE	0	0	0	0
BILL BURKE 22 BRAMHALL STREET PORTLAND ME 04102	TRUSTEE	0	0	0	0
WARD I. GRAFFAM 22 BRAMHALL STREET PORTLAND ME 04102	TRUSTEE	0	0	0	0
BRADFORD A. HUNTER 22 BRAMHALL STREET PORTLAND ME 04102	TRUSTEE	0	0	0	0
ELIZABETH O. SHORR 22 BRAMHALL STREET PORTLAND ME 04102	TRUSTEE	0	0	0	0
DAVID E. WENBERG, M.D. 22 BRAMHALL STREET PORTLAND ME 04102	TRUSTEE	0	0	0	0
FRANK H. FRYE 22 BRAMHALL STREET PORTLAND ME 04102	TRUSTEE	0	0	0	0

Federal Statements

Statement 16 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
COSTAS T. LAMBREW, M.D. 22 BRAMHALL STREET PORTLAND ME 04102	TRUSTEE	0	0	0	0
MICHAEL A. ROY, M.D. 22 BRAMHALL STREET PORTLAND ME 04102	TRUSTEE	0	0	0	0
SUSANNAH SWIHART 22 BRAMHALL STREET PORTLAND ME 04102	TRUSTEE	0	0	0	0
JOE WISHCAMPER 22 BRAMHALL STREET PORTLAND ME 04102	TRUSTEE	0	0	0	0
STEPHEN METTE 22 BRAMHALL STREET PORTLAND ME 04102	TRUSTEE	0	0	0	0
SUSAN HILTON 22 BRAMHALL STREET PORTLAND ME 04102	TRUSTEE	0	0	0	0
AMANDA HUNTER 22 BRAMHALL STREET PORTLAND ME 04102	TRUSTEE	0	0	0	0
ANNIE WILLIAMSON 22 BRAMHALL STREET PORTLAND ME 04102	TRUSTEE	0	0	0	0
WILLIAM L. CARON, JR. 22 BRAMHALL STREET PORTLAND ME 04102	TRUSTEE	0	0	0	0

Federal Statements

Statement 17 - Form 990, Part V-A, Line 75c - Compensation from Related Organizations

Payee Name	Organization EIN	Relationship	Related Organization Name1	Compensation	Benefits	Expenses	Related Organization Name2	Compensation Description
DONALD QUIGLEY	01-0431680	MAINEHEALTH PARENT ORGANIZATION	MAINEHEALTH PARENT ORGANIZATION	310,411	66,042			
PAUL GRAY **	01-0431680	MAINEHEALTH PARENT ORGANIZATION	MAINEHEALTH PARENT ORGANIZATION	232,511	63,796			
STEPHEN ROSENFELD **	01-0431680	MAINEHEALTH PARENT ORGANIZATION	MAINEHEALTH PARENT ORGANIZATION	209,991	24,503			
WILLIAM L. CARON	01-0431680	MAINEHEALTH PARENT ORGANIZATION	MAINEHEALTH PARENT ORGANIZATION	1,019,527	194,002			
MARY C. BRANDES	01-0442142	MAINE MEDICAL PARTNERS SUBSIDIARY	MAINE MEDICAL PARTNERS SUBSIDIARY	152,785	14,239			

** AMOUNTS REPRESENT TOTAL
 COMPENSATION AND BENEFITS OF
 WHICH 25% IS ALLOCATED TO THE
 RELATED ORGANIZATION AND 75% TO
 THE FILING ORGANIZATION (MMC).

Federal Statements

Statement 18 - Form 990, Part VI, Line 80b - Name of Related Organization(s)

<u>Name of related organization(s)</u>	<u>Type</u>
MAINEHEALTH	EXEMPT
MMC REALTY CORPORATION	EXEMPT
MAINE MEDICAL PARTNERS	NON-EXEMPT
GERIATRIC RESOURCE NETWORK	EXEMPT
LINCOLN COUNTY HEALTH CARE, INC.	EXEMPT
HOMEHEALTH-VISIT NURSE OF SO MAINE	EXEMPT
WESTERN MAINE HEALTH CARE CORP	EXEMPT
MAINE PHYSICIAN HOSPITAL ORG, INC.	NON-EXEMPT
SYNERNET, INC.	NON-EXEMPT
SPRING HARBOR HOSPITAL	EXEMPT
SPRING HARBOR HOSPITAL COUNSELING	EXEMPT
NORDX	EXEMPT

Federal Statements

Statement 19 - Form 990, Part VII, Line 103 - Other Revenue

<u>Description</u>	<u>Business Code</u>	<u>Unrelated Amount</u>	<u>Exclusion Code</u>	<u>Exclusion Amount</u>	<u>Related Income</u>
OTHER REVENUE		\$		\$	\$ 6,149,382
RECOGNIZED LOSS ON HEDGES					-3,727,938
JOINT VENTURE GAIN/LOSS					407,857
MISC REVENUE					1,671,123
LOSS ON EXTING. OF DEBT					-2,013,000
ADMIN. SERVICES REVENUE	561000	<u>1,830,856</u>			
TOTAL		<u>\$ 1,830,856</u>		<u>\$ 0</u>	<u>\$ 2,487,424</u>

Federal Statements

Statement 20 - Form 990, Part IX - Information Regarding Taxable Subsidiaries

Bus Name	EIN	Ownership %	Nature of Activity	Addr	Income	EOY Assets
NEW ENGLAND REHAB HOSPITAL OF PORTLAND	72-1371920	50.0000	REHABILITATION HOSPITAL	335 BRIGHTON AVE; PORTLAND, ME 04102	\$ 2,685,393	\$20,250,335
MMC PHYSICIAN HOSPITAL ORGANIZATION	01-0498113	50.0000	PHY/HOSP COLLABORATION	443 CONGRESS ST; PORTLAND, ME 04101	296,543	1,067,041
MAINE HEART CENTER	01-0495860	50.0000	PHY/HOSP COLLABORATION	131 CHADWICK ST; PORTLAND, ME 04102	84,654	12,270,814
MAINEGENERAL CARDIAC CATHERIZATION LAB, LLC	04-3636639	50.0000	CATH LAB	6 E.CHESTNUT ST; AUGUSTA, ME 04330	-50,519	286,005
TOTAL					<u>\$ 3,016,071</u>	<u>\$33,874,195</u>

Federal Statements

Statement 22 - Form 990, Part XI, Line 107 - Transfers Received From a Controlled Entity

Name / Address	EIN	Description	Amount
MAINE MEDICAL PARTNERS 22 BRAMHALL STREET PORTLAND ME 04102	01-0442142	EMPLOYEE BENEFITS	\$ 7,556,962
MAINE MEDICAL PARTNERS 22 BRAMHALL STREET PORTLAND ME 04102	01-0442142	SHARING OF PAID EMPLOYEES	22,493,077
MAINE MEDICAL PARTNERS 22 BRAMHALL STREET PORTLAND ME 04102	01-0442142	EXPENSE REIMBURSEMENT	12,882,046
MAINE MEDICAL PARTNERS 22 BRAMHALL STREET PORTLAND ME 04102	01-0442142	LEASE OF FACILITIES, EQUIPMENT	1,929,200
MAINE MEDICAL PARTNERS 22 BRAMHALL STREET PORTLAND ME 04102	01-0442142	BANK AND LOCKBOX FEES	50,423
MMC REALTY CORP 22 BRAMHALL STREET PORTLAND ME 04102	01-0434215	SHARING OF PAID EMPLOYEES	137,829
MMC REALTY CORP 22 BRAMHALL STREET PORTLAND ME 04102	01-0434215	EXPENSE REIMBURSEMENT	4,161,359
MMC REALTY CORP 22 BRAMHALL STREET PORTLAND ME 04102	01-0434215	OTHER TRANSFER OF CASH OR PROP	586,636
MMC REALTY CORP 22 BRAMHALL STREET PORTLAND ME 04102	01-0434215	LEASE OF FACILITIES, EQUIPMENT	63,786

Federal Statements

Statement 22 - Form 990, Part XI, Line 107 - Transfers Received From a Controlled Entity

Name / Address	EIN	Description	Amount
MAINE MEDICAL PARTNERS 22 BRAMHALL STREET PORTLAND ME 04102	01-0442142	EMPLOYEE BENEFITS	\$ 7,556,962
MAINE MEDICAL PARTNERS 22 BRAMHALL STREET PORTLAND ME 04102	01-0442142	SHARING OF PAID EMPLOYEES	22,493,077
MAINE MEDICAL PARTNERS 22 BRAMHALL STREET PORTLAND ME 04102	01-0442142	EXPENSE REIMBURSEMENT	12,882,046
MAINE MEDICAL PARTNERS 22 BRAMHALL STREET PORTLAND ME 04102	01-0442142	LEASE OF FACILITIES, EQUIPMENT	1,929,200
MAINE MEDICAL PARTNERS 22 BRAMHALL STREET PORTLAND ME 04102	01-0442142	BANK AND LOCKBOX FEES	50,423
MMC REALTY CORP 22 BRAMHALL STREET PORTLAND ME 04102	01-0434215	SHARING OF PAID EMPLOYEES	137,829
MMC REALTY CORP 22 BRAMHALL STREET PORTLAND ME 04102	01-0434215	EXPENSE REIMBURSEMENT	4,161,359
MMC REALTY CORP 22 BRAMHALL STREET PORTLAND ME 04102	01-0434215	OTHER TRANSFER OF CASH OR PROP	586,636
MMC REALTY CORP 22 BRAMHALL STREET PORTLAND ME 04102	01-0434215	LEASE OF FACILITIES, EQUIPMENT	63,786

Federal Statements

Statement 22 - Form 990, Part XI, Line 107 - Transfers Received From a Controlled Entity (continued)

<u>Name / Address</u>	<u>EIN</u>	<u>Description</u>	<u>Amount</u>
TOTAL			\$ 49,861,318

Federal Statements

Statement 23 - Schedule A, Part III, Line 3a - Explanation of Grant/Loan Qualifications

Description

NURSING SCHOLARSHIPS ARE AWARDED TO QUALIFIED MAINE MEDICAL CENTER
EMPLOYEES WHO ARE ENROLLED IN AN ACCREDITED NURSING PROGRAM.

Federal Statements

Statement 24 - Schedule A, Part VI-B - Description of Lobbying Activities

Description

PORTION OF DUES PAID THAT RELATE TO LOBBYING EXPENSES: MAINE HOSPITAL ASSOCIATION - \$48,158; AMERICAN HOSPITAL ASSOCIATION - \$18,714; AND NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS - \$1,909.

Statement #25 -Form 990, Page 1, Line 8c, Gain/Loss on Sale of Investments

<u>Description</u>	<u>Sale Price</u>	<u>Cost</u>	<u>Gain / Loss</u>
Publicly Traded Securities	\$1,316,713,000	\$1,319,320,172	\$2,607,172

Statement #26 - Form 990, Page 2, Line 42, Depreciation

Depreciation is provided over the estimated useful life of each class of depreciable assets and is computed using the straight-line method, half-year convention.

Statement #27 -Form 990, Page 7, Line 91b, Financial Accounts in Foreign Countries

<u>Type of Account</u>	<u>Name of Foreign Country</u>
Commingled Fund	Investments in various foreign locations managed via the Evanston, Illinois, USA office
Commingled Fund	Grand Cayman KY1-1108, Cayman Islands

Maine Medical Center

FY08 Community Benefits Report

I. Why create a Community Benefits report?

Maine Medical Center's (MMC) day-to-day operations as a tax-exempt organization include many system-wide initiatives in Cumberland County and in the state of Maine and the Northern New England region. Clinical services range from outpatient clinics for a diverse population, to full inpatient and surgical services, to a regional trauma center and a neuroscience institute; many of our services and specialties are not available elsewhere in the state or in our region. We have programs in undergraduate and continuing education, engage in clinical research, and support organizations and efforts whose missions augment or complement ours; we strive to be a good "institutional citizen" of our region and state.

With these programs, MMC hopes to fill existing local gaps, while making a positive impact in the communities we serve. This report summarizes MMC's community benefits efforts over the last year. The final section (VIII) will also provide a financial summary of charity care, bad debt, government-sponsored healthcare, and all subsidized community programs and other support.

II. Organizational Description and Information

Maine Medical Center cares for its community, educates tomorrow's caregivers, and researches new ways to provide care. We proudly carry our unique responsibility as Maine's leader in patient care, education, and research. We are dedicated to the traditions and ideals of not-for-profit healthcare; our care is available and accessible to all who seek it. MMC, a tertiary care hospital serving Cumberland County, the state of Maine, and Northern New England, is a member of the MaineHealth system, a family of health care and support services committed to improving the health of the communities we serve.

Under the governance of its Board of Trustees, MMC's Senior Leadership Team is responsible for the quality and safe delivery of care provided to our patients and their families.

III. Community Needs Assessment

Maine Medical Center's Board is made up of a diverse set of community members. Through its Strategic Planning process and development of the Annual Implementation Plan, the Board evaluates the needs of the community and determines how MMC can best meet those needs. MMC also participates in various initiatives and continuous research to keep those assessments up-to-date. Some of these programs include:

- Clinical Strategic Planning
- Financial Strategic Planning
- Facility Planning
- Manpower Planning
- Physician Recruitment Strategic Planning

- Emergency Preparedness Planning

In addition to those internal assessment groups, MMC recognizes and acts on many of the recommendations provided by external state groups such as the Maine Center for Disease Control and Prevention and the “State Health Plan” created by the Advisory Committee of Health Systems Development.

IV. Subsidized Maine Medical Center Community Programs and Other Support*

Subsidized Health Services

Outpatient Clinics: Many MMC outpatient clinics serve specific patient populations with services that would otherwise not be available in the community, including a Virology Treatment Center clinic that is a statewide resource to physicians caring for patients with HIV/AIDS; it also provides education and conducts clinical trials. In addition, one afternoon a week, the International Clinic provides services to immigrants and refugees from around the world who have settled in Portland. MMC’s Gynecology Clinic held focus groups with Somali women to better understand their beliefs, needs, and concerns, then provided ongoing staff education. Workshops for Somali women and leaders enhanced education and understanding around prenatal care and delivery and postpartum concerns.

Uncompensated Care Drug Program: MMC’s Pharmacy provides free medications to qualifying MMC cancer patients and discharged patients, and patients of the Emergency Department and Brighton First Care receive ‘starter packs’ and some routine drugs at discharge, at no charge.

Behavioral Health Care: MMC is a safety-net provider of outpatient behavioral health care services.

Language Line and Interpretive Services: Live and telephonic interpretation services are provided for patients who do not speak English.

Sign Language Interpreting Services: MMC provides on-site interpreters and access to services for deaf and hard of hearing patients who use American Sign Language to communicate. The coordinator trains MMC staff to better accommodate deaf and hard of hearing patients and, with local agencies, brings medical information to members of the deaf community.

Community Health Services

Sagamore Village Health Center: MMC helps provide staffing for this clinic in a disadvantaged Portland neighborhood.

School-based Clinics: MMC provides staff and support for clinics in several Portland Public Schools.

Skin Cancer Screenings: MMC and local dermatologists hold free community screenings for skin cancer.

City of Portland TB Clinic: MMC provides staff and support to test and administer to patients, including follow up for patients previously seen in MMC's Emergency Department.

Prostate Cancer Screening: MMC and local oncologists hold free community screenings for prostate cancer.

Health Care Support Services

CarePartners: MMC participates in this free care program operated by MaineHealth, providing not only free care, but funding for operations. Access to low cost or free pharmaceuticals is part of this "safety net" program.

Northern New England Poison Center: The NNEPC serves Maine, New Hampshire, and Vermont consumers and clinicians with toll-free telephone consultations about toxic substances.

Physician Referral Line: MMC offers the community a toll-free service to locate a primary care or specialist physician who matches the consumer's particular needs.

Tutoring: MMC provides tutoring for students who are missing school due to hospitalization.

Community Health Education

Healthviews: A monthly health topic television show aired on Time Warner cable and made available to other systems.

Southern Maine EMS Children's Safety Day: MMC provides funding, staff, and information for this free annual event.

Health Sciences Library: The MMC Health Sciences Library is open to the public, and staff perform literature searches for consumers on request.

Support Groups: MMC offers a variety of support groups, including caregiver support groups through our Geriatric Center for the Southern Maine Agency on Aging and the Maine Alzheimer Association, bereavement groups, and various groups for new mothers.

Prostate Forum: MMC held a free educational forum to educate men and their loved ones about prostate cancer.

Healthvision Web Portal: MMC offers free "Manage Your Health Online" capabilities to the general public, including a health information library, a consumer messaging suite, and health management tools for patients to manage and track their health information online and complete risk assessments.

Community-building activities

Chambers of Commerce, Greater Portland Region and Maine State: Maine Medical Center is a dues-paying member of these two organizations.

Involvement in Community Organizations: Many MMC employees serve on boards or volunteer during work time for local organizations, including the Cancer Community Center, Wayside Evening Soup Kitchen, and Maine Cancer Foundation Pink Tulip Program.

Financial Contributions

LifeFlight Foundation: MMC has made a significant contribution to the LifeFlight Foundation of Maine, which provides helicopter ambulance service to the entire state.

United Way: MMC makes a contribution to the Greater Portland obesity initiative, supports the annual United Way campaign, and provides staff time during the annual campaign.

Foster Grandparents: These elderly volunteers from an outside organization provide a valuable service to MMC's youngest patients, and MMC provides meals for them while on duty.

Contributions: MMC makes carefully selected contributions to other nonprofit organizations whose activities augment or complement MMC's mission. Significant contributions went to the American Heart Association, the American Cancer Society, Gary's House, and the Ronald McDonald House of Portland.

Charles A. Dana Health Education Center: The classroom facilities of the Dana Center are available free of charge to external groups who have MMC sponsors. Regular users include Alcoholics Anonymous, the National Alliance for the Mentally Ill, HOPE, etc.

Taxi Vouchers: MMC provides taxi vouchers to patients who need transportation home.

Clothing for Certain ED Patients: MMC purchases a supply of clothing for the Emergency Department to keep on hand for patients whose clothing is damaged as a result of their injury.

Printing Services: MMC's Print Services Department produced printed materials for several local not-for-profit organizations: Boys to Men, Wayside Evening Soup Kitchen, and United Way

Research

Maine Medical Center Research Institute: The Maine Medical Center Research Institute is the largest hospital-based biomedical research facility in northern New England. Many scientists and clinicians author scholarly work or participate in various studies and research activities, and the institute offers a summer student program.

Medical Education

Medical Education: MMC provides a clinical setting for medical students from a number of medical schools as they rotate through the clinical services; post-graduate training in a number of specialties, in both residencies and fellowships; rural practice settings as part of resident education and as a service to the practices; and numerous sessions in which practicing physicians can keep their knowledge current.

Workforce Enhancement

Surgical Technology Training Program: MMC trains certified surgical technologists, a critical part of the team in operating rooms.

MMCRI Summer Student Research Program: MMCRI provides college and pre-college students with an opportunity to receive an educational experience in biomedical science, working with MMCRI's investigators.

Medical Explorers: MMC provides support to a Medical Explorers post, which exposes high school students to health care career options.

Scholarships and Educational Funding

HealthCare Review Symposium Scholarship: Each year, MMC provides a scholarship for an attendee at the HealthCare Review Career Symposium.

Maine Medical Center's Aggregate "Net Community Benefit Investment" =	\$ 44,886,282.00
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* In addition to the aforementioned programs, MMC provides its proportional share of support for the annual budget of the following programs, through both "member dues" and "fund balance transfers". While all member organizations may not participate directly in the following initiatives, all members provide some level of financial support to help sustain and grow these MaineHealth programs.

Clinical Integration

AH! Asthma Health – The AH! Program improves the care and outcomes for Maine people with asthma. The program not only develops and coordinates asthma treatment education for Physicians, but also sends asthma educators into schools and community organizations to provide further information. In addition, the Program lends support and expertise to the local asthma "HelpLine" for Somali and Latino community members in collaboration with the City of Portland, Health and Human Services.

TARGET Diabetes – The TARGET Diabetes Program improves care and outcomes for Maine people with diabetes. The program provides learning opportunities and support for primary care practices, helps Physicians utilize an electronic registry to track outcome measures for patients, and creates/distributes patient health education booklets for the community.

Healing Hearts – Healing Hearts improves heart failure care and outcomes for Maine people with the condition. The program coordinates the distribution of pamphlets, scales, and any other resources intended to help people manage heart failure. Healing Hearts also established an electronic registry for Physicians to track patient progress, and hospitals using this program consistently score above national averages on quality measures for patients with heart failure.

Cardiovascular Health Program – The Cardiovascular Health program improves the care and outcomes for Maine patients with cardiovascular disease (CVD). Along with an electronic registry for Physicians, the program produced a public awareness campaign for public access television in Greater Portland. The Cardiovascular Health program also supports the efforts of hospitals in offering preventative screenings to thousands of people with CVD through risk screening and reduction programs.

Acute Myocardial Infarction (AMI) – The AMI program improves outcomes of individuals that experience a certain type of heart attack (STEMI) by redesigning systems to ensure high quality, timely, and coordinated care. Through the AMI program’s “Rapid Response” packets, health systems met goals for decreasing the transport time to treat patients. Program staff also informs hospitals of cardiology literature and clinical practice guidelines.

Caring for ME – Caring for ME helps people with depression and those who care for and about them. The program trains primary care providers on the diagnosis and treatment of patients, and many physicians use an electronic registry to track outcome measures. In 2006, the program was chosen as one of only 20 healthcare organizations nationwide to participate in a year-long project focused on increasing patient and family involvement in chronic disease self-management.

Mental Health Integration – MaineHealth, in partnership with Spring Harbor and MMC Mental Health Network, developed a pilot program to improve primary care/mental health integration. The program conducts a collaborative “Learning Community” exploring the effectiveness, efficiency and cost/benefit of integration with 6 pairs of primary care/mental health partners.

Stroke Care – The MaineHealth Stroke Care Initiative seeks to improve the care and outcomes of patients who suffer from ischemic stroke, hemorrhagic stroke, and TIA. The program offers a set of provider education (e.g. pathways, guidelines) materials and patient education materials. Staff are working to develop systems to coordinate services and efficiently transfer patients across the system, while increasing access to neurology services for hospitals in need.

Prevention – The Prevention program seeks to improve adherence to adult and pediatric clinical preventative health guidelines. The program has created a preventative health module in the Clinical Improvement Registry (CIR); has developed patient oriented adult and pediatric preventative health guidelines and tracking tools so as to monitor preventative measures by population; and also has developed tools to support patient self management and provider education.

Osteoporosis – The Osteoporosis program seeks to improve the health and outcomes of patients who suffer from osteoporosis. This includes identifying patients who have had a fragility fracture and connecting them to their primary care providers for appropriate follow through. The program includes education materials to help providers in the prevention and treatment of osteoporosis and patient education materials that promote patient self management and fall prevention.

Palliative Care – The Palliative Care program seeks to improve the care of patients who have limited life expectancy and require comprehensive biomedical, psychosocial, and spiritual support as they enter the terminal stage of illness or condition. The program also supports family members coping with the complex consequences of illness, disability, and aging as death nears, while addressing the bereavement needs of family following the death of the patient.

Oncology – The Oncology program is looking to improve access to high quality cancer services throughout the MaineHealth region; to improve capacity to deliver patient centered care and coordination of cancer care services; and to develop additional infrastructure needed to support defined levels of cancer care.

Infection Prevention and Control Consortium – This program coordinates infection prevention and control initiatives in MaineHealth hospitals. The program focuses on quality improvement and measures the impact of its efforts at both the hospital and system level.

Health Status Programs

Healthy Weight Initiative – This initiative targets both children and adults in the community. The key parts of the initiative include clinical, community, and environmental/policy interventions. MaineHealth’s financial and in-kind support for this initiative recognizes the importance of preventing obesity as a major driver of health care costs, a major risk factor for chronic diseases, and a well-documented community epidemic. In FY08, MaineHealth also made a significant financial contribution to the Maine Youth Overweight Collaborative.

Community Education Programs

MaineHealth Learning Resource Centers – With three Maine locations, the LRCs provide patients, health care providers, and community members with easy access to quality health information and a wealth of educational reference material. In addition, the LRCs offer the public over 100 unique classes taught by professionals (e.g. healthy cooking, yoga, chronic disease self-management, cancer prevention, and mental health awareness).

Parkinson’s Information and Referral Center – The Center is a primary resource for people with Parkinson’s disease, as well as their families and healthcare providers. Assistance includes “patron requests” for information, direct physician referrals, educational outreach to health care facilities, coordinating support groups, and specialized classes for newly-diagnosed individuals.

Access to Care Programs

CarePartners – The program arranges the provision of donated healthcare services for low income uninsured Mainers in Cumberland, Kennebec, and Lincoln Counties. CarePartners also provides administrative support to help serve the target population, including comprehensive eligibility assessment, care management, and access to low cost or free pharmaceuticals.

MedAccess – The program provides access to approximately one million dollars of free medications. CarePartners provides this community resource to uninsured and underinsured community members through the Patient Assistance Programs (PAPs). In addition to this service, MedAccess offers application assistance for other prescription access programs (Medicare Part D, etc) either in-person or through a toll-free number.

System Development

Healthviews Television Network - Healthviews is a community health education television partnership with Greater Portland's local community access channel. The program airs 12 monthly half-hour segments that provide the latest information on important health and medical issues to help community members become more informed consumers.

Partnership for Healthy Aging

PHA leads the implementation of evidence-based prevention programs for older adults (Living Well, A Matter of Balance, EnhanceWellness, EnhanceFitness, Healthy IDEAS) throughout Maine. The efforts of Elder Care Services focus upon improving transitions, prevention, and quality across the care continuum. Initiatives include Care Transitions coaching, Community Links, and Falls Prevention Tools for providers and patients.

VitalNetwork

The enhanced-ICU (E-ICU) initiative allows audio/video patient monitoring to coincide with real time display of information trend and condition changes. The system is staffed by expert ICU Physicians and Nurses in a central station, allowing enhanced remote monitoring of patients in multiple locations. Similar systems have been proven to reduce ICU mortality by 25%. MaineHealth was the first healthcare system in New England to implement the e-ICU program.

V. Billing and Collection Practices

Billing

Maine Medical Center charges all patients the same price for the same services regardless of payor source. Individuals are not required to pay or to make arrangements to pay prior to the services being provided. On average, the first bill is sent to a patient 7 days after services are provided. After that initial billing date, and after all insurances have paid on that account, the patient has 30 days to pay their portion of the bill for those services. Before

collection action is taken by MMC, 4 notices will be sent to patients informing them of their lack of proper payments and continued attempts will be made to communicate with them about a solution. In the absence of either full payment or a patient's attempts to communicate in order to resolve the situation, which may include the patient's agreement to enter into a monthly payment program, MMC does use a responsible and professional collection agency if necessary. A bill will become classified as "bad debt" if a patient has not paid the full amount within 100 days and the account has been assigned to our collection agency. MaineHealth hospitals may pursue legal action for collecting an outstanding bill only with prior Board approval. Maine Medical Center's Board has not voted to pursue such legal action in the past 15 years.

VI. Charity Care Policies

Charity Care

Maine Medical Center's policy of charity care and financial assistance is easily understood, prominently posted, and publicly available. A process exists for offering charity care or financial assistance to patients who are unable to pay both before and after services have been rendered and they have been billed. In addition to monitoring collection practices, copies of the charity care policy are made available to patients at all entry points (registration, ED, etc.) and with bill/collection notices. The organization uses simple application procedures as defined by the State of Maine's Department of Health and Human Services for charity care or financial assistance that do not intimidate or confuse applicants. Maine Medical Center's employees who work in admissions, billing, accounts receivable, or patient services are fully informed and educated about all financial assistance policies. These staff members identify unpaid bills where persons are unable to pay, and separate these potential "charity care" bills from other bad debt accounts.

Maine Medical Center provides 100% free care to our patients who are at or below 175% of the Federal Poverty level. We also provide additional discounted care on an income-based sliding scale program for patients who are between 176% and 225% of the Federal Poverty level.

VII. Good Governance and Executive Compensation Policies

Good Governance

Maine Medical Center has a Board of 27 community members, a majority of whom are not practicing physicians, officers, department heads, or other employees with a financial connection or otherwise affiliated with the organization itself. The Board meets eleven times a year (on average), and has a written "conflict of interest" policy in place. The Board understands the specific mission of the organization and approves strategic planning initiatives aimed at carrying out this mission. Trustees understand their fiscal and other specific responsibilities while serving on the Board, and further education/information is provided to Board members if requested. Trustees of Maine Medical Center do not receive loans from the organization. The organization ensures that a substantial part of its activities does not involve attempts to influence legislation and that it will not take an official position or provide direct support for or against a political candidate. Moreover, in addition to the

CEO, CFO, or both officially signing-off on Maine Medical Center's yearly 990 and the Letter of Representation for the audited financial statements, the Board of Trustees through the MaineHealth Board of Trustees' delegated review has final approval of the yearly audited financial statements. The Board has also adopted and maintains a corporate compliance program that includes a Code of Conduct for all staff, education and training, monitoring for compliance, and a Helpline for staff to call, all intended to produce continual compliance with organizational policies and the law.

Executive Compensation

Maine Medical Center has a formal written compensation policy in place. In consultation with Towers Perrin, the MaineHealth Board Compensation Committee establishes appropriate compensation parameters for each member organization's CEO and certain members of their Senior Management team. Working within those parameters, the organization's Board determines the level of compensation for its CEO. The findings of the Compensation Committee are made transparent to, and voted on by, the full Governing Board. This "total executive compensation" is filed publicly by the organization and includes "total cash compensation" and "total value of all benefits and perquisites associated with the position (such as housing allowances, social club memberships, signing bonuses, etc.)". The Board takes necessary action to prevent the CEO from voting or directly participating in the final Committee determination of his own compensation. The organization's executive compensation procedure relies upon appropriate data for comparability (e.g. compensation levels paid by both taxable and tax-exempt similarly situated organizations and independent compensation surveys by nationally recognized independent firms). Finally, the organization refrains from allowing executive compensation to ever be based solely on Maine Medical Center's revenues or other similar profit-sharing strategies.

VIII. Aggregate Financial Data

Maine Medical Center's Community Benefit Summary ***

1. Charity care (at cost)	\$ 12,260,000.00
2. Bad debt (at cost)	\$ 16,457,000.00
3. Government-sponsored health care (shortfall) - Unpaid cost of Medicare, MaineCare, and other hospital-specific indigent care programs	\$ 56,790,000.00
4. Net Community Benefit Investment	\$ 44,886,282.00
Programs (net expense), such as:	
- International Clinic	- Helicopter Ambulance Service
- School-based Clinics	- Tutoring for Hospitalized Children
- Healthvision Web Portal	- Interpreter Services

<i>Total Value of Quantifiable Benefits Provided to the Community</i>	<u>\$ 130,393,282.00</u>
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*** Form created based on AHA guidelines